

**7.9.2.49 PHYSICIAN SERVICES IN ALL FACILITIES:** The facility shall assure that the following services are provided:

**A. ATTENDING PHYSICIANS:** Each resident shall be under the supervision of a physician of the resident's or guardian's choice who evaluates and monitors the resident's immediate and long-term needs and prescribes measures necessary for the health, safety and welfare of the resident. Each attending physician shall make arrangements for the medical care of the physician's residents in the physician's absence.

**B. PHYSICIAN'S VISIT:**

(1) Each resident who requires skilled nursing care shall be seen by a physician at least every thirty (30) days and an intermediate care resident at least every sixty (60) days unless the physician specifies and justifies in writing an alternate schedule of visits.

(2) The physician shall review the plan of care required at the time of each visit.

(3) The physician shall review the resident's medications and other orders at least at the time of each visit.

(4) The physician shall review the resident's medications and orders at least at the time of each visit.

**C. AVAILABILITY OF PHYSICIANS FOR EMERGENCY PATIENT CARE:** The facility shall have written procedures, available at each nurse's station, for procuring a physician to furnish necessary medical care in emergencies and for providing care pending arrival of a physician. The names and telephone numbers of the physicians or medical service personnel available for emergency care shall be posted at each nursing station.

[7-1-60, 5-2-89; 7.9.2.49 NMAC – Rn, 7 NMAC 9.2.49, 8-31-00]

**7.9.2.50 NURSING SERVICES:**

**A. DEFINITIONS:**

(1) Nursing personnel: means nurses, nurse aides, nursing assistants, and orderlies.

(2) Ward clerk: means an employee who performs clerical duties of the nursing personnel.

**B. DIRECTOR OF NURSING SERVICES IN SKILLED CARE AND INTERMEDIATE CARE**

**FACILITIES:**

(1) Staffing requirement: Every skilled care facility and every intermediate care facility shall employ a full-time director of nursing services who may also serve as a charge nurse. The director of nursing services shall work only on the day shift except as in an emergency or required for the proper supervision of nursing personnel.

(2) Qualifications: The director of nursing services shall:

(a) Be a registered or licensed practical nurse; and

(b) Be trained or experienced in areas such as nursing service administration, restorative nursing, psychiatric nursing, or geriatric nursing.

(3) Duties: The director of nursing services shall be responsible for:

(a) Supervising the functions, activities and training of the nursing personnel;

(b) Developing and maintaining standard nursing practice, nursing policy and procedure manuals, and written job descriptions for each level of nursing personnel;

(c) Coordinating nursing services with other resident services;

(d) Designating the charge nurses provided for by this section;

(e) Ensuring that the duties of nursing personnel shall be clearly defined and assigned to staff members consistent with the level of education, preparation, experience, and licensing of each.

**C. CHARGE NURSES IN SKILLED CARE FACILITIES AND INTERMEDIATE CARE FACILITIES:**

(1) Staffing requirement:

(a) A skilled nursing facility shall have at least one charge nurse on duty at all times.

(b) An intermediate care facility shall have a charge nurse during every tour of duty.

(2) Qualifications: Unless otherwise required under this paragraph, the charge nurses shall be registered nurses or licensed practical nurses, and shall have had training, or be acquiring training, or have had experience in areas such as nursing service administration, restorative nursing, psychiatric nursing, or geriatric nursing.

(3) Duties:

(a) The charge nurse, if a registered nurse, shall supervise the nursing care of all assigned residents, and delegate the duty to provide for the direct care of specific residents, including administration of medications by nursing personnel based upon individual resident needs, the facility's physical arrangement, and the staff capability;

(b) The charge nurse, if a licensed practical nurse, shall manage and direct the nursing and other activities of other licensed practical nurse and less skilled assistants and shall arrange for the provision of direct care to specific residents, including administration of medications, by nursing personnel based upon individual resident needs, the facility's physical arrangement, and the staff capability.

[7-1-60, 5-2-89; 7.9.2.50 NMAC – Rn, 7 NMAC 9.2.50, 8-31-00]

**7.9.2.51 NURSING STAFF:** In addition to the requirements of Section 7.9.2.50 NMAC, the following conditions shall be met:

**A. ASSIGNMENTS:** There shall be sufficient nursing service personnel assigned to care for the specific needs of each resident on each tour of duty. Those personnel shall be briefed on the condition and appropriate care of each resident prior to beginning hands-on care of residents.

**B. RELIEF PERSONNEL:** Facilities shall obtain qualified relief personnel.

**C. RECORDS, WEEKLY SCHEDULES:** Weekly time schedules shall be planned at least one week in advance, shall be posted and dated, shall indicate the names and classifications of nursing personnel and relief personnel assigned on each nursing unit for each tour of duty, and shall be updated as changes occur.

**D. STAFF MEETINGS:** Meetings shall be held at least quarterly for the nursing personnel to brief them on new developments, raise issues relevant to the service, and for such other purposes as are pertinent.

**E. TWENTY-FOUR (24) HOUR COVERAGE:** All facilities shall have at least one nursing staff person on duty at all times.

**F. STAFFING PATTERNS:** The assignment of the nursing personnel required by this subsection to each tour of duty shall be sufficient to meet each resident's needs and implement each resident's comprehensive care plan.

(1) Nursing department personnel means, the director of nursing, the assistant director of nursing, nursing department directors, licensed nursing personnel, certified nursing assistants, nursing assistants who have completed 16 hours or more of orientation and demonstrated competency and restorative nursing assistants.

(2) The director of nursing, the assistant director of nursing, and nursing department directors may be counted towards the minimum staffing requirements only for the time spent on the shift providing direct resident care services.

(a) A skilled nursing facility or facility that offers intermediate and skilled nursing shall maintain a nursing department minimum staffing level of two and a half (2.5) hours per patient day calculated on a seven (7) day average.

(b) An intermediate care facility shall maintain a nursing department minimum staffing level of two and three-tenths (2.3) hours per patient day calculated on a seven (7) day average.

(c) Within one hour of shift change, facilities shall post the number of nursing personnel on duty in a conspicuous and consistent location for public review. Shifts are informally defined as the day shift, evening shift, and night shift. Employees working variations of these shifts shall be included within the shift count where a majority of the hours fall. EXAMPLE: For a facility with 100 patients, 2.3 hours per patient day averages one nursing department employee on duty for approximately every 10 to 11 patients. For a facility with 100 patients, 2.5 hours per patient day averages one nursing department employee for every 9 to 10 patients. These are daily averages that will vary from shift to shift so that actual staffing might approximate:

	2.3 Hours Per Patient Day	2.5 Hours Per Patient Day
Day Shift	1 staff for 8 patients	1 staff for 7 patients
Evening Shift	1 staff for 10 patients	1 staff for 10 patients
Night Shift	1 staff for 13 patients	1 staff for 12 patients

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