

State of Ohio
06.13.2007

3701-17-01 Definitions.

As used in rules 3701-17-01 to 3701-17-26 of the Administrative Code:

(A) "Accommodations" means housing, meals, laundry, housekeeping, transportation, social or recreational activities, maintenance, security, or similar services that are not personal care services or skilled nursing care.

(B) "Activities of daily living" means bed mobility, locomotion and transfer, bathing, grooming, toileting, dressing, and eating.

(C) "Administrator" means the individual, licensed as a nursing home administrator under Chapter 4751. of the Revised Code, who is responsible for planning, organizing, directing and managing the operation of the nursing home.

(D) "Adult care facility" means an entity as defined in section 3722.01 of the Revised Code.

(E) "Advanced practice nurse" means a registered nurse approved by the board of nursing as an advance practice nurse under section 4723.55 of the Revised Code, or authorized to practice as a certified nurse specialist, certified registered nurse anesthetist, certified nurse midwife or certified nurse practitioner under section 4723.41 of the Revised Code.

(F) "Call signal system" means a set of devices that are connected electrically, electronically, by radio frequency transmission, or in a like manner that effectively can alert the staff member or members on duty, at the nurses' station or at another point in the nursing unit, of emergencies or resident needs and that can not be deactivated from any location except from where the resident initiated the call.

(G) "Chemical restraint" means any medication bearing the American hospital formulary service therapeutic class 4.00, 28:16:08, 28:24:08, or 28:24:92 that alters the functioning of the central nervous system in a manner that limits physical and cognitive functioning to the degree that the resident cannot attain his highest practicable physical, mental, and psycho-social well-being.

(H) "Department" means the department of health of the state of Ohio.

(I) "Dietitian" means an individual licensed under Chapter 4759. of the Revised Code to practice dietetics.

(J) "Director" means the director of the department of health of the state of Ohio or his duly authorized representative.

(K) "Habitable floor area" means the clear floor area of a room and the floor area occupied by the usual bedroom furniture, such as beds, chairs, dressers, and tables and does not include the floor area occupied by wardrobes unless the wardrobe is of the resident's own choice and it is in addition to the individual closet space in the resident's room, and areas partitioned off in the room such as closets and toilet rooms.

(L) "Home" means a home as defined by division (A)(1) of section 3721.01 of the Revised Code.

(M) "Home for the aging" means a home as defined by division (A)(8) of section 3721.01 of the Revised Code.

(N) "Hospice care program" or "hospice" means an entity licensed under Chapter 3712. of the Revised Code.

(O) "Lot" means a plot or parcel of land considered as a unit, devoted to a certain use, or occupied by a building or group of buildings that are united by a common interest and use, and the customary accessories and open spaces belonging to the same.

(P) "Licensed practical nurse" or "LPN" means a person licensed under Chapter 4723. of the Revised Code to practice nursing as a licensed practical nurse.

(Q) "Maximum licensed capacity" means the authorized type and number of residents in a nursing home as determined in rule 3701-17-04 of the Administrative Code.

(R) "Mental impairment" does not mean mental illness as defined in section 5122.01 of the Revised Code or mental retardation as defined in section 5123.01 of the Revised Code.

(S) "Nurse" means a registered nurse or a licensed practical nurse.

(T) "Nurse aide" means an individual as defined in paragraph (A)(3) of rule 3701-17-07.1 of the Administrative Code.

(U) "Nursing home" means a home as defined by division (A)(6) of section 3721.01 of the Revised Code.

(V) "Ohio building code" means the building requirements as adopted by the board of building standards pursuant to section 3781.10 of the Revised Code.

(W) "On duty" means being in the nursing home, awake, and immediately available.

(X) "Operator" means the person, firm, partnership, association, or corporation

which is required by section 3721.05 of the Revised Code to obtain a license in order to open, maintain, or operate a home.

(Y) "Personal care services" means services including, but not limited to, the following:

- (1) Assisting residents with activities of daily living;
- (2) Assisting residents with self-administration of medication, in accordance with rules adopted under section 3721.04 of the Revised Code;
- (3) Preparing special diets, other than complex therapeutic diets, for residents pursuant to the instructions of a physician or a licensed dietitian, in accordance with rules adopted under section 3721.04 of the Revised Code.

"Personal care services" does not include "skilled nursing care" as defined in paragraph (II) of this rule.

(Z) "Pharmacist" means an individual licensed under Chapter 4729. of the Revised Code to practice pharmacy.

(AA) "Physically restrained" means that residents are confined or in the home in such a manner that the freedom for normal egress from the home is dependent upon the unlocking or unbolting by others of one or more doors or barriers, or the removal of physical restraints, except as permitted under paragraph (A)(2) of rule 3701-17-15 of the Administrative Code.

(BB) "Physical restraint" means, but is not limited to, any article, device, or garment that interferes with the free movement of the resident and that the resident is unable to remove easily, a geriatric chair, or a locked room door.

(CC) "Physician" means an individual licensed under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.

(DD) "Resident" means an individual for whom the nursing home provides accommodations.

(EE) "Residential care facility" means a home as defined by division (A)(7) of section 3721.01 of the Revised Code.

(FF) "Residents' rights advocate" means:

- (1) An employee or representative of any state or local government entity that has a responsibility regarding residents and that has registered with the department of health under division (B) of section 3701.07 of the Revised Code;
- (2) An employee or representative of any private nonprofit corporation or association that qualifies for tax-exempt status under section 501(a) of the "Internal Revenue Code of 1986," 100 Stat. 2085, 26 U.S.C.A. 1, as amended, and that has registered with the department of health under division (B) of section 3701.07 of the Revised Code and whose purposes

include educating and counseling residents, assisting residents in resolving problems and complaints concerning their care and treatment, and assisting them in securing adequate services to meet their needs;

(3) A member of the general assembly.

(GG) "RN" or "registered nurse" means an individual licensed to practice nursing as a registered nurse under Chapter 4723. of the Revised Code.

(HH) "Skilled nursing care" means procedures that require technical skills and knowledge beyond those the untrained person possesses and that are commonly employed in providing for the physical, mental, and emotional needs of the ill or otherwise incapacitated. "Skilled nursing care" includes, but is not limited to, the following:

(1) Irrigations, catheterizations, application of dressings, and supervision of special diets;

(2) Objective observation of changes in the resident's condition as a means of analyzing and determining the nursing care required and the need for further medical diagnosis and treatment;

(3) Special procedures contributing to rehabilitation;

(4) Administration of medication by any method ordered by a physician, such as hypodermically, rectally, or orally, including observation of the resident after receipt of the medication;

(5) Carrying out other treatments prescribed by the physician that involve a similar level of complexity and skill in administration.

(II) "Special diets" mean simple diets and calculated diets which have been ordered by a physician.

(1) "Simple diets" means non-complex food regimens including, but not limited to:

(a) No added salt food regimens;

(b) Reduced fat, reduced cholesterol food regimens;

(c) Reduced or no simple sugars food regimens;

(d) Small frequent meals;

(e) Full liquid or clear liquid food regimens for no more than seventy-two hours; and

(f) Simple textural modifications.

(2) "Calculated diets" means complex food regimens which require computation of nutritive values, including, but not limited to:

(a) Diabetic and other nutritive regimens requiring a daily specific kilocalorie level;

(b) Renal nutritive regimens;

(c) Dysphagia nutritive regimens excluding simple textural modifications; and

(d) Any other nutritive regimens requiring a daily maximum or minimum level of one or more specific nutrients, or a specific distribution of one or more nutrients.

(JJ) "Sponsor" means an adult relative, friend, or guardian of a resident who has an interest or responsibility in the resident's welfare.

(KK) "Supervision" means the monitoring of a resident to ensure that the health, safety, and welfare of the resident is protected.

(LL) "Toilet room" means a room or rooms conforming to the Ohio building code, and including not less than one of each of the following plumbing fixtures: water closet, shower or bathtub and a lavatory which is located in or adjacent to the room in which the water closet is located.

(MM) "Volunteer" means an individual working in or used by a home who does not receive or expect to receive any form of compensation for services the individual performs other than reimbursement for actual expenses.

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Rule Amplifies: 3701.01 to 3721.33

Prior Effective Dates: 7/1/1973, 12/2/89, 12/21/92, 10/20/2001

3701-17-02 Application of rules.

(A) All nursing homes shall comply with rules 3701-17-01 to 3701-17-26 of the Administrative Code and the applicable provisions of Chapter 3721. of the Revised Code.

(B) Nothing contained in rules 3701-17-01 to 3701-17-26 of the Administrative Code shall be construed as authorizing the supervision, regulation, or control of the spiritual care or treatment of residents in any nursing home who rely upon treatment by prayer or spiritual means in accordance with the creed or tenets of any recognized church or religious denomination; provided, however, each nursing home shall otherwise comply with rules 3701-17-01 to 3701-17-26 of the Administrative Code, and each resident shall otherwise be provided with the services and care required by such rules.

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Prior Effective Dates: 3/1/1971, 12/21/92, 10/20/2001

3701-17-03 License fee; application; issuance; revocation.

(A) The operator of a nursing home shall pay the fees specified in section 3721.02 of the Revised Code. The application and the fees required under this paragraph shall be submitted to the director and the fees shall be made payable to the "treasurer, state of Ohio" in the form of a check or money order. The department shall deposit the fees in the state treasury to the credit of the general operations fund created by section 3701.83 of the Revised Code, and the fees shall not be refunded.

(B) Every applicant for a license to operate a nursing home shall truthfully and fully complete and submit an application to the director not less than sixty days before the proposed opening of the nursing home. Such application shall be made on a form prescribed and furnished by the director.

(C) The initial application for a license to operate a nursing home shall be accompanied by:

(1) A statement by the applicant of the status of the proposed nursing home under any applicable zoning ordinances or rules, or a statement by the applicant that there is no zoning authority where the proposed home is to be located.

(2) A statement of financial solvency at the time of initial application, on a form prescribed and furnished by the director, showing that the applicant has the financial ability to staff, equip, and operate the nursing home in accordance with Chapter 3721. of the Revised Code, and rules 3701-17-01 to 3701-17-26 of the Administrative Code, and that the applicant has sufficient capital

or financial reserve to cover not less than four months' operation.

(3) A statement of ownership containing the following information:

(a) If the operator is an individual, the individual's name, address, and telephone number. If the operator is an association, corporation, or partnership, the business activity, address, and telephone number of the entity and the name of every person who has an ownership interest of five per cent or more in the entity;

(b) If the operator does not own the building or buildings or if the operator owns only part of the building or buildings in which the nursing home is housed, the name of each person who has an ownership interest of five per cent or more in the buildings;

(c) The name and address of any nursing home and any facility described in divisions (A)(1)(a) and (A)(1)(c) of section 3721.01 of the Revised Code in which the operator or administrator, or both, have an ownership interest of five per cent or more or with which the operator or administrator have been affiliated with through ownership or employment in the five years prior to the date of the application;

(d) The name, business address and telephone number of the administrator of the nursing home, if different from the operator; and

(e) The name, business address and telephone number of any management firm or business employed to manage the nursing home.

(4) Copies of the certificate of occupancy required by paragraph (A) of rule 3701-17-22 of the Administrative Code.

The operator or administrator shall notify the director in writing of any changes in the information contained in this paragraph. The operator or administrator shall provide this notification no later than ten days after the change occurs.

(D) The director may request additional information at any time which the director determines to be necessary to assess compliance with the applicable criteria, standards, and requirements established by Chapter 3721. of the Revised Code and rules 3701-17-01 to 3701-17-26 of the Administrative Code. The applicant shall submit any additional information requested by the director within sixty days of the director's request unless the director specifies otherwise.

(E) The license to operate a nursing home shall be issued by the director in accordance with Chapter 3721. of the Revised Code, and shall remain in effect until revoked by the director or voided at the request of the applicant; provided, the annual renewal fee is paid during the month of January of each year. Any nursing home that does not pay its renewal fee in January shall pay, beginning the first day of February, a late fee of one hundred dollars for each week or part thereof that renewal fee is not paid. If either the renewal fee or the late fee is not paid by the fifteenth day of February, the director may, in accordance with Chapter 119. of the Revised Code, revoke the nursing home's license.

(F) A license to operate a nursing home is not assignable or transferable and is valid only for the operator and premises named in the application except as otherwise permitted under section 3721.023 of the Revised Code. If ownership of a home is assigned or transferred to a different person, the new owner is responsible and liable for compliance with any notice of proposed action or

order issued under section 3721.08 of the Revised Code prior to the effective date of the assignment or transfer.

(G) An operator who operates one or more nursing homes in more than one building shall obtain a separate license for each building except if such buildings are on the same lot and constitute a single nursing home, such nursing home may be operated under a single license.

(H) The license shall be posted in a conspicuous place in the nursing home.

(I) The director may deny or revoke a license in accordance with Chapter 119. of the Revised Code for violating any of the requirements of Chapter 3721. of the Revised Code or rules 3701-17-01 to 3701-17-26 of the Administrative Code.

(J) A person whose license is revoked for any reason other than nonpayment of the license renewal fee or late fees may not apply for a new license under Chapter 3721. of the Revised Code until a period of one year following the date of revocation has elapsed.

(K) When closing a home, the operator shall provide the director written notification of closure at least ninety days prior to the proposed closing date. At the same time, the operator shall, in accordance with Chapter 3701-61 of the Administrative Code, also provide written notice of the proposed date of closing of the home to its residents and their sponsors or legal representatives and the regional long-term care ombudsperson program, designated under section 173.16 of the Revised Code, serving the area where the home is located.

(L) The nursing home shall include in all official correspondence with the department pertaining to the home, its name, address and license number as it appears on the nursing home license.

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3701-17-04 Type and number of residents in home; beds.

(A) The director shall determine the type and number of residents a nursing home can accommodate which shall be the authorized maximum licensed capacity of a nursing home. Such determination shall be made on the basis of the physical facilities, personnel of the nursing home and the services and care needed by the residents to be admitted or retained in the nursing home, and the permitted occupancy approved by the department of commerce.

(B) In determining the number of residents in a nursing home for the purpose of licensing, the director shall consider all the individuals for whom the home provides accommodations as one group unless one of the following is the case:

(1) The home is seeking licensure as a home for the aging, in which case all the individuals in the part or unit licensed as a residential care facility shall be

considered as one group and all the individuals in the part or unit licensed as a nursing home shall be considered another group;

(2) The home is both a nursing home and an adult care facility. In that case, all individuals in the part or unit licensed as a nursing home shall be considered as one group and all the individuals in the part or unit licensed as an adult care facility shall be considered as another group;

(3) The home maintains, in addition to a nursing home, a separate and discrete part or unit that provides accommodations to individuals who do not require or receive skilled nursing care and do not receive personal care services from the home, in which case the individuals in the separate and discrete part or unit shall not be considered in determining the number of residents in the home if the separate and discrete part or unit is in compliance with the Ohio building code established by the board of building standards under Chapters 3781. and 3791. of the Revised Code and the home permits the director, on request, to inspect the separate and discrete part or unit and speak with the individuals residing there, if they consent, to determine whether the separate and discrete part or unit meets the requirements of this division;

(4) The home provides an adult day care program on the same site as the home, in which case the participants shall not be considered in determining the number of residents in the home if, except as otherwise permitted in rules 3701-17-01 to 3701-17-26 of the Administrative Code, the program is operated in a separate area which is not part of the licensed home.

(C) If the nursing home alters its physical facilities in a manner that proposes to move existing beds to an area of the home not previously used for this purpose or proposes to add new beds, the home shall notify the director, in writing, at least sixty days prior to the date the home wants to commence filling the new beds or moving existing beds. The home shall not commence filling the new beds or moving existing beds until the director notifies the home, in writing, that the alteration or move complies with the applicable provisions of Chapter 3721. of the Revised Code and rules 3701-17-01 to 3701-17-26 of the Administrative Code.

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3701-17-05 Prohibitions.

(A) No nursing home, except a nursing home that is owned and operated by, and physically part of, a hospital registered under section 3701.07 of the Revised

Code, may use the word "hospital" in its name or letterhead. Any nursing home that is physically part of a hospital shall inform a prospective resident, prior to admission, that the home is licensed as a nursing home and is not part of the acute care service of the hospital.

(B) No applicant for a license to operate a nursing home shall accept more than two residents, who require skilled nursing care or personal care services, before receiving a license.

(C) No operator, administrator, employee, or other person shall:

(1) Interfere with the inspection of a licensed nursing home by any state or local official who is performing duties required by Chapter 3721. of the Revised Code. All licensed nursing homes shall be open for inspection. As used in this paragraph, "interfere" means to obstruct directly or indirectly any individual conducting an authorized inspection from carrying out his or her prescribed duties. Interference includes, but is not limited to, harassment, intimidation, delay of access to premises or records, and refusal to permit the director or his authorized representative upon presentation of official department identification, for the purpose of inspecting or investigating the operation of a nursing home, to enter and inspect at any time a building or premise where a home is located, or to enter and inspect records which are kept concerning the operation of the home for information pertinent to the legitimate interest of the department including, but not limited to, the records and reports required by rule 3701-17-19 of the Administrative Code.

(2) Use profane or abusive language directed at or in the presence of residents or the director or his authorized representatives.

(3) Set up beds for resident use in a nursing home which exceeds the authorized maximum licensed capacity.

(4) Knowingly falsify records, or misrepresent information to the director.

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3701-17-06 Responsibility of operator and nursing home administrator; quality assurance committee.

(A) The operator is responsible for the operation of the nursing home, for payment of the annual license renewal fee to the director, for such reports as may be required, and for compliance with Chapter 3721. of the Revised Code, Chapters 3701-13 and 3701-61, and rule 3701-17-01 to 3701-17-26 of the Administrative Code, and all federal, state, and local laws applicable to the operation of a nursing home.

(B) Each operator shall appoint an administrator. The administrator is responsible for the day-to-day operation of the nursing home in accordance with rules 3701-17-01 to 3701-17-26 of the Administrative Code, for implementing the provisions of section 3721.12 of the Revised Code, and for ensuring that individuals used by the home are competent to perform their job responsibilities and that services are provided in accordance with acceptable standards of practice.

(C) Each nursing home shall establish and maintain a quality assurance committee consisting of the director of nursing, the medical director or physician designee and at least three other members of the home's staff.

(1) The quality assurance committee shall meet at least quarterly to systematically monitor and evaluate the quality of care and quality of life provided in the home, review and investigate incidents and accidents that have occurred in the home, including, but not limited to, those related to the use of restraints as required by rule paragraph (H) of rule 3701-17-15 of the Administrative Code, identify problems and trends, and develop and implement appropriate plans of action to correct identified problems.

(2) The records of the quality committee meetings are not required to be disclosed to the director. The director shall verify through interviews with committee members and, as necessary, direct care staff that the home has a quality assurance committee which addresses quality concerns, that staff know how to access that process, and that the committee has established a protocol or method for addressing specific quality problems in the nursing home that the home believes to have now been resolved.

(3) Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.

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3701-17-07 Qualifications and health of personnel.

(A) Every nursing home administrator shall be licensed pursuant to Chapter 4751. of the Revised Code, unless specifically exempted from licensing under that chapter.

(B) No person with a disease which may be transmitted in the performance of the person's job responsibilities shall work in a nursing home during the stage of communicability unless the person is given duties which minimize the likelihood of transmission.

(C) No person shall work in a nursing home under either of the following

circumstances:

- (1) Under the influence of alcohol, intoxicants or illegal drugs; or
- (2) When the person is using medications to the extent that the use adversely affects the performance of his or her duties or the health or safety of any resident of the home.

(D) Except as provided in paragraph (D)(3) of this rule, no individual shall work in a nursing home in any capacity for ten or more hours in any thirty-day period unless the individual:

(1) Has been tested for tuberculosis in accordance with this paragraph. The required tuberculosis test shall include a two-step Mantoux skin test using five tuberculin units of purified protein derivative or, if the individual has a documented history of a significant Mantoux skin test, a chest x-ray.

(a) The individual shall not have any resident contact until after the results of the first skin test have been obtained and recorded in millimeters of induration. If the first step is nonsignificant, a second step shall be performed at least seven but not more than twenty-one days after the first step was performed. Only a single Mantoux is required if the individual has documentation of either a single step Mantoux test or a two-step Mantoux test within one year of commencing work;

(b) If the Mantoux testing performed pursuant to paragraph (D)(1)(a) of this rule is nonsignificant, a single Mantoux test shall be repeated annually within thirty days of the anniversary date of the most recent testing.

(c) If either step of the Mantoux test is significant, the individual shall have a chest x-ray and shall not enter the home until after the results of the chest x-ray have been obtained and the individual is determined to not have active pulmonary tuberculosis. Whenever a chest x-ray is required by paragraph (D) of this rule, a new chest x-ray need not be performed if the individual has had a chest x-ray no more than thirty days before the date of the significant Mantoux test. Additional Mantoux testing is not required after one medically documented significant test. A subsequent chest x-ray is not required unless the individual develops symptoms consistent with active tuberculosis.

(d) If the chest x-ray does not indicate active pulmonary tuberculosis, but there is evidence of a significant Mantoux test, the nursing home shall require that the individual be evaluated and considered for preventive therapy. Thereafter, the nursing home shall require the individual to report promptly any symptoms suggesting tuberculosis. The nursing home shall maintain a listing of individuals with evidence or a history of conversion and annually document the presence or absence of symptoms in such an individual and maintain this documentation on file; and

(e) If the chest x-ray reveals active pulmonary tuberculosis, the nursing home shall not permit the individual to enter the home until the appropriate local public health authority determines the individual is no longer infectious.

(2) Has been examined within thirty days before commencing work, or on the first day of work, by a physician or other licensed health professional acting within their applicable scope of practice and certified as medically capable of performing his or her prescribed duties. This paragraph does not apply to volunteers.

(3) The nursing home may allow volunteers to work in the home for less than ten days within one thirty day period without being tested for tuberculosis pursuant to paragraph (D)(1) of this rule, if the nursing home:

(a) Assesses the volunteer for signs and symptoms of tuberculosis; and

(b) Ensures that a volunteer assessed as having signs and symptoms is not permitted to enter the home until the volunteer meets the requirements of paragraph (D)(1) of this rule.

The nursing home shall require a volunteer who continues to work in the home for ten or more days within one thirty day period or for more than ten hours during any subsequent thirty day period to meet the tuberculosis testing requirements of paragraph (D)(1) of this rule.

(4) Operators shall retain documentation evidencing compliance with this paragraph and shall furnish such documentation to the director upon request.

(E) Employees of temporary employment services or, to the extent applicable, paid consultants working in a nursing home, shall have medical examinations and tuberculosis tests in accordance with paragraph (D) of this rule, except that a new tuberculosis test and medical certification are not required for each new assignment. Each nursing home in which such an individual works shall obtain verification of the medical certification and the Mantoux test result, as applicable, from the employment agency or consultant before the individual begins work and shall maintain this documentation on file.

(F) Individuals used by an adult day care program provided by and on the same site as the nursing home shall have medical examinations and tuberculosis tests in accordance with paragraph (D) of this rule if the adult day care program is located or shares space within the same building as the nursing home or if there is a sharing of staff between the nursing home and adult day care program.

(G) The individual required by paragraph (A) of rule 3701-17-09 of the Administrative Code to direct the activities program shall meet one of the following qualifications:

(1) Has two years of experience in a social or recreational program within five years preceding the date of hire, one year of which was full-time in a resident activities program in a health care setting;

(2) Is licensed as an occupational therapist under Chapter 4755. of the Revised Code;

(3) Is licensed as an occupational therapy assistant under Chapter 4755. of the Revised Code;

(4) Is certified by a nationally recognized accrediting body as a therapeutic recreation specialist or activities professional; or

(5) Has successfully completed training covering activities programming from a technical or vocational school, college, university, or other educational

institution, and has one year of experience in recreational or activities services. Commencing one hundred and eighty days after the effective date of this rule, the minimum amount of training needed to meet this requirement shall be ninety hours.

(H) A food service manager designated pursuant to paragraph (K) of rule 3701-17-18 of the Administrative Code shall have successfully completed a certification in food service course approved by the director in accordance with rule 3701-21-25 of the Administrative Code. Individuals serving as food service managers on the effective date of this rule have one year from the rule effective date to comply with this provision.

(I) All individuals used by the nursing home who function in a professional capacity shall meet the standards applicable to that profession, including but not limited to, possessing a current Ohio license, registration, or certification, if required by law.

(J) The operator or administrator shall ensure that each staff member, consultant and volunteer used by the nursing home receives orientation and training to the extent necessary to perform their job responsibilities prior to commencing such job responsibilities independently. The orientation and training shall include appropriate orientation and training about residents rights, the physical layout of the nursing home, the applicable job responsibilities, the home's policies and procedures applicable to assuring safe and appropriate resident care, emergency assistance procedures, and the disaster preparedness plan.

(K) Except as provided in Chapter 3701-13 of the Administrative Code, no nursing home shall employ a person who applies on or after January 27, 1997, for a position that involves the provision of direct care to an older adult, if the person:

- (1) Has been convicted of or pleaded guilty to an offense listed in division (C)(1) of section 3721.121 of the Revised Code; or
- (2) Fails to complete the form(s) or provide fingerprint impressions as required by division (B)(3) of section 3721.121 of the Revised Code.

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3701-17-07.1 Required training and competency evaluation for nurse aides working in long-term care facilities.

(A) For the purposes of this rule:

(1) "Licensed health professional" means all of the following:

(a) An occupational therapist or occupational therapy assistant licensed under Chapter 4755. of the Revised Code;

- (b) A physical therapist or physical therapy assistant licensed under Chapter 4755. of the Revised Code;
 - (c) A physician as defined in section 4730.01 of the Revised Code;
 - (d) A physician's assistant for whom a physician holds a valid certificate of registration issued under section 4730.04 of the Revised Code;
 - (e) A registered nurse, including those authorized to practice in an advance practice role, or a licensed practical nurse licensed under Chapter 4723. of the Revised Code;
 - (f) A social worker or independent social worker licensed, or social work assistant certified under Chapter 4757. of the Revised Code;
 - (g) A speech pathologist or audiologist licensed under Chapter 4753. of the Revised Code;
 - (h) A dentist or a dental hygienist licensed under Chapter 4715. of the Revised Code;
 - (i) An optometrist licensed under Chapter 4725. of the Revised Code;
 - (j) A pharmacist licensed under Chapter 4729. of the Revised Code;
 - (k) A psychologist licensed under Chapter 4732. of the Revised Code;
 - (l) A chiropractor licensed under Chapter 4734. of the Revised Code;
 - (m) A nursing home administrator licensed or temporarily licensed under Chapter 4751. of the Revised Code;
 - (n) A dietitian licensed under Chapter 4759. of the Revised Code;
 - (o) A respiratory care professional licensed under Chapter 4761. of the Revised Code; and
 - (p) A massage therapist licensed under section 4731.17 of the Revised Code.
- (2) "Long-term care facility" or "facility" means either of the following:
- (a) A nursing home as defined in section 3721.01 of the Revised Code, other than a nursing home or part of a nursing home certified as an intermediate care facility for the mentally retarded under Title XIX of the Social Security Act, 49 Stat. 620 (1935), 42 U.S.C. 301, as amended; or
 - (b) A facility or part of a facility that is certified as a skilled nursing facility or a nursing facility under Title XVIII or XIX of the Social Security Act.
- (3) "Nurse aide" means an individual who provides nursing and nursing-related services to residents in a long-term care facility, other than a licensed health professional practicing within the scope of his or her license or an individual who provides nursing or nursing-related services as a volunteer without monetary compensation.
- (4) "Nursing and nursing-related services" when performed by a nurse aide in a long term care facility, means activities including attending to the personal care needs of residents, and providing personal care services and activities delegated by a nurse which may include implementation of portions of the nursing regimen, as defined in section 4723.01 of the Revised Code, for residents whose care does not require nursing assessment or the judgment of a nurse during the performance of the delegated activity. Nursing and nursing-related services does not include activities that are part of the

nursing regimen which require the specialized knowledge, judgment, and skill of a registered nurse or the application of the basic knowledge and skill required of a licensed practical nurse licensed under Chapter 4723. of the Revised Code or any other activities that are required to be performed by a licensed nurse under Chapter 4723. of the Revised Code. Nursing and nursing-related services" does not include assisting residents with feeding when performed by a dining assistant pursuant to rule 3701-17-07.2 of the Administrative Code.

(5) To "use an individual as a nurse aide" means to engage the individual to perform nursing and nursing-related services in and on behalf of a long-term care facility.

(B) No long-term care facility shall use an individual as a nurse aide for more than four months unless the individual is competent to provide the services he or she is to provide; the facility has received from the nurse aide registry, established under section 3721.32 of the Revised Code, the information concerning the individual provided through the registry; and one of the following is the case:

(1) The individual was used by a facility as a nurse aide on a full-time, temporary, per diem, or other basis at any time during the period commencing July 1, 1989, and ending January 1, 1990, and successfully completed, not later than October 1, 1990, a competency evaluation program conducted by the director under division (C) of section 3721.31 of the Revised Code, and former rule 3701-18-07 of the Administrative Code, in effect prior to October 1, 1990;

(2) The individual either has successfully completed a training and competency evaluation program approved by the director under division (A) of section 3721.31 of the Revised Code and Chapter 3701-18 of the Administrative Code or has satisfied the requirements of paragraph (B)(2)(a) and (B)(2)(b) of this rule and, in either case, also has completed successfully the competency evaluation program conducted by the director under division (C) of section 3721.31 of the Revised Code and the applicable rules of Chapter 3701-18 of the Administrative Code. An individual shall be considered to have satisfied the requirement of having successfully completed a training and competency evaluation program approved by the director if the individual meets both of the following:

(a) The individual, as of July 1, 1989, completed at least sixty hours divided between skills training and classroom instruction in the topic areas described in divisions (B)(1) to (B)(8) of section 3721.30 of the Revised Code; and

(b) The individual received, as of that date, at least the difference between seventy-five hours and the number of hours actually spent in training and competency evaluation in supervised practical nurse aide training or regular in-service nurse aide education. For an individual to satisfy the requirements of this paragraph, the combination of skills training, classroom instruction, supervised practical nurse aide training and inservice nurse aide education shall have addressed the topic areas and subject matter components prescribed by former rule 3701-18-07 of the

Administrative Code and its appendix in effect at the time of the determination.

- (3) Prior to July 1, 1989, if the long-term care facility is certified as a skilled nursing facility or a nursing facility under Title XVIII or XIX of the Social Security Act, 49 Stat. 620 (1935), 42 U.S.C. 301, as amended, or prior to January 1, 1990, if the facility is not so certified, the individual completed a program that the director determines included a competency evaluation component no less stringent than the competency evaluation program conducted by the director under division (C) of section 3721.31 of the Revised Code and former rule 3701-18-07 of the Administrative Code in effect at the time of the determination and was otherwise comparable to the training and competency evaluation programs being approved by the director under division (A) of section 3721.31 of the Revised Code and Chapter 3701-18 of the Administrative Code;
- (4) The individual is listed in a nurse aide registry maintained by another state and that state certifies that its program for training and evaluation of competency of nurse aides complies with Titles XVIII and XIX of the Social Security Act, 49 Stat. 620 (1935), 42 U.S.C. 301, as amended, and regulations adopted thereunder;
- (5) Prior to July 1, 1989, the individual was found competent to serve as a nurse aide after the completion of a course of nurse aide training of at least one hundred hours' duration. The determination of competency shall have been made by the director or by an instructor of the course of nurse aide training;
- (6) The individual is enrolled in a prelicensure program of nursing education approved by the board of nursing or by an agency of another state that regulates nursing education, has provided the long-term care facility with a certificate from the program indicating that the individual has successfully completed the courses that teach basic nursing skills including infection control, safety and emergency procedures and personal care, and has successfully completed the competency evaluation program conducted by the director under division (C) of section 3721.31 of the Revised Code and the applicable rules of Chapter 3701-18 of the Administrative Code; or
- (7) The individual has the equivalent of twelve months or more of full-time employment in the preceding five years as a hospital aide or orderly and has successfully completed a competency evaluation program conducted by the director under division (C) of section 3721.31 of the Revised Code and the applicable rules of Chapter 3701-18 of the Administrative Code.

Before allowing an individual to serve as a nurse aide for more than four months in accordance with this paragraph, a facility shall receive registry verification that the individual has met the competency requirements under this paragraph unless the individual can prove that he or she has recently met the requirements and has not yet been listed on the registry. In the event that an individual has not yet been listed on the registry, facilities shall follow up by contacting the nurse aide registry to ensure that such an individual actually becomes listed on the registry. Once the facility receives

written registry verification, it shall maintain such verification on file.

(C) During the four month period provided for in paragraph (B) of this rule, during which a long-term care facility may, subject to paragraph (H) of this rule, use as a nurse aide an individual who does not have the qualifications specified in paragraphs (B)(1) to (B)(7) of this rule, a facility shall require the individual to participate in one of the following:

- (1) If the individual has successfully completed a training and competency evaluation program approved by the director under division (A) of section 3721.31 of the Revised Code and Chapter 3701-18 of the Administrative Code, a competency evaluation program conducted by the director;
- (2) If the individual is enrolled in a prelicensure program of nursing education described in paragraph (B)(6) of this rule, and has completed or is working toward completion of the courses described in that paragraph, or the individual has the experience described in paragraph (B)(7) of this rule, a competency evaluation program conducted by the director; or
- (3) A training and competency evaluation program approved by the director under division (A) of section 3721.31 of the Revised Code and, in addition, the competency evaluation program conducted by the director under division (D) of section 3721.31 of the Revised Code and the applicable rules of Chapter 3701-18 of the Administrative Code.

(D) No long-term care facility shall continue for longer than four months to use as a nurse aide an individual who previously met the requirements of paragraph (B) of this rule but since most recently doing so has not performed nursing and nursing-related services for monetary compensation for twenty-four consecutive months, unless the individual successfully completes additional training and competency evaluation by complying with paragraphs (D)(1) and (D)(2) of this rule:

- (1) Doing one of the following:
 - (a) Successfully completing a training and competency evaluation program approved by the director under division (A) of section 3721.31 of the Revised Code and Chapter 3701-18 of the Administrative Code;
 - (b) Successfully completing a training and competency evaluation program described in paragraph (B)(4) of this rule; or
 - (c) Meeting the requirements specified in paragraph (B)(6) or (B)(7) of this rule; and
- (2) In the case of an individual who is described in paragraph (D)(1)(a) or (D)(1)(c) of this rule, successfully completing the competency evaluation program conducted by the director under division (D) of section 3721.31 of the Revised Code and the applicable rules under Chapter 3701-18 of the Administrative Code.

(E) During the four-month period provided for in paragraph (D) of this rule during which a long-term care facility may, subject to paragraph (H) of this rule, use as a nurse aide an individual who does not have the qualifications specified in paragraphs (D)(1) and (D)(2) of this rule, a facility shall require the individual to participate in one of the following:

- (1) If the individual has successfully completed a training and competency

evaluation program approved by the director under division (A) of section 3721.31 of the Revised Code and Chapter 3701-18 of the Administrative Code, a competency evaluation program conducted by the director;

(2) If the individual is enrolled in a prelicensure program of nursing education described in paragraph (B)(6) of this rule and has completed or is working toward completion of the courses described in that paragraph or the individual has the experience described in paragraph (B)(7) of this rule, a competency evaluation program conducted by the director; or

(3) A training and competency evaluation program approved by the director under division (A) of section 3721.31 of the Revised Code and Chapter 3701-18 of the Administrative Code and, in addition, the competency evaluation program conducted by the director under division (C) of section 3721.31 of the Revised Code and the applicable rules of Chapter 3701-18 of the Administrative Code.

(F) For the purposes of paragraphs (C) and (E) of this rule, an individual shall be considered to be participating in a training and competency evaluation program or a competency evaluation program, as applicable, if, at minimum, the individual has a document signed by a representative of the program attesting that the individual is scheduled to attend the program.

(G) The four month periods provided for in paragraphs (B) and (D) of this rule include any time, on or after June 1, 1990, that an individual is used as a nurse aide on a full time, temporary, per diem or other basis by the facility or any other long-term care facility.

(H) A long-term care facility shall not permit an individual used by the facility as a nurse aide while participating in a training and competency evaluation program to provide nursing and nursing-related services unless both of the following are the case:

(1) The individual has completed the number of hours of training that he or she must complete prior to providing services to residents as prescribed by paragraph (A)(4) of rule 3701-18-05 of the Administrative Code through the program in which the individual is enrolled; and

(2) The individual is under the personal supervision of a registered or licensed practical nurse licensed under Chapter 4723. of the Revised Code.

An individual used by a long-term care facility as a nurse aide while participating in a training and competency evaluation program shall wear a name pin at all times that clearly indicates that the individual is a trainee. As used in this paragraph, "personal supervision" means being present physically on the floor where the individual is providing services, being available at all times to respond to requests for assistance from the individual, and being within a distance which allows the nurse periodically to observe the individual providing services.

(I) No long-term care facility shall impose on a nurse aide any charge for participation in any competency evaluation program or training and competency evaluation program approved by the director under division (A) of section 3721.31 of the Revised Code and Chapter 3701-18 of the Administrative Code or conducted by the director under division (C) of section 3721.31 of the Revised

Code and the applicable rules of Chapter 3701-18 of the Administrative Code, including any charge for textbooks, other required course materials or a competency evaluation.

(J) No long-term care facility shall require that an individual used by the facility as a nurse aide or seeking employment as a nurse aide pay or repay, either before or while the individual is employed by the facility or when the individual leaves the facility's employ, any costs associated with the individual's participation in a competency evaluation program or training and competency evaluation program approved or conducted by the director.

(K) In addition to competency evaluation programs and training and competency evaluation programs required by this rule, each long-term care facility shall provide all of the following to each nurse aide it uses:

(1) An orientation program that includes at least an explanation of the organizational structure of the facility, its policies and procedures, its philosophy of care, a description of its resident population, and an enumeration of its employee rules. The orientation program shall be of sufficient duration to cover the topics enumerated in this paragraph adequately in light of the size and nature of the facility, its resident population, and the anticipated length of employment of the nurse aide. The orientation program for nurse aides permanently employed by the long-term care facility shall be at least three hundred and sixty minutes in length to occur during the first forty hours worked, with one hundred and eighty minutes occurring before the nurse aide has any resident contact;

(2) Regular performance review to assure that individuals working in the facility as nurse aides are competent to perform the nursing and nursing-related services they perform. Performance reviews shall be conducted at least ninety days after the nurse aide completes successfully the competency evaluation program conducted by the director under division (C) of section 3721.31 of the Revised Code and the applicable rules of Chapter 3701-18 of the Administrative Code or commences work in the facility and annually thereafter. The performance review shall consist, at minimum, of an evaluation of the nurse aide's working knowledge and clinical performance and shall be conducted by the aide's immediate supervisor or a nurse designated by the facility to conduct the performance evaluations. The facility shall maintain a written record of each performance review; and

(3) Regular in-service education, both in groups and, as necessary in specific situations, on a one-to-one basis, based on the outcome of performance reviews required by paragraph (K)(2)(a) of this rule. For the purposes of this provision, "specialty unit" means a discrete part of the nursing home that houses residents who have common specialized care needs, including, but not limited to, dementia care, hospice care, and mental health care units.

(a) Formal in-service education shall include an instructional presentation and may include skills demonstration with return demonstration and inservice training. In-service training may be provided on the unit as long as it is directed toward skills improvement, is provided by trained

individuals and is documented.

(b) In-service education shall be sufficient to ensure the continuing competence of nurse aides and address areas of weakness as determined in nurse aides' performance reviews and shall address the special needs of residents as determined by the facility staff. It also shall include, but is not limited to, training for nurse aides providing nursing and nursing-related services to residents with cognitive impairment. The in-service education for nurse aides working in specialty units shall address the special needs of the residents in the unit.

(c) The facility shall assure that each nurse aide receives at least twelve hours of formal in-service education each year and that each nurse aide who works in a specialty unit receives sufficient additional hours of training each year to meet the special needs of the residents of that specialty unit. In-service education may be obtained through web-based training programs. For purposes of this paragraph, the year within which a nurse aide must receive continuing education is calculated based on the commencement of employment.

(d) The facility shall maintain a written record of each formal in-service session which shall include a description of the subject matter, the identity of the individual or individuals providing the in-service education, a list of the nurse aides and other individuals attending the session that is signed by each attendee and the duration of the session.

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Prior Effective Dates: 12/29/1989, 5/14/90, 12/26/92, 10/20/2001, 5/17/04

3701-17-07.2 Dining assistants.

(A) For purposes of this rule:

(1) "Long term care facility" has the same meaning as in rule 3701-17-07.1 of the Administrative Code.

(2) "Dining assistant" means an individual who meets the requirements specified in this rule and who is paid to feed long term care facility residents by a long term care facility or who is used under an arrangement with another agency or organization.

(3) "Supervision" means that the nurse is in the unit where the feeding assistance is furnished and is immediately available to provide help in an emergency.

(4) "Suspension of approval" means that a dining assistant training course is

prohibited from providing training to individuals under this rule until the suspension is lifted pursuant to paragraph (K) of this rule.

(5) "Withdrawal of approval" means that a dining assistant training course is no longer eligible to provide training under this rule, but does not prohibit the submission of a new application for approval.

(B) A long term care facility may use dining assistants to feed residents who, based on the charge nurse's assessment of the resident and the most recent resident assessment performed pursuant to rule 3701-17-10 of the Administrative Code and plan of care developed pursuant to rule 3701-17-14 of the Administrative Code, meet the following conditions:

- (1) Need assistance or encouragement with eating and drinking;
- (2) Do not have a complicated feeding problem, such as the need for tube or parenteral feeding, recurrent lung aspirations or difficulty swallowing that requires assistance with eating and drinking by a registered nurse, licensed practical nurse, or nurse aide.

(C) If a facility uses a dining assistant the facility must ensure that the dining assistant meets the following requirements:

- (1) Except as provided in paragraph (D) of this rule, has successfully completed a dining assistant training course approved by the director as specified in paragraph (G) of this rule;
- (2) Is not the subject of a finding of abuse or neglect of a resident or misappropriation of the property of a resident on the nurse aide registry, established pursuant to section 3721.32 of the Revised Code; and
- (3) Performs duties only for residents who do not have a complicated feeding problem, and under the supervision of a registered nurse or licensed practical nurse.

(D) A person who has successfully completed a training course for dining assistants and has not worked in a long term care facility as a dining assistant for a period of twelve consecutive months shall not be used as a dining assistant in a long term care facility until the person successfully retakes the training course. The facility must maintain a record of all individuals, used by the facility as dining assistants.

(E) The training course for dining assistants shall provide a combined total of at least ten hours of instruction, including a one hour clinical portion. The clinical portion shall be provided for no more than eight participants at one time. The training course shall follow the curriculum specified in the appendix attached to this rule and address the following topics:

- (1) Feeding techniques;
- (2) Assistance with feeding and hydration, including the use of assistive devices;
- (3) Communication and interpersonal skills;
- (4) Appropriate responses to resident behavior;
- (5) Safety and emergency procedures, including the Heimlich maneuver;
- (6) Infection control;
- (7) Residents rights;
- (8) Recognizing changes in residents that are inconsistent with their normal

behavior and the importance of reporting those changes to the supervisory nurse;

(9) Special diets;

(10) Documentation of type and amount of food intake; and

(11) Meal observation and actual feeding assistance to a resident.

(F) The instructor or instructors for a dining assistant course shall have appropriate experience and one of the following qualifications:

(1) A current valid license to practice as a nurse, as defined in paragraph (S) of rule 3701-17-01 of the Administrative Code;

(2) A current valid license issued under Chapter 4759. of the Revised Code to practice as a dietitian.

(3) A current valid license issued under Chapter 4753. of the Revised Code to practice as a speech-language pathologist; or

(4) A current valid license issued under Chapter 4755. of the Revised Code to practice as an occupational therapist.

(G) A long term care facility, employee organization, person, governmental entity, or an approved TCEP seeking approval of a dining assistant training course shall make an application to the director on a form prescribed by the director and shall provide any documentation or additional information requested by the director. The application shall include:

(1) An attestation that the information contained in the curriculum attached as appendix A of this rule is understood and will be adhered to; and

(2) The name and documentation of the qualifications of the instructor or instructors, as specified in paragraph (F) of this rule.

(H) The director shall approve an application of a dining assistant training course that demonstrates compliance with the requirements of this rule and, if the course is operated by or in a long term care facility, the facility is not the subject of an action listed in paragraph (I)(2) of this rule. An approved dining assistant training course is not required to renew an approval provided that the director is notified of any changes to the information provided in the original application.

(I) The director may suspend or withdraw approval of a dining assistant training course if at least one of the following applies:

(1) The course is not operated in compliance with this rule; or

(2) The course is operated by or in a long term care facility and one the following applies;

(a) The director has notified the facility of a real and present danger under section 3721.08 of the Revised code;

(b) An action has been taken against the facility under section 5111.51 of the Revised Code; or

(c) The license of the facility is revoked under section 3721.03 of the Revised Code.

(J) Suspension or withdrawal of approval is not subject to appeal. If the director determines that one of the criteria listed in paragraph (I) of this rule applies to a dining assistant training course the director may, upon written notice, immediately suspend the approval of the training course. The written notice to the dining assistant training course shall provide the following:

- (1) The criteria listed in paragraph (I) of this rule giving rise to the suspension or proposed withdrawal of approval;
 - (2) An opportunity to submit documentation demonstrating that the matter giving rise to the suspension has been corrected;
 - (3) An opportunity to request an informal review;
 - (4) An indication of whether the director proposes to withdraw the approval.
- (K) If the director determines that the training course has satisfactorily demonstrated that the matter which gave rise to the suspension has been satisfactorily corrected or otherwise does not apply to the training course, the director shall lift the suspension and, if applicable, rescind the proposal to withdraw.
- (L) If the director determines that the training course has not satisfactorily demonstrated that the matter which gave rise to the suspension has been corrected the director shall withdraw the training course approval.

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3701-17-07.3 Nurse aide registry.

(A) The director shall maintain a nurse aide registry listing all individuals who have met the competency requirements of division (A) of section 3721.32 of the Revised Code. The registry also shall include both of the following:

- (1) The statement required by section 3721.23 of the Revised Code detailing findings by the director under that section regarding alleged abuse or neglect of a resident or misappropriation of resident property;
- (2) Any statement provided by an individual under section 3721.23 of the Revised Code disputing the director's findings.

(B) The department may not continue to list an individual on the registry as eligible to work in a long-term care facility unless the department has received verification in accordance with paragraph (C) of this rule that the individual provided at least seven and one-half consecutive hours or eight hours in a fortyeight-hour period of nursing and nursing-related services for compensation during the twenty-four month period immediately following either the date that the individual was placed on the registry or the most recent date of verified work. As used in this rule, "nursing and nursing-related services" means:

- (1) Attending to the personal care needs of individuals;
- (2) Providing personal care services as defined at divisions (A)(5)(a)(i) to (A)(5)(a)(iii) of section 3721.01 of the Revised Code; and
- (3) Performing activities delegated by a nurse which may include

implementation of portions of the nursing regimen, as defined by section 4723.01 of the Revised Code, for individuals whose care does not require nursing assessment or the judgment of a nurse during the performance of the delegated activity, but does not include activities that are part of the nursing regimen which require the specialized knowledge, judgment, and skill of a registered nurse or the application of the basic knowledge and skill required of a licensed practical nurse licensed under Chapter 4723. of the Revised Code or any other activities that are required to be performed by a licensed nurse under Chapter 4723. of the Revised Code.

(C) If an individual desires to remain on the registry as eligible to work as a nurse aide but is not eligible because more than twenty-four consecutive months have passed since the last date of verified work, the individual must do one of the following:

(1) Submit documentation showing that he or she has provided at least seven and one-half consecutive hours or eight hours in a forty-eight-hour period of nursing and nursing-related services for compensation during that twentyfour month period; or

(2) Successfully complete additional training and competency evaluation by complying with paragraphs (D)(1) and (D)(2) of rule 3701-17-07.1 of the Administrative Code.

(D) The documentation required in paragraph (C)(1) of this rule shall include either of the following:

(1) In the case of a facility, agency, or any other health care provider that is authorized under applicable law to provide services that include implementation of portions of a nursing regimen, as defined by section 4723.01 of the Revised Code, a statement verifying the dates that the individual performed nursing and nursing-related services for compensation; or

(2) A statement by a physician or nurse verifying that he or she has personal knowledge that the individual provided nursing and nursing-related services to a patient under the physician's or nurse's care. The statement shall further verify:

(a) The name of the individual that provided nursing and nursing-related services for such patient;

(b) The nature of the nursing and nursing-related services and the date or dates the individual last provided seven and one-half consecutive hours or eight hours in a forty-eight-hour period of nursing and nursingrelated services;

(c) That the individual received compensation for the services specified in paragraph (D)(2)(b) of this rule. If the physician or nurse is unable to verify that the individual was compensated for those services, the individual must provide further proof that he or she received compensation for the specified services.

(E) No long-term care facility shall continue for longer than four months to use as a nurse aide an individual who previously met the requirements of paragraph (B) of rule 3701-17-07.1 of the Administrative Code but is not able to verify in

accordance with this rule that he or she is currently eligible to work in a longterm care facility, unless the individual successfully completes additional training and competency evaluation by complying with paragraphs (D)(1) and (D)(2) of rule 3701-17-07.1 of the Administrative Code.

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3701-17-08 Personnel requirements.

(A) Each nursing home and home for the aging shall arrange for the services of an administrator who shall be present in the home to the extent necessary for effectively managing the home and assuring that needs of the residents are being met, but not less than sixteen hours during each calendar week.

(B) Each nursing home shall employ a registered nurse who shall serve as director of nursing. The director of nursing shall be on duty five days per week, eight hours per day predominantly between the hours of six a.m. and six p.m. to direct the provision of nursing services. In the event the director of nursing is absent from the nursing home due to illness, vacation or an emergency situation, the home shall designate another registered nurse in its employ to serve as acting director of nursing. The director of nursing shall not be counted toward meeting the other nurse staffing requirements of this rule unless the home's licensed capacity is no greater than sixty beds.

(C) Each nursing home shall have staff sufficient in number on each shift to provide care and services to meet the needs of the residents in an appropriate and timely manner and to provide a minimum daily average of two and three-fourths hours of direct care and services per resident per day as follows:

(1) A minimum daily average of two hours per resident per day to be provided by nurse aides with the ratio of nurse aides to residents not exceeding one nurse aide for every fifteen residents or major part thereof at any time.

Licensed nurses may be counted toward meeting this requirement if the nurses are performing the same types of services as nurse aides and are not counted toward meeting the other nursing requirements of this paragraph;

(2) A minimum daily average of two-tenths of an hour per resident per day to be provided by registered nurses. A home may request a variance to use a licensed practical nurse to meet part or all of this requirement in accordance with paragraph (D) of this rule; and

(3) The remainder of the hours may be provided by nurses, nurse aides, activities aides, occupational therapists, physical therapists, dietitians, and social service workers who provide direct care and services to the residents.

Each nursing home shall have a registered nurse on call whenever one is not on duty in the home.

(D) The director may grant a variance from the registered nurse requirement of paragraph (C)(2) of this rule, if the director determines that the strict application of the requirement would cause an undue hardship to the home and that granting of the variance will not defeat the spirit and general intent of this rule, adversely affect the health or safety of the residents, or otherwise not be in the public interest. A home seeking a variance under this paragraph, shall submit a request, in writing, to the director that demonstrates to the satisfaction of the director that:

- (1) The home has made, and is continuing to make, diligent effort to recruit the required registered nurses personnel through advertising and the use of other techniques available in the area of the state in which the home is located, such as the use of public or private employment agencies;
- (2) The home is offering the prevailing wage for registered nurses in the area of the state in which the home is located;
- (3) That the facilities and personnel policies of the home are such as to offer satisfactory working conditions for prospective employees; and
- (4) That the registered nurse requirement is an undue hardship for the home to meet and that the variance will not jeopardize the health and safety of the residents.

In accordance with paragraph (D) of rule 3701-17-26 of the Administrative Code, the director shall notify the operator of the director's determination concerning the request for this variance and provide the operator with an opportunity for an informal review. The director shall also provide notice to the state long term care ombudsman and the protection and advocacy system in the state for the mentally ill and mentally retarded of a variance granted under this paragraph. The director may establish conditions that the nursing home shall meet for the variance to be operative and shall not grant the variance for a period to exceed one year.

(E) Each nursing home shall also have the following staff who are competent to perform the duties they are assigned:

- (1) Activities program staff as required by paragraph (A) of rule 3701-17-09 of the Administrative Code;
- (2) Dietary staff as required by paragraph (K) of rule 3701-17-18 of the Administrative Code;
- (3) Pharmacy services staff as required by paragraph (A)(1) of rule 3701-17-17 of the Administrative Code; and
- (4) A social worker to assist the home in meeting the social service needs of the residents and the requirements of rule 3701-17-09 of the Administrative Code. For nursing homes with one hundred and twenty beds or less, this individual may be hired on a part-time or consultant basis.

(F) In addition to complying with the requirements in this rule, each nursing home shall maintain sufficient additional staff to provide, in a timely manner, adequate services and care to meet the needs of the residents admitted to or retained in the nursing home and to properly operate the dietary, housekeeping, laundry,

and nursing home maintenance facilities.

(1) The nursing home shall determine the number and type of additional staff required based on the services needing to be performed as identified in the plans of care required by rule 3701-17-14 of the Administrative Code, and authorized scopes of practice.

(2) The additional staff shall meet the applicable qualifications of rules 3701-17-07 and 3701-17-071 of the Administrative Code and provide services in accordance with applicable scopes of practice.

(G) The nursing home shall establish a protocol for staff coverage that includes coverage during vacations, emergency situations, and long-term absences due to illness and unexpected absences and a contingency plan for back-up coverage.

(H) With input from the medical director and the director of nursing, the nursing home shall adjust the staffing levels based on the needs and acuity levels of the residents, but in no event shall the staffing fail to meet the requirements of this rule.

(I) A nursing home that is physically located in the same building or on the same lot as other licensed homes and facilities which are owned and operated by the same entity, or that provides an adult day care program in the nursing home, may use staff from the nursing home to provide services in the other licensed homes, facilities, or adult day care program or use appropriate and qualified staff from the other homes, facilities or adult day care program to meet part or all of the staffing requirements of this rule, if all of the following criteria are met:

(1) The nursing home at all times meets the minimal staffing levels required by this rule. No staff simultaneously assigned to the staffing schedules of the nursing home and another home, facility or an adult day program shall be counted towards meeting the staffing requirements of this rule;

(2) The other licensed homes and facilities at all times meet their applicable staffing level requirements. Shared nursing home staff shall not be counted towards meeting the minimum staffing requirements for the other licensed homes and facilities;

(3) Separate staffing schedules are maintained for the nursing home, residential care facility and adult day care program;

(4) The sharing of staff does not adversely affect the quality and timeliness of meeting the care needs of the nursing home and residential care facility residents and the participants of the adult day care program;

(5) The nursing home, residential care facility and adult day care program are within two minutes or less response time from each other; and

(6) The monitoring of the call signal systems in the nursing home and residential care facility are not disrupted and the use of call signal systems is not limited to emergency use only.

(J) Each nursing home shall maintain records necessary for the director to ascertain compliance with the requirements of this rule.

(K) Nothing in this rule shall be construed as authorizing an unlicensed individual to provide services that require the individual to be licensed under Title 47 of the Revised Code or a health care professional to provide services outside the

professional's licensed scope of practice.

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3701-17-09 Activities; social services; chaplain services; visiting hours; telephone service; pets; mail.

(A) Each nursing home shall employ a full-time or full-time equivalent individual who meets the qualifications specified in paragraph (G) of rule 3701-17-07 of the Administrative Code to direct the activities program, and sufficient assistants to meet residents' activity needs. All nursing homes shall provide an ongoing activity program which shall be designed to meet the physical, mental, emotional, psycho-social well-being and personal interests of each resident. The program shall reflect an activities schedule that involves day time, week end, evening, and community involvement programs to meet the identified needs of each resident based on their comprehensive assessment and care plan required by rules 3701-17-10 and 3701-17-14 of the Administrative Code, respectively. Based on the residents' changes in abilities, physical and mental status, timely adjustments in programming shall be made to meet the residents' needs at all times.

(B) All nursing homes shall provide social services to meet the physical, mental, and psycho-social well being of each resident and to assist each resident in attaining or maintaining the highest practicable level of functioning. The nursing home shall ensure that the social services needs related to admission and discharge planning are adequately addressed to ensure a safe and appropriate transfer of a resident to the nursing home or another facility or living arrangement.

(C) All nursing homes shall provide, facilitate or arrange for services to meet the spiritual preferences of their residents.

(D) Members of a resident's immediate family, guardian, physician, friends, sponsors, or spiritual advisor may visit the resident at any time unless the resident objects. The nursing home may establish reasonable policies to ensure that visits will not unduly disturb other residents or interfere with the operation of the home.

(E) All nursing homes shall provide residents with reasonable access to telephone services. The telephone shall be located in an area where calls can be made without being overheard and, if necessary, shall be adapted to accommodate disabilities.

(F) Each nursing home that allows animals or pets to reside in the nursing home shall establish, in consultation with the medical director and a veterinarian, and

implement a written protocol regarding animals and pets that protects the health and safety and rights of residents. For the purposes of this paragraph, "veterinarian" means an individual licensed to practice veterinary medicine under Chapter 4741. of the Revised Code.

(G) The administrator shall ensure that:

(1) All mail, telegrams, or other communications addressed to residents is delivered to the addressee unopened and unread immediately upon receipt at the nursing home, and opened and read to the resident after delivery if the resident so requests.

(2) The resident's outgoing mail shall be delivered unopened and unread to the regular postal channels promptly upon its receipt from the resident except when there is no regularly scheduled postal delivery or pick-up service in which case it shall be placed into the next regularly scheduled delivery or pick-up. The nursing home shall assist a resident in writing a letter or have a letter written for him or her if the resident so requests.

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3701-17-10 Resident assessments; tuberculosis testing.

(A) Each nursing home, in accordance with this rule, shall require written initial and periodic assessments of all residents. The different components of the assessment may be performed by different licensed health care professionals, consistent with the type of information required and the professional's scope of practice, as defined by applicable law, and shall be based on personal observation and judgment. This paragraph does not prohibit the licensed health professional from including in the assessment resident information obtained by or from unlicensed staff provided the evaluation of such information is performed by that licensed health professional in accordance with the applicable scope of practice.

(B) Prior to admission, the nursing home shall obtain from the prospective resident's physician, other appropriate licensed health professionals acting within their applicable scope of practice, or the transferring entity, the current medical history and physical of the prospective resident, including the discharge diagnosis, admission orders for immediate care, the physical and mental functional status of the prospective resident, and sufficient additional information to assure care needs of and preparation for the prospective resident can be met. This information shall have been updated no more than five days prior to admission.

(C) Upon admission, the nursing home shall assess each resident in the following areas:

- (1) Cardiovascular, pulmonary, neurological status including auscultation of heart and lung sounds, pulses and vital signs; and
- (2) Hydration and nutritional status; and
- (3) Presenting physical, psycho-social and mental status.

The nursing home shall also review each resident's admission orders to determine if the orders are consistent with the resident's status upon admission as assessed by the nursing home and shall reconfirm, as applicable, the orders with the attending physician or other licensed health care professional acting within the applicable scope of practice. The nursing home shall obtain any special equipment, furniture or staffing that is needed to address the presenting needs of the resident. The nursing home shall provide services to meet the specific needs of each resident identified through this admission assessment until such time as the care plan required by rule 3701-17-14 of the Administrative Code is developed and implemented.

(D) The nursing home shall perform a comprehensive assessment meeting the requirements of paragraph (E) of this rule on each resident as follows:

- (1) For an individual beginning residence in the nursing home after the effective date of this rule, the comprehensive assessment shall be performed within fourteen days after the individual begins to reside in the facility.
- (2) For a resident living in the nursing home on the effective date of this rule, a comprehensive assessment shall be performed within ninety days of the effective date of this rule. If the resident had a comprehensive assessment meeting the requirements of paragraph (E) of this rule no more than three months before the effective date of this rule, the nursing home is not required to perform another comprehensive assessment;
- (3) Subsequent to the initial comprehensive assessment, a comprehensive assessment shall be performed at least annually thereafter. The annual comprehensive assessment shall be performed within thirty days of the anniversary date of the completion of the resident's last comprehensive assessment.

(E) The comprehensive assessment shall include documentation of the following:

- (1) Medical diagnoses;
- (2) Psychological, and mental retardation and developmental diagnoses and history, if applicable;
- (3) Health history and physical, including cognitive functioning, and sensory and physical impairments;
- (4) Psycho-social history and the preferences of the resident including hobbies, usual activities, food preferences, bathing preferences, sleeping patterns, and socialization and religious preferences;
- (5) Prescription and over-the-counter medications;
- (6) Nutritional requirements and need for assistance and supervision of meals;
- (7) Height and weight;
- (8) A functional assessment which evaluates the resident's ability to perform activities of daily living;

(9) Vision, dental and hearing function; and

(10) Any other alternative remedies and treatments the resident is taking or receiving.

The documentation required by this paragraph shall include the name and signature of the individual performing the assessment, or component of the assessment, and the date the assessment was completed.

(F) Subsequent to the initial comprehensive assessment, the nursing home shall periodically reassess each resident, at minimum, every three months, unless a change in the resident's physical or mental health or cognitive abilities requires an assessment sooner. The nursing home shall update and revise the assessment to reflect the resident's current status. This periodic assessment shall include documentation of at least the following:

(1) Changes in medical diagnoses;

(2) Updated nutritional requirements and needs for assistance and supervision of meals;

(3) Height and weight;

(4) Prescription and over-the-counter medications;

(5) A functional assessment as described in paragraph (E)(8) of this rule;

(6) Any changes in the resident's psycho-social status or preferences as described in paragraph (E)(4) of this rule; and

(7) Any changes in cognitive, communicative or hearing abilities or mood and behavior patterns.

(G) In addition to the requirements of this rule, except as permitted under paragraph (H) of this rule, prior to or within forty-eight hours after admission, residents who have not had previous known significant Mantoux tests and who do not have a record of two-step or single step Mantoux testing within the twelve months preceding admission, shall have a two-step Mantoux test using five tuberculin units of purified protein derivative. If the first step in nonsignificant, the second step shall be performed no less than seven or more than twenty-one days from the date of the first step. Only a single Mantoux is required if the resident has documentation of either a single Mantoux test or a two-step Mantoux test within one year of admission. Each resident shall have a single Mantoux test repeated annually within thirty days of the anniversary date of the most recent testing.

(1) The nursing home shall assure that residents with significant Mantoux tests are reviewed for history and symptoms by a physician, or other appropriate licensed health care professionals acting within their applicable scope of practice, and that they have had a chest x-ray within thirty days before, or within forty-eight hours after notification of significant test results. If appropriate, the physician or applicable health care professional shall order a repeat x-ray. Additional Mantoux testing is not required after one medically documented significant test. The nursing home shall assure that a resident who exhibits signs and symptoms of tuberculosis is reassessed. A subsequent chest x-ray is not required unless the individual develops symptoms consistent with active tuberculosis.

(2) Residents with nonsignificant Mantoux tests shall receive a single Mantoux

test if they are exposed to a known case of tuberculosis and another single Mantoux test performed ninety days after break of exposure. If the test reveals evidence of conversion, the resident shall have a chest x-ray unless the resident has had a chest x-ray no more than thirty days before the date of conversion and the physician or other appropriate licensed health professional determines another x-ray is not needed.

(a) If the chest x-ray does not reveal active pulmonary tuberculosis, the nursing home shall document that the resident has been evaluated and considered for preventive treatment. The nursing home shall assess the resident for signs and symptoms suggesting tuberculosis and shall annually document the presence or absence of symptoms in the resident's record.

(b) If the chest x-ray reveals active pulmonary tuberculosis, the nursing home shall manage the resident in accordance with the tuberculosis plan, required by paragraph (D) of rule 3701-17-11 of the Administrative Code, until the appropriate local public health authority determines the resident is no longer infectious.

(3) The nursing home shall require participants of an adult day care program provided by and on the same site as the nursing home to comply with the requirements of paragraph (G) of this rule if the program is located or shares space within the same building as the nursing home, day care participants and residents of the home intermingle, or if there is a sharing of staff between the program and the home. If an adult day care participant is assessed as having active pulmonary tuberculosis, the nursing home shall not permit the participant to enter the nursing home until the appropriate local public health authority determines the participant is no longer infectious.

(H) Residents admitted to the nursing home for stays of less than ten days are exempted from the testing required by paragraph (G) of this rule if the nursing home:

(1) Assesses the resident upon admission for signs and symptoms of tuberculosis; and

(2) Ensures that a resident assessed as having signs and symptoms of tuberculosis has the chest x-ray and follow-up required by paragraph (G) of this rule.

(I) Nursing homes that conduct resident assessments in accordance with 42 C.F.R. 483.20, using the resident assessment instrument specified by rule 5101:3-3-40 of the Administrative Code, shall be considered in compliance with paragraphs (D), (E) and (F) of this rule.

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3701-17-11 Infection control.

(A) Each nursing home shall establish and implement appropriate written policies and procedures to assure a safe, sanitary and comfortable environment for residents and to control the development and transmission of infections and diseases. Each nursing home shall establish an infection control program to monitor compliance with home's infection control policies and procedures, to investigate, control and prevent infections in the home, and to institute appropriate interventions. The home shall designate an appropriate licensed health professional with competency in infection control to serve as the infection control coordinator.

(B) If any resident, or individual used by the nursing home, exhibits signs and symptoms of a disease listed in rule 3701-3-02 of the Administrative Code, the nursing home shall ensure that appropriate interventions and follow-up are implemented and shall make reports to the appropriate local public health authority as required by law.

(C) Each nursing home shall use appropriate infection control precautions in caring for all residents. At minimum, individuals working in a nursing home shall:

(1) Wash their hands vigorously with soap and water for at least ten to fifteen seconds or, if hand-washing facilities are not readily available, with a water-less alcohol-based product used according to manufacturer's directions or other alternative methods accepted by the centers for disease control and prevention, or another recognized infectious disease organization, as being an effective alternative:

(a) After using the toilet;

(b) Before direct contact with a resident, dispensing medication, or handling food;

(c) Immediately after touching body substances;

(d) After handling potentially contaminated objects;

(e) Between direct contact with different residents; and

(f) After removing gloves.

(2) Place disposable articles contaminated with body substances (other than sharp items) in a container impervious to moisture and manage them in a fashion consistent with Chapter 3734. of the Revised Code. Reusable items contaminated with body substances shall be contained until cleaning and decontamination occurs using products that are approved by the United States food and drug administration;

(3) Wear disposable gloves for contact with any resident's body substances, nonintact skin or mucous membranes. The gloves shall be changed before and after contact with another resident and disposed of in accordance with state law;

(4) Wear an impervious cover gown or other appropriate protective clothing if soiling of clothing with body substances is likely to occur;

(5) Wear a mask and protective goggles or a face shield if splashing of body substances is likely or if a procedure that may create an aerosol is being

performed;

(6) Dispose of all hypodermic needles, syringes, scalpel blades and similar sharp wastes by placing them in rigid, tightly closed puncture-resistant containers before they are transported off the premises of the home, in a manner consistent with Chapter 3734. of the Revised Code. The nursing home shall provide instructions to all individuals who use sharps in the home on the proper techniques for disposal; and

(7) Disposable equipment and supplies shall not be re-used.

For the purposes of paragraph (C) of this rule, "body substance" means blood, semen, saliva, vaginal secretions, feces, urine, wound drainage, emesis and any other secretion or excretion of the human body except tears and perspiration.

(D) In addition to following the standard precautions required by paragraph (C) of this rule, nursing homes shall follow the current guidelines for isolation requirements issued by the centers for disease control and prevention when caring for a resident known or suspected to be infected with a disease listed in paragraph (A) of rule 3701-3-02 of the Administrative Code. The nursing home shall develop and follow a tuberculosis control plan, based on a facility assessment, which is consistent with current guidelines issued by the centers for disease control and prevention.

(E) The nursing home shall keep clean and soiled laundry separate. Soiled laundry shall be handled as little as possible. Laundry that is wet or soiled with body substances, as defined in paragraph (C) of this rule, shall be placed in impervious bags which are secured to prevent spillage. Individuals performing laundry services shall wear impervious gloves and an impervious gown. Individuals handling soiled or wet laundry on the unit shall wear gloves and, if appropriate, other personal protective equipment. The home shall use laundry cycles according to the washer and detergent manufacturers' recommendations. Protective clothing shall be removed before handling clean laundry.

(F) If the nursing home provides an adult day care program which is located, or shares space, within the same building as the nursing home, shares staff between the program and the home, or where the day care participants at any time intermingle with residents of the home, the requirements of this rule are also applicable to participants of the adult day care program.

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3701-17-12 Notification and reporting of changes in health status, illness, injury and death of a resident.

The nursing home administrator or the administrator's designee shall:

(A) Immediately inform the resident, consult with resident's physician or the medical director, if the attending physician is not available, and notify the resident's sponsor or authorized representative, unless the resident objects,, and other proper authority, in accordance with state and local laws and regulations when there is:

- (1) An accident involving the resident which results in injury and has the potential for requiring physician intervention;
- (2) A significant change in the resident's physical, mental, or psycho-social status such as a deterioration in health, mental, or psycho-social status in either life-threatening conditions or clinical complications;
- (3) A need to alter treatment significantly such as a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment.

The notification shall include a description of the circumstances and cause, if known, of the illness, injury or death. A notation of the change in health status and any intervention taken shall be documented in the medical record. If the resident is a patient of a hospice care program, the notifications required by this paragraph shall be the responsibility of the hospice care program unless otherwise indicated in the coordinated plan of care required under paragraph (G) of rule 3701-17-14 of the Administrative Code.

(B) Report the death of a resident within twenty-four hours to the appropriate thirdparty payer; or, if the office is closed, as soon thereafter as it is open.

(C) Report any incident of fire, damage due to fire and any incidence of illness, injury or death due to fire or smoke inhalation of a resident within twenty-four hours to the office of the state fire marshal and to the director.

(D) Report the diseases required to be reported under Chapter 3701-3 of the Administrative Code in the manner specified by that chapter.

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3701-17-13 Medical supervision.

(A) Each nursing home operator shall arrange for the services of a physician to serve as the home's medical director, the medical director shall:

(1) In collaboration with the administrator, the nursing director, and other health professionals, develop formal resident care policies for the nursing home that:

(a) Provide for the total medical and psycho-social needs of the resident, including admissions, transfer, discharge planning, range of services

available to the resident, emergency procedures and frequency of physician visits in accordance with resident needs and the applicable requirements of Chapter 3721. of the Revised Code and of rules 3701-17-01 to 3701-17-26 of the Administrative Code.

(b) Promote resident rights as enumerated in section 3721.13 of the Revised Code.

(2) Make available medical care for residents not under the care of their own physicians and to make available emergency medical care to all residents, provided their personal physicians are not readily available.

(3) Meet periodically with nursing and other professional staff to discuss clinical and administrative issues, including the need for additional staff, specific resident care problems and professional staff needs for education or consultants to assist in meeting special needs such as dentistry, podiatry, dermatology, and orthopedics, offer solutions to problems, and identify areas where policy should be developed. In carrying out this function, the medical director shall:

(a) Observe residents and facilities at least quarterly or more frequently as needed; and

(b) Review pharmacy reports, at least quarterly, including summaries of drug regimen reviews required by paragraph (H) of rule 3701-17-17 of the Administrative Code and the quality assurance activities required by paragraph (D) of rule 3701-17-06 of the Administrative Code, and take appropriate and timely action as needed to implement recommendations.

(4) Monitor the clinical practices of, and discuss identified problems with, attending physicians; act as a liaison between the attending physicians and other health professionals caring for residents and the residents' families; and intervene as needed on behalf of residents or the home's administration.

(5) Maintain surveillance of the health of the nursing home's staff.

(6) Assist the administrator and professional staff in ensuring a safe and sanitary environment for residents and staff by reviewing incidents and accidents, identifying hazards to health and safety, and advising about possible correction or improvement of the environment.

(B) The nursing home shall not give any medication or treatment to any resident unless ordered by a physician or by other licensed health professionals, acting within their applicable scope of practice. If orders are given by telephone, they shall be recorded with the licensed health professional's name and the date, and the order and signed by the person who accepted the order. All orders, including facsimile, telephone, or verbal orders, shall be signed and dated by the physician or other licensed health professional working in collaboration with the physician who gave the order within fourteen days after the order was given.

(1) Telephone orders shall not be accepted by a person other than a licensed nurse on duty, another physician or a pharmacist, except that a licensed physical, occupational or respiratory therapist, audiologist, speech

pathologist, dietitian, or other licensed health professional may receive, document and date medication and treatment orders concerning his or her specific discipline for residents under their care, to the extent permitted by applicable licensing laws.

(2) The nursing home may accept signed orders issued by a licensed health professional having prescriptive authority by facsimile transmission if the home has instituted procedural safeguards for authenticating and maintaining confidentiality of the facsimile order, and for handling it in an expedient and priority manner.

(3) An entry that is an electronic record as defined in section 3701.75 of the Revised Code may be authenticated by an electronic signature in accordance with section 3701.75 of the Revised Code.

(C) Each resident of a nursing home shall be under the supervision of a physician. Each resident of a nursing home shall be evaluated by a physician at least once every thirty days for the first ninety days after admission or three evaluations. After this period, each resident of a nursing home shall be evaluated by a physician at least every sixty days, except that if the attending physician documents in the medical record why it is appropriate, the resident may be evaluated no less frequently than once every one hundred twenty days.

(1) The evaluations required by this rule shall be made by the physician personally except after the initial thirty day evaluation, at the option of the physician, evaluations may alternate between personal evaluations by the physician and personal evaluations performed by a licensed health professional, acting within their applicable scope of practice, who is working in collaboration with the physician. In conducting the evaluation, the physician or licensed health professional shall solicit resident input to the extent of the resident's capabilities.

(2) The physician or licensed health professional shall write a progress note after each evaluation depicting the current condition of the resident based upon consideration of the physical, mental and emotional status of the resident.

(3) A physician or licensed health professional visit is considered timely if it occurs no later than ten calendar days after the date the visit was required.

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3701-17-13.1 Use of advanced practice nurses in nursing homes.

(A) An advanced practice nurse, as defined in paragraph (E) of rule 3701-17-01 of

the Administrative Code, who is acting within his or her scope of practice and is working in collaboration with an attending physician if authorized by a written standard care arrangement required by rule 4723-8-04 of the Administrative Code, may undertake the following:

(1) Receive notice and participate in consultations under paragraph (A) of rule 3701-17-12 of the Administrative Code in addition to or in lieu of the attending physician;

(2) Notwithstanding paragraph (C) of rule 3701-17-13 of the Administrative Code, perform all resident evaluations required to be performed under that rule;

(3) Issue orders relating to resident appropriate room furnishings under paragraph (B) of rule 3701-17-16 of the Administrative Code.

(B) The nursing home medical director may discuss identified problems of a resident with the resident's advanced practice nurse who is acting within his or her scope of practice, and who is working in collaboration with the attending physician pursuant to a written standard arrangement required by rule 4723-8-04 of the Administrative Code.

(C) The name of a resident's advanced practice nurse shall be listed in addition to the attending physician on the resident admission record as required by paragraph (A)(1)(a) of rule 3701-17-19 of the Administrative Code.

(D) The name of the advanced practice nurse shall be listed in addition to the attending physician on the medication administration record referenced in paragraph (A)(1)(d) of rule 3701-17-19 of the Administrative Code. An advanced practice nurse may sign orders on the doctors order sheet under paragraph (A)(1)(d) of rule 3701-17-19 of the Administrative Code when acting within his or her scope of practice, and when working in collaboration with the attending physician pursuant to a written standard arrangement required by rule 4723-8-04 of the Administrative Code.

(E) Nothing in this rule shall be construed to allow the use of an advanced practice nurse to perform the physician requirements specified in rule 3701-17-15 of the Administrative Code.

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3701-17-14 Plan of care; treatment and care: discharge planning.

(A) The nursing home shall assure that development of a plan of care is initiated upon admission and completed and implemented for each resident within seven days of completion of the initial comprehensive assessment, required by rule

3701-17-10 of the Administrative Code. The plan shall be prepared by an interdisciplinary team that includes the attending physician or the attending advance practice nurse, or both, a registered nurse with responsibility for the resident and other appropriate staff in disciplines as determined by the needs of the resident and, to the extent practicable, the resident and the family or sponsor of the resident unless the resident does not wish them to be involved.

(1) The plan of care shall be consistent with the comprehensive assessment with recognition of the capabilities and preferences of the resident, and shall contain a written description of what services, supplies and equipment, are needed, when, how often, and by whom services, supplies and equipment will be provided and the measurable goals or outcomes.

(2) The plan of care shall be reviewed whenever there is a change in the resident's condition and the needs of the resident warrants a change in the services, supplies or equipment to be provided, and at least quarterly, by the nursing home and the resident, or sponsor, or both, and shall be updated, as appropriate.

(3) Each resident shall have access to his or her assessment and plan of care at any time upon request.

(B) All skilled nursing care shall be provided by a nurse except a nurse may delegate certain tasks as authorized by Chapter 4723. of the Revised Code in accordance with the applicable rules adopted under that chapter.

(C) The nursing home shall provide all residents who cannot give themselves adequate personal care with such care as is necessary to keep them clean and comfortable.

(D) All services, supplies and equipment provided or arranged for by the nursing home shall be provided, in accordance with acceptable standards of practice and the written plans of care, by individuals who meet the applicable qualifications of this chapter.

(E) The nursing home shall assure that all residents receive adequate, kind, and considerate care and treatment at all times.

(F) The nursing home shall transfer and discharge a resident in an orderly and safe manner in accordance with Chapter 3701-61 of the Administrative Code. In anticipation of a discharge, the nursing home shall prepare the following information to be shared with appropriate persons and agencies upon consent of the resident, except the resident's right to refuse release of such information does not apply in the case of transfer to another home, hospital, or health care system, if the release is required by law or rule or by a third-party payment contract:

(1) An updated assessment that addresses the criteria outlined in paragraph (E) of rule 3701-17-10 of the Administrative Code and accurately identifies the resident's condition and continuing care need at the time of transfer and discharge;

(2) A plan that is developed with the resident and family members, with the consent of the resident, that describes what services, supplies and equipment are needed, how needed services, supplies and equipment can be accessed, and how to coordinate care if multiple care givers are involved.

The plan shall also identify need for the resident and care givers' education, including resident and care giver instruction on the proper use of grab rails and other safety devices, and any accommodations to the physical environment to meet the needs of the resident; and

(3) The nursing home shall, with the consent of the resident, arrange or confirm the services, equipment and supplies in advance of discharge or transfer of the resident.

(G) If the nursing home resident is also a patient of a hospice care program, the nursing home shall communicate and work with the hospice in development and implementation of a coordinated plan of care between the nursing home and hospice. This coordinated plan of care shall:

(1) Reflect the hospice philosophy;

(2) Be based on the assessment of the resident and the unique living situation in the nursing home; and

(3) Identify the services, supplies, and equipment to be provided by the nursing home and those to be provided by the hospice care program.

The nursing home shall allow the hospice care program to retain professional management of the resident's plan of care related to the resident's terminal illness pursuant to Chapter 3701-19 of the Administrative Code as long as the resident is receiving hospice care. The nursing home shall take directions from the hospice regarding implementation of the coordinated plan of care related to the resident's terminal illness.

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3701-17-15 Restraints.

(A) Except as provided in paragraph (F) of this rule for emergency situations, the nursing home shall not physically or chemically restrain a resident or subject a resident to prolonged isolation except on written order of a physician which shall include the date, means of restraint to be used, medical reason for restraint, and duration of restraint. Such written orders shall be made a part of the resident's record.

(1) The nursing home shall not use a physical or chemical restraint or isolation for punishment, incentive, or convenience.

(2) A nursing home's use of the following items for the purposes stated in this paragraph shall not be construed as physically or chemically restraining a resident or subjecting a resident to prolonged isolation:

(a) Devices that assist a resident in the improvement of the resident's

mental and physical functional status and that do not restrict freedom of movement or normal access to one's body; and

(b) Medications that are standard treatment or a documented exception to standard treatment for the resident's medical or psychiatric condition which assist a resident in attaining or maintaining the resident's highest practicable physical, mental, and psycho-social well-being.

(c) Placement of residents who are cognitively impaired in a specialized care unit that restricts their freedom of movement throughout the home if:

(i) The home has made the determination to place each resident in such unit in accordance with paragraph (B) of this rule;

(ii) Care and services are provided in accordance with each resident's individual needs and preferences, not for staff convenience;

(iii) The need for continuation of placement of a resident in the locked unit is reviewed during each periodic assessment required by paragraph (F) of rule 3701-17-10 of the Administrative Code and during the continuing care planning required by rule 3701-17-14 of the Administrative Code;

(iv) The locked unit meets the requirements of the state building and fire codes; and

(v) Resident who are not cognitively impaired are able to enter and exit the unit without assistance.

(B) Except as provided in this paragraph, and paragraph (F) of this rule for emergency situations, prior to authorizing the use of a physical or chemical restraint on any resident, the nursing home shall ensure that the attending physician:

(1) Makes a personal examination of the resident and an individualized determination of the need to use the restraint on that resident; and

(2) In conjunction with an interdisciplinary team of health professionals and other care givers, conducts an individualized comprehensive assessment of the resident. This assessment shall:

(a) Identify specific medical symptoms that warrant the use of the restraint;

(b) Determine the underlying cause of the medical symptom and whether that underlying cause can be mitigated;

(c) Investigate and determine if possible alternative interventions have been attempted and found unsuccessful. Determine the least restrictive device that is most appropriate to meet the needs of the resident, taking into consideration any contraindications;

(d) Discuss with the resident or authorized representative, and any other individual designated or authorized by the resident, the risks and benefits of the restraint; and

(e) Obtain written consent from the resident or the resident's authorized representative.

A nursing home may restrain or isolate a resident transferred from another health care facility based on the resident's transfer orders if such orders

include restraint use or isolation authorization and the home complies with the provisions of this paragraph within twenty-four hours of the resident's admission or readmission to the home.

(C) If a physical restraint is ordered, the nursing home shall select the restraint appropriate for the physical build and characteristics of the resident and shall follow the manufacturer's instructions in applying the restraint. The nursing home shall ensure that correct application of the restraint is supervised by a nurse and that the restrained resident is monitored every thirty minutes. The visual monitoring of the restrained resident may be delegated as permitted under state law. Jackets, sheets, cuffs, belts, or mitts made with unprotected elements of materials such as heavy canvas, leather, or metal shall not be used as restraints.

(D) When physical or chemical restraints are used, the nursing home shall ensure that the restrained resident receives a nutritionally adequate diet and shall develop and implement a comprehensive individualized plan of care for the restraint use which includes measures to minimize risks and the decline of the resident.

(E) The attending physician or a staff physician may authorize continued use of physical or chemical restraints for a period not to exceed thirty days and, at the end of this period and any subsequent period, may extend the authorization for an additional period of not more than thirty days. The use of physical or chemical restraints shall not be continued without a personal examination of the resident and the written authorization of the attending physician stating the reasons for continuing the restraint.

(F) Physical or chemical restraints or isolation may be used in an emergency situation without authorization of, or personal examination by, the attending physician only to protect the resident from injury to self or others. Use of the physical or chemical restraint or isolation shall not be continued for more than twelve hours after the onset of the emergency without personal examination and authorization by the attending physician.

(G) When isolation or confinement is used, the nursing home shall ensure that:

- (1) The resident is continually monitored and periodically reassessed for continued use and need of this method of intervention;
- (2) The door is secured in such a way as to be readily opened in case of an emergency;
- (3) The resident is isolated or confined for the least amount of time to achieve desired outcome.

(H) Members of the nursing home's quality assurance committee, required by rule 3701-17-06 of the Administrative Code, shall review monthly the use of restraints and isolation and any incidents that resulted from their use, as well as incidents which resulted in the use of restraints or isolation. The review shall identify any trends, increases, and problems, the need for additional training, consultations or corrective action which shall be discussed and reflected in the minutes of the next quality assurance committee meeting.

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3701-17-15.1 Prone restraints.

(A) For purposes of this rule:

(1) "Prone restraint" means all items or measures used to limit or control the movement or normal functioning of any portion, or all, of an individual's body while the individual is in a face-down position for an extended period of time. Prone restraint includes physical or mechanical restraints; and

(2) "Transitional hold" means a brief physical positioning of an individual facedown for the purpose of quickly and effectively gaining physical control of that individual in order to prevent harm to self and others, or prior to transport to enable the individual to be transported safely. A transitional hold may include the use of handcuffs or other restraints incident to arrest or temporary detention by law enforcement consistent with departmental policy.

(B) The use of a prone restraint is prohibited in nursing homes.

(C) The use of a transitional hold may be permitted only when all of the following conditions are met:

(1) A transitional hold may be applied only by staff with current training on the safe use of this procedure, including how to recognize and respond to signs of distress in the individual;

(2) A transitional hold may be applied only in a manner that does not compromise breathing, including the compromise that occurs with the use of:

(a) Pressure or weight bearing on the back;

(b) Soft devices such as pillows under an individual's face or upper body; or

(c) The placing of an individual's or staff's arms under the individual's head, face, or upper body;

(3) A transitional hold may be applied only for the reasonable amount of time necessary to safely bring the person or situation under control and to ensure the safety of the individuals involved; and

(4) A transitional hold may be applied only with consistent and frequent monitoring during and after the intervention with every intent to assure that the person is safe and suffers no harm.

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3701-17-16 Equipment and supplies.

(A) Each resident, if the resident so chooses, shall be provided with an individual bed not less than thirty-six inches wide, a clean comfortable mattress and clean pillows, sheets, and covering suitable for the season. A nursing home shall arrange for the provision of at least a double size bed, upon request of a married couple or other consenting adult residents sharing a room in accordance with the nursing home's policy, unless there is an overriding documented medical reason that puts one of the consenting parties at risk of health and safety or there is a risk to other residents. Mattresses shall be protected with waterproof material unless otherwise ordered by a physician. Roll away beds and cots shall not be used as beds. All mattresses purchased or obtained by the nursing home, or brought to the nursing home by residents, shall be of safe construction.

(B) Unless otherwise ordered by a physician, each resident shall be provided with a bedside table, a bedside light that is sufficient for reading and staff rendering of bedside care, a bureau or equivalent, a comfortable chair, and adequate closet or wardrobe space for the storage of personal clothing in the resident's room. A nursing home may provide additional storage space for resident belongings elsewhere in the nursing home. Resident rooms shall be designed or equipped to assure full visual privacy for each resident except nursing homes in operation on the effective date of this rule have one year to comply with this requirement. For the purposes of this paragraph, "full visual privacy" means that the resident has a means of completely withdrawing from public view while occupying their bed through such means as a curtain, moveable screens or private room.

(C) Each nursing home shall have a call signal system in good working order that, at minimum, provides for the transmission of calls from resident rooms and toilet and bathing facilities. Nursing homes that were not required to equip rooms occupied by severely confused residents with a call system under the previous version of this rule have until one year after the effective date of this rule to comply with this requirement.

(D) Supplies such as hypodermic syringes, needles, and lancets shall be discarded after use in accordance with state and federal requirements. Reusable items shall be cleaned and disinfected according to manufacturer's directions and in accordance with applicable state and federal law and regulations.

(E) All nursing homes shall, at all times, have the supplies and equipment necessary to provide the services and nursing care needed by the type of residents admitted to or residing in the nursing home. Wheelchairs, gerichairs, quad canes, adaptive eating equipment and utensils, and other assistive devices shall be maintained in good and safe working condition and shall be equipped

properly for the specific needs of each resident.

All equipment and supplies in a nursing home shall be kept clean and usable and shall be satisfactorily stored when not in use.

(F) Within areas generally accessible to residents, all disinfectants, pesticides, and poisons shall be kept in a locked area separate from medications and food.

(G) The nursing home shall provide a safe, clean, comfortable and homelike environment allowing each resident to use personal belongings to the extent possible. Residents may refuse furnishings, equipment and supplies provided by the nursing home. The nursing home shall allow residents to bring their own furnishings and other personal items into the home to personalize their individual environment if the furnishings and items do not create a health and safety risk, are not medically inadvisable, or infringe upon the rights of other residents. Upon request, the nursing home shall assist the resident in obtaining essential furnishings and supplies.

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3701-17-17 Medicines and drugs.

(A) The nursing home shall provide or obtain routine and emergency medicines, drugs and biologicals for its resident except if prohibited by state or federal law.

The nursing home shall permit residents to use and continue to obtain medicines, drugs and biologicals dispensed to them from a pharmacy of choice provided the medicines, drugs and biologicals meet the standards of this rule.

(1) Each nursing home shall provide pharmacy services by employing a pharmacist on either a full-time, part-time, or consultant basis or by contracting with a pharmacy service. The pharmacist or pharmacy service shall be responsible for maintaining supervision and control of the stocking and dispensing of drugs and biologicals in the home in accordance with state pharmacy rules.

(2) The nursing home, in conjunction with the pharmacist or pharmacy service, shall:

(a) Maintain an emergency and contingency drug supply for use in the absence of the pharmacist; and

(b) Ensure that the contingency drug supply is maintained in accordance with state pharmacy rules.

(B) Medicines and drugs shall be given only to the individual resident for whom they are prescribed, shall be given in accordance with the directions on the prescription or the physician's orders, and shall be recorded on the resident's

medication administration record.

(C) Every container of medicine and drugs prescribed for a resident shall be properly and clearly labeled in accordance with applicable state regulations as to the following:

- (1) Date dispensed.
- (2) Name of resident.
- (3) Directions for use.
- (4) Name of the prescriber.
- (5) Name of the drug, strength, and prescription number if there is one.

(D) Containers too small to bear a complete prescription label shall be labeled with at least the prescription number and the name of the resident, unless application of this label would impair the functioning of the product, and shall be dispensed in a container bearing a complete prescription label.

(E) The nursing home shall ensure that all medications and drugs are stored under proper temperature controls and secured against unauthorized access. All medicines and drugs, including those requiring refrigeration, shall be kept in locked storage areas and separate from materials that may contaminate the medicines and drugs such as poisonous substances. Where a pharmacist is not present twenty-four hours-a-day, keys to locked contingency drug supplies shall be made available to a health care professional licensed under Chapter 4723. or 4731. of the Revised Code and authorized by such chapters to administer drugs.

(F) Each nursing home shall ensure that the following requirements regarding individual resident's drugs are met:

- (1) Appropriate drugs for an individual resident shall, upon order of a prescriber, be sent with or arranged for the resident upon temporary absence other than for hospital leave.
- (2) At the order of a prescriber, a resident's drugs shall be sent with or arranged for the resident upon transfer and discharge. Drugs not so ordered by the prescriber upon transfer or discharge shall be returned to the pharmacy or disposed of in accordance with any applicable state or federal laws, rules and regulations.
- (3) Upon death of a resident all drugs shall be returned to the pharmacy, or disposed of in accordance with any applicable state or federal laws, rules, and regulations.

This paragraph does not preclude a nursing home from charging a resident for medications and drugs provided to the resident upon discharge for which the resident has not already paid.

(G) Controlled substances shall be ordered, dispensed, administered, and disposed of in accordance with state and federal laws and regulations.

(H) The nursing home shall ensure that the pharmaceutical needs of each resident are met and that the drug regimen of each resident is reviewed and documented at least once a month by a pharmacist.

(I) The nursing home shall coordinate the ordering of medicines, drugs and biologicals for hospice patients with the appropriate hospice care program.

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3701-17-18 Food and nutrition.

(A) Each nursing home shall have a kitchen and other food service facilities which are adequate for preparing and serving appetizing food for all residents. The nursing home shall develop and implement a policy addressing its method for accommodating religious, ethnic and cultural and personal preferences.

(B) Each nursing home shall provide at least three nourishing and appetizing meals daily to all residents at regular hours. There shall be at least a four-hour interval of time between the breakfast and noon meal and between the noon and evening meal. There will be no more than sixteen hours between the evening meal and breakfast. Each nursing home shall offer a nourishing snack, consisting of a choice of beverages and a food item from a basic food group, after the evening meal. Food substitutes of similar nutritive value shall be offered to residents who refuse the food served and serving size may be adjusted according to resident preference. The nursing home shall accommodate a resident's preference or medical need to eat at different intervals.

(C) A nursing home may provide home-style meal or buffet service if the residents agree to participate in the meal service and the home:

- (1) Uses precautions to prevent contamination of food being served;
- (2) Assists residents when necessary; and
- (3) Complies with the other requirements of this rule.

For purposes of this paragraph, "home-style meal service" means a dining experience where small groups of residents sit together for a meal and each resident portions his or her own food onto his or her plate from a serving platter or bowl. The serving platter or bowl is then passed to another resident in the group. "Buffet service" means an informal meal service that is set up in a manner that allows residents to portion their own food onto their plates from a buffet of food items and transport to a table in the dining area for consumption.

(D) Each nursing home shall maintain at all times sufficient food supplies for residents. The home shall maintain at least two days' supply of perishable food items and at least one week's supply of staple food items. The amount of such supplies shall be based on the number of meals that the nursing home provides and the nursing home's census.

(E) Each nursing home shall have planned menus, which are approved by the dietitian required by paragraph (K) of this rule, for all meals, including special diets, at least one week in advance. Menus shall be varied and be based on a standard meal planning guide published or approved by a licensed or registered dietitian in accordance with acceptable standards or practice. The nursing home

shall maintain records for all meals, including special diets, as served. The meal records shall be kept on file in the nursing home for at least one year after being served and made available to the director upon request. The records shall indicate the date that each meal was served along with any food substitutions from the menu.

(F) Each nursing home shall provide nourishing, palatable and attractive meals that provide the recommended dietary allowances of the "Food and Nutrition Board" of the "National Academy of Sciences". Food shall vary in texture, color and seasonal items. The food shall be prepared and served in a form that meets the resident's needs based on the assessment conducted pursuant to rule 3701-17-10 of the Administrative Code.

(G) Safe, fresh, and palatable drinking water shall be accessible for residents at all times.

(H) Special diet menus shall be adjusted as directed by the dietitian required under paragraph (K) of this rule or the resident's attending physician. The special diet shall be prepared and served as ordered.

(I) The nursing home shall monitor each resident's nutritional intake and make adjustments in accordance with the resident's needs. Notification of any significant unplanned or undesired weight change shall be made to the resident's attending physician and the dietitian required by paragraph (K) of this rule. "Significant unplanned or undesired weight change" means a five per cent weight gain or loss over a one month period, a seven and one-half per cent or more weight gain or loss over a three month period, or a ten per cent or more weight gain or loss over a six month period.

(J) The nursing home shall store, prepare, distribute and serve food under sanitary conditions and in a manner that protects it against contamination and spoilage in accordance with food service requirements of Chapter 3717-1 of the Administrative Code.

(K) Each nursing home shall employ a dietitian, who may be hired on a full-time, part-time or consultant basis, to plan, manage and implement dietary services that meet the residents' nutritional needs and comply with the requirements of this rule. If the home does not have the full-time equivalent of a dietitian, the nursing home shall designate a person who meets the qualifications specified in paragraph (H) of rule 3701-17-07 of the Administrative Code, to serve as the food service manager. The part-time or consultant dietitian, at a minimum, shall consult monthly with the food service manager. Each nursing home shall ensure that the dietitian performs the following functions:

(1) Assesses, plans, manages and implements nutritional services that meet the needs of the residents;

(2) Oversees the development and implementation of policies and procedures which assure that all meals are prepared and served as ordered and that food service personnel maintain sanitary conditions in procurement, storage, preparation, distribution and serving of food;

(3) Monitors at least quarterly, or more often as determined by the dietitian, food preparation staff, staff responsible for carrying out the duties specified in this rule, and residents on special diets;

(4) Evaluate residents' response to new calculated diets, and the home's compliance in the provision of such diet, within one month after the nursing home commences providing the diet. For the purposes of this provision, "new" means either a food regimen that the nursing home has never before supervised or a food regimen that has been prescribed for a resident for the first time; and

(5) Oversees, or arranges for, the training of staff in performing the duties specified in this rule and in the preparation of special diets. Trained unlicensed staff, including the dietary manager, may perform routine tasks that:

(a) May be delegated pursuant to Chapter 4759. of the Revised Code and this rule; and

(b) Do not require professional judgment or knowledge.

(L) Tube feedings and parenteral nutrition shall be administered by the appropriate licensed health professionals in accordance with acceptable standards of practice. Tube feedings shall not be used for convenience or when in conflict with treatment decisions, or a resident's advance directive, in accordance with applicable provisions of Chapters 1337. and 2133. of the Revised Code.

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3701-17-19 Records and reports.

(A) Nursing homes shall keep the following records and such other records as the director may require:

(1) An individual medical record shall be maintained for each resident. Such record shall be started immediately upon admission of a resident to the home and shall contain the following:

(a) Admission record. Name, residence, age, sex, race/ethnicity, religion, date of admission, name and address of nearest relative or guardian, admission diagnoses from referral record and name of attending physician.

(b) Referral record. All records, reports, and orders which accompany the resident as required by rule 3701-17-10 of the Administrative Code.

(c) Nursing/care notes. A note of the condition of the resident on admission and subsequent notes as indicated to describe changes in condition, unusual events or accidents. Other individuals rendering services to the resident may enter notes regarding the services they render.

(d) Medication administration record. A doctor's order sheet upon which

orders are recorded and signed by the physician, including telephone orders as required by rule 3701-17-13 of the Administrative Code; a nurse's treatment sheet upon which all treatments or medications are recorded as given, showing what was done or given, the date and hour, and signed by the nurse giving the treatment or medication; or other documentation authenticating who gave the medication or treatment.

(e) Resident progress notes. A sheet or sheets upon which the doctor, dentist, advanced practice nurse and other licensed health professionals may enter notes concerning changes in diagnosis or condition of the resident. Resident refusal of treatment and services shall also be documented in the progress notes.

(f) Resident assessment record. All assessments and information required by rule 3701-17-10 of the Administrative Code.

(g) Care plan. The plan of care required by rule 3701-17-14 of the Administrative Code.

(2) The nursing home shall maintain all records required by state and federal laws and regulations, as to the purchase, delivery, dispensing, administering, and disposition of all controlled substances including unused portions.

(3) The nursing home shall submit an annual report to the department of health on a form prescribed by the director for calendar year 1999.

(4) The nursing home shall maintain a record of all residents admitted to or discharged from the nursing home, and of any additional information necessary to complete the report required in paragraph (A)(3) of this rule.

(B) A record shall be kept showing the name and hours of duty of all persons who work in the home. The nursing home shall maintain each employee's current home address in its personnel file.

(C) All records and reports required under rules 3701-17-01 to 3701-17-26 of the Administrative Code shall be prepared, maintained, filed, and transmitted when required, and shall be made available for inspection at all times when requested by the director or his authorized representative. The records may be maintained in electronic format, microfilm, or other method that assures a true and accurate copy of the records are available.

(1) The nursing home shall maintain the records and reports required by paragraph (A)(1) of this rule in the following manner:

(a) The home shall safeguard the records and reports against loss, destruction, or unauthorized use and store them in a manner that protects and ensures confidentiality.

(b) The home shall maintain the records and reports for seven years following the date of the resident's discharge, except if the resident is a minor, the records shall be maintained for three years past the age of majority but not less than seven years.

(c) Upon closure of the home, the operator shall provide and arrange for the retention of records and reports in a secured manner for not less than seven years.

(2) The nursing home shall maintain all other records and reports required by

rules 3701-17-01 to 3701-17-26 of the Administrative Code for seven years.

(3) Upon the request of the resident, or legal representative, the nursing home shall provide:

(a) Access to medical and financial records and reports pertaining to the resident within twenty-four hours, excluding holidays and weekends; and

(b) Photocopies of any records and reports, or portions thereof, at a cost not to exceed the community standard for photocopying, unless otherwise specified by law, upon two working days advanced notice.

(D) All records and reports required by Chapter 3701-13 of the Administrative Code shall be maintained and made available in accordance with that chapter.

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3701-17-20 Smoking or use of flame producing devices; waste containers and ash trays.

(A) No employee, resident of a nursing home, visitors, or other persons in the nursing home shall be permitted to smoke, carry a lighted cigarette, cigar or pipe or use any spark or flame producing device in any room or area in a nursing home where oxygen is stored or in use. Approved terminals of a piped oxygen supply does not constitute storage.

(B) "No smoking" signs shall be posted in areas and on doors of rooms where oxygen is stored or in use.

(C) Except as provided for in paragraph (D) of this rule, resident smoking shall only be permitted in properly equipped and well-ventilated, indoor designated areas that accommodate the needs of the smokers.

(1) The nursing home shall not designate as smoking areas the dining and recreation area or room, resident rooms, and areas or rooms where oxygen is stored, except smoking may be permitted in the dining and recreation areas or rooms when such areas or rooms are not being used for their stated purpose.

(2) The nursing home shall post smoking signs at the designated smoking areas. The nursing home shall take reasonable precautions to ensure the safety of all residents when permitting residents to smoke.

(D) The nursing home may establish a smoke-free environment if all residents are notified of the policy prior to admission. If a nursing home establishes a policy of this nature, the nursing home shall continue to accommodate the needs of smokers living in the home on the effective date of the smoke-free policy by

complying with the provisions of paragraph (C) of this rule.

(E) Ash trays, waste baskets or containers where burnable materials may be placed shall not be made of materials which are flammable, combustible or capable of generating quantities of smoke or toxic gases. Ash trays and waste baskets and containers where burnable materials may be placed shall be noncombustible or carry a fire resistant "UL" or "FM" rating.

(F) Ash trays shall be provided in designated smoking areas. These ash trays shall be either self-closing or have a cigarette island in the middle and shall not have any cigarette holders located around the outside rim of the tray.

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3701-17-21 Dining and recreation rooms; utility rooms; toilet rooms.

(A) Every building occupied as a nursing home on December 22, 1964 shall have not less than one room or suitable area which shall be used for no other purposes than dining and recreation by the residents. Such room or area shall be so located and of such size as to meet the needs of the residents and shall not be used for adult day care participants unless the home meets the square footage requirements of paragraph (B) of this rule.

(B) Every building erected or converted to use as a nursing home after December 22, 1964, and before the effective date of paragraph (C) of this rule, shall have a room or suitable area which shall be used for no other purposes than dining and recreation. The dining and recreation room or area shall have a minimum total area of:

(1) Twenty-five square feet per resident for seventy-five per cent of the total number of residents; and

(2) If the nursing home provides an adult day care program on the same site as the home and shares the dining and recreation room or area with the day care participants, twenty-five square feet per participant for seventy-five per cent of the total number of participants.

(C) Every building erected or converted to use as a nursing home after the two hundred and seventieth day subsequent to the effective date of this rule shall have a room or suitable area which shall be used for dining purposes and a separate room or suitable area which shall be used for recreational purposes. Each room or area shall have a minimum total area of:

(1) Twenty-five square feet per resident for the total number of residents; and

(2) If the nursing home provides an adult day care program on the same site as the home and shares the dining or recreation room or area with the day

care participants, twenty-five square feet per participant for the total number of participants.

A nursing home may use the dining room or area for recreational purposes when the room or area is not being used for dining.

(D) Every nursing home shall employ methods and have adequate facilities and supplies for clean and soiled laundry in accordance with prevailing infection control practices.

(E) Where toilet rooms are not available in connection with each room occupied for sleeping purposes, there shall be not less than one toilet room readily accessible from public spaces in each occupied story.

(F) Where there are more than four persons of one sex to be accommodated in one toilet room on a floor, a toilet room shall be provided on that floor for that sex.

(G) Except as provided in paragraphs (E) and (F) of this rule, toilet rooms shall conform to the Ohio building code.

(H) Toilet rooms and all the facilities therein shall, at all times, be kept in good repair, in a clean and sanitary condition, free from filth and accumulation of waste, and shall be provided with a supply of toilet tissue. Each hand washing basin shall be provided with a soap dispenser. Toilet rooms shall be designed or equipped to assure full visual privacy for each resident.

(I) Grab rails and other safety devices such as non-slip surfaces shall be provided and maintained in good repair.

(J) In every building or addition to a building constructed or converted to use as a nursing home after the effective date of this rule, there shall be one toilet room directly accessible from and exclusively for each resident sleeping room except the hand washing basin may be located in either the toilet room or the sleeping room.

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Prior Effective Dates: 5/2/1966, 12/21/92, 10/20/2001

3701-17-22 General building and sanitation requirements.

(A) The building or buildings in which a nursing home is located shall be in compliance with the applicable provisions of the Ohio building code and shall have a certificate of use and occupancy issued by the appropriate building authority.

(B) All plumbing shall be so installed and maintained as to be free of leakage and odors and as to reasonably insure adequate health and safety protection.

Plumbing fixtures in nursing homes or additions to nursing homes constructed, erected, altered or relocated after September 10, 1984, and plumbing fixtures in

buildings converted into nursing homes after September 10, 1984 shall conform to the applicable provisions of the Ohio building code.

(C) Lavatories, bathing facilities, and shower facilities shall be supplied with hot and cold running water and shall be regulated by approved devices for temperature control. The hot water temperature shall be a minimum of one hundred five degrees Fahrenheit and not exceed one hundred and twenty degrees Fahrenheit.

(D) The nursing home's water supply shall be adequate in quantity and of suitable chemical and bacteriological quality for drinking, culinary, and cleaning purposes. The water supply for a nursing home shall be taken from a public supply, if available. If from a source of supply other than a public supply, the water supply shall comply with all applicable local and state regulations regarding the construction, development, installation, alteration, and use of private water systems.

(E) All liquid wastes from nursing homes shall be discharged into a public sanitary sewerage system, if available. Where not available, such wastes shall be discharged into a sewage disposal system that meets all applicable local and state regulations regarding the construction, development, installation, alteration, and use of private household sewage disposal systems. The nursing home shall properly maintain its sewage disposal system in good, safe working condition.

(F) Heating, cooling, electrical, and other building service equipment shall be maintained in good working and safe condition.

(G) The buildings and grounds shall be maintained in a clean and orderly manner.

(H) All garbage and other refuse shall be disposed of immediately after production, or shall be stored in leak-proof containers with tight fitting covers until time of disposal, and all wastes shall be disposed of in a satisfactory manner.

(I) Adequate measures shall be taken to prevent the entrance of insects into any building used for a nursing home or part thereof and to prevent their infestation of the premises.

(J) Adequate measures shall be taken to prevent the entrance of rodents and pests into any building used for a nursing home or part thereof and to prevent their harborage on the premises.

(K) The extermination of insects and rodents shall be done in such a manner as not to create a fire or health hazard.

R.C. 119.032 review dates: 05/19/2006 and 05/01/2011

CERTIFIED ELECTRONICALLY _____

Certification

05/19/2006_____

Date

Promulgated Under: 119.03

Statutory Authority: 3721.04

Rule Amplifies: 3721.01 to 3721.19

Prior Effective Dates: 5/2/1966, 7/1/73, 9/10/84, 12/21/92, 10/20/2001

3701-17-23 Space requirements; limitation of number in wards.

(A) In every building where there is a nursing home, the premises of which were initially licensed by the state as a nursing home prior to December 22, 1964 and have been in continuous operation since being initially licensed, every room occupied for sleeping purposes by one person shall have a habitable floor area of not less than eighty square feet and every room occupied for sleeping purposes by more than one person shall have a habitable floor area of not less than seventy square feet per person.

(B) In every building or addition to a building, erected or converted to use or initially licensed as a home after December 22, 1964, every room occupied for sleeping purposes by one person shall have a habitable floor area of not less than one hundred square feet and every room occupied for sleeping purposes by more than one person shall have a habitable floor area of not less than eighty square feet per person. In every building occupied as a home on December 22, 1964, every room added for sleeping purposes shall comply with this paragraph. Any building used as a home which is discontinued for such use shall, if such use is resumed, comply with this paragraph.

(C) Except as provided for in paragraphs (E) and (F) of this rule, in every building licensed by the state as a nursing home on December 22, 1964, no room, ward, section, or similar division used for sleeping purposes by residents shall be occupied by more than twelve residents.

(D) In every building or addition thereto, erected or converted to use or initially licensed as a nursing home after December 22, 1964, no room, ward, section, or similar division used for sleeping purposes by residents shall be occupied by more than six residents except as provided for in paragraphs (E) and (F) of this rule. Any building used as a nursing home which is discontinued for such use after the effective date of this rule shall, if such use is resumed, comply with paragraph (F) of this rule.

(E) All nursing homes existing and operating on the effective date of this rule shall have four years from the effective date of this rule to comply with the following provisions if, within one year of the effective date of this rule, the nursing home submits a plan to the director, outlining the steps to be taken to bring the home into compliance:

(1) No room, ward, section, or similar division used for sleeping purposes by residents shall be occupied by more than four residents; and

(2) Every room occupied for sleeping purposes by two or more persons shall have a habitable floor area of not less than eighty square feet per person.

(F) In every building or addition to a building, erected or converted to use or initially licensed as a home two hundred and seventy days or more after the effective date of this rule, every room occupied for sleeping purposes by residents shall be occupied by no more than two residents and shall be designed to assure full visual privacy, as defined in paragraph (B) of rule 3701-17-16 of the Administrative Code, for each resident.

R.C. 119.032 review dates: 05/19/2006 and 05/01/2011

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Promulgated Under: 119.03

Statutory Authority: 3721.04

Rule Amplifies: 3721.01 to 3721.19

Prior Effective Dates: 5/2/1966, 12/21/92, 10/20/2001

3701-17-24 Temperature regulation in homes.

(A) For the purposes of this rule:

(1) "Resident area" means any area within a nursing home that is occupied at any time by a resident except for an area, such as a greenhouse, that is specifically designed to be kept a higher temperature.

(2) "Temperature range" means between seventy-one degrees fahrenheit and eighty-one degrees fahrenheit.

(B) Each nursing home shall maintain the temperature within the temperature range and the humidity in resident areas at a safe and comfortable level.

(C) Residents in rooms containing separate heating and cooling systems who are capable of controlling them may maintain the temperature of their rooms at any level they desire except the nursing home shall take appropriate intervention if a resident's desired temperature level adversely affects or has potential for adversely affecting the health and safety of the resident or the health, safety and comfort of any other resident sharing the resident room.

(D) Each nursing home in consultation with its medical director, shall develop written policies and procedures for responding to temperatures in resident areas that are outside the temperature range as defined in paragraph (A) of this rule. The policies and procedures shall be signed by the medical director and shall include at least the following:

(1) An identification of available sites within or outside the nursing home to which residents can be relocated temporarily and of other suitable health care facilities that will be available to receive transfers of residents if the temperature level adversely affects or has potential for adversely affecting the health and safety of residents;

(2) Measures to be taken to assure the health, safety and comfort of residents who remain in the nursing home when temperatures are outside the temperature range as defined in paragraph (A)(2) of this rule; and

(3) Identification of the circumstances that require notification of the medical director or a resident's attending physician or that require medical examinations or other medical intervention and appropriate time frames for these actions.

(E) Whenever the temperature in any resident area is outside the temperature range as defined in paragraph (A)(2) of this rule, the nursing home shall immediately evaluate the situation and monitor residents at risk and take appropriate action to ensure the health, safety and comfort of its residents, including but not limited to implementation of the policies and procedures developed under paragraph (D) of this rule. The nursing home shall document all action taken under this paragraph and shall maintain, on site, documentation of action taken during the current calendar year and during the preceding calendar year.

(F) Each nursing home shall maintain appropriate arrangements with qualified persons that provide for emergency service in the event of an electrical, heating, ventilation or air conditioning failure or malfunction and shall maintain documentation of the arrangements such as employment or other written agreements. The nursing home shall ensure that all necessary repairs are completed within forty-eight hours or less. If, for reasons beyond the nursing home's control, repairs cannot be completed timely, the nursing home shall take any necessary action, as specified in paragraph (E) of this rule, and shall provide for the repairs to be completed as soon as possible.

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Rule Amplifies: 3721.01 to 3721.19

Prior Effective Dates: 7/28/1988, 6/29/89, 6/18/90, 12/21/92, 9/4/24,
10/20/2001

3701-17-25 Disaster preparedness and fire safety.

Each operator shall:

(A) Provide, maintain, and keep current a written disaster preparedness plan to be followed in case of emergency or disaster. A copy of the plan shall be readily available at all times within the nursing home. The nursing home shall ensure that each staff member, consultant and volunteer is trained and periodically updated about the home's disaster preparedness plan and understands their role in the event of fire or other disaster or emergency. The plan shall include the following:

(1) Procedures for evacuating all individuals in the nursing home, including:

(a) Provisions for evacuating residents with physical or cognitive impairments;

(b) Provisions for transporting all of the residents of the nursing home to a predetermined appropriate facility or facilities that will accommodate all the residents in the event a disaster requires long-term evacuation of the nursing home; and

(c) A written transfer agreement, renewed biannually, with the appropriate facility or facilities for accommodating all of the residents of the nursing home in case of a disaster requiring evacuation of the nursing home;

(2) Procedures for locating missing residents;

(3) Procedures for ensuring the health and safety of residents during severe weather situations, such as tornadoes and floods, and designation of tornado shelter areas in the home; and

(4) Procedures, as appropriate, for ensuring the health and safety of residents in nursing homes located in close proximity to areas known to have specific

disaster potential, such as airports, chemical processing plants, and railroad tracks.

(B) Conduct the following drills, unless the state fire marshal allows a home to vary from this requirement and the nursing home has written documentation to this effect from the state fire marshal:

(1) Twelve fire exit drills every year, at least every three months on each shift to familiarize nursing home personnel with signals and emergency action required under varied conditions. Fire exit drills shall include the transmission of a fire alarm signal and simulation of emergency fire conditions except that the movement of infirm and bedridden residents to safe areas or to the exterior of the structure is not required. Drills conducted between nine p.m. and six a.m. may use a coded announcement instead of an audible alarm; and

(2) At least two disaster preparedness drills per year, one of which shall be a tornado drill which shall occur during the months of March through July.

(C) Keep a written record and evaluation of each conducted drill and practice which shall include the date, time, employee attendance, effectiveness of the plan, and training format used. This record shall be on file in the nursing home for three years.

(D) Provide and post in a conspicuous place in each section and on each floor of the nursing home a floor plan designating room use, locations of alarm sending stations, fire extinguishers, fire hoses, exits and flow of resident evacuation.

(E) Require at least one responsible employee to attend a fire safety course approved by the state fire marshal's office. The operator shall require all staff members to be periodically instructed in fire control and evacuation and disaster procedures and kept informed of their duties under the evacuation plan.

(F) Conduct at least monthly a fire safety inspection which shall be recorded on forms provided by the department and kept on file in the nursing home for three years.

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Promulgated Under: 119.03

Statutory Authority: 3721.04

Rule Amplifies: 3721.01 to 3721.19

Prior Effective Dates: 10/20/2001

3701-17-26 Variances.

(A) The director may grant a variance from the requirements of rules 3701-17-01 to 3701-17-26 of the Administrative Code as will not be contrary to the public interest, where the operator shows that because of practical difficulties or other special conditions, their strict application will cause unusual and unnecessary hardship. However, no variance shall be granted:

(1) That will defeat the spirit and general intent of these rules, adversely affect the health or safety of the residents, or otherwise not be in the public interest; or

(2) For a requirement that is mandated by statute.

(B) A request for a variance from the requirements of rules 3701-17-01 to 3701-17-26 of the Administrative Code shall be made in writing to the director, specifying the following:

(1) The rule requirement for which the variance is requested;

(2) The time period for which the variance is requested;

(3) The specific alternative action which the nursing home proposes;

(4) The reason for the request; and

(5) An explanation of the anticipated effect granting of the variance will have on residents.

(C) The director shall notify the operator, in writing, of the director's determination regarding a variance request and of a revocation of a granted variance. The director may establish conditions that the nursing home shall meet for a variance to be operative and a time frame for which the variance will be effective. The director shall provide the nursing home with an opportunity for an informal hearing concerning the denial of a variance request or a revocation of a granted variance, if requested by the operator within thirty days of the mailing of the notice of denial or revocation, but the nursing home shall not be entitled to a hearing under Chapter 119. of the Revised Code. The informal hearing shall be held within thirty days of the request unless both parties agree otherwise. If the director proposes to deny or revoke a license because the nursing home is in violation of a rule for which a variance was denied or revoked, the director shall afford the nursing home a hearing in accordance with Chapter 119. of the Revised Code.

(D) The director may revoke a variance if the director determines that:

(1) The variance is adversely affecting the health and safety of the residents;

(2) The nursing home has failed to comply with the variance as granted;

(3) The operator or administrator notified the department that the owner or administrator wishes to relinquish the variance; or

(4) The variance conflicts with a statutory change thus rendering the variance invalid.

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Rule Amplifies: 3721.01 to 3721.33

Prior Effective Dates: 10/20/2001

CHAPTER 4751
NURSING HOME ADMINISTRATORS

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NURSING HOME ADMINISTRATORS**

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GENERAL PROVISIONS

4751.01 Definitions

As used in sections 4751.01 to 4751.11 of the Revised Code:

- (A) "Nursing home administrator" means any individual responsible for planning, organizing, directing, and managing the operation of a nursing home, or who in fact performs such function, whether or not such functions and duties are shared by one or more other persons.
- (B) "Nursing home" means a nursing home as defined by or under the authority of section 3721.01 of the Revised Code, or a nursing home operated by a governmental agency.
- (C) "Temporary license" means a license for a period not to exceed one hundred eighty days issued pursuant to division (B) of section 4751.06 of the Revised Code.
- (D) "Valid license" means a license which is current and in good standing.

HISTORY: 133 v S 481 (Eff 4-12-70);
135 v S 322 (Eff 8-30-73);
144 v S 132 (Eff 7-22-91);
144 v H 298 (Eff 7-26-91)

4751.02 Requirements for nursing home administration; reports

- (A) No person shall operate a nursing home unless it is under the supervision of an administrator whose principal occupation is nursing home administration or hospital administration and who holds a valid nursing home administrator's license and registration, or a temporary license, issued pursuant to Chapter 4751. of the Revised Code.
- (B) No person other than a licensed and registered nursing home administrator or person holding a temporary license as required by Chapter 4751. of the Revised Code shall practice or offer to practice nursing home administration in this state. All nursing home administrators and temporary licensees shall comply with Chapter 4751. of the Revised Code and the regulations adopted thereunder.
- (C) Every operator of a nursing home shall report to the board of examiners of nursing home administrators the name and license number of each nursing home administrator for said home within ten days after the operator engages a nursing home administrator, and within ten days after a nursing home administrator is no longer engaged as such by such operator for said home.
- (D) Each individual who holds a nursing home administrator license or temporary license shall report his residence mailing address and the name and address of each place of employment to the board within ten days after any change.

HISTORY: 133 v S 481 (Eff 4-12-70);
135 v S 322 (Eff 8-30-73)

4751.03 Establishment of board; requirements of members

- (A) There is hereby established in the department of health a board of examiners of nursing home administrators, which board shall be composed of nine members, eight of whom shall be representative of the professions and institutions concerned with care and treatment of chronically ill or infirm aged patients, and one of whom shall be a public member at least sixty years of age, provided that less than a majority of the board members shall be representative of a single profession or institutional category, and provided further that a person appointed as a noninstitutional member shall neither have nor acquire any direct financial interest in a nursing home. For purposes of this section, nursing home administrators are considered representatives of institutions.

Four members shall be nursing home administrators, owners of nursing homes or an officer of a corporation owning a nursing home. The director of health or his designated representative shall be a member. All members of the board shall be citizens of the United States and residents of this state.

- (B) The term of office for each appointed member of the board shall be for three years, commencing on the twenty-eighth day of May and ending on the twenty-seventh day of May. Each member shall serve from the date of his appointment until the end of the term for which he was appointed. No member shall serve more than two consecutive full terms.
- (C) Appointments to the board shall be made by the governor. Any member appointed to fill a vacancy occurring prior to the expiration of the term for which his predecessor was appointed shall hold office for the remainder of such term. Any appointed member shall continue in office subsequent to the expiration date of his term until his successor takes office, or until a period of sixty days has elapsed, whichever occurs first.
- (D) The governor may remove any member of the board for misconduct, incapacity, incompetence, or neglect of duty after the member so charged has been served with a written statement of charges and has been given an opportunity to be heard.
- (E) Each member of the board, except the director of health or his designated representative, shall be paid in accordance with section 124.15 of the Revised Code and each member shall be reimbursed for his actual and necessary expenses incurred in the discharge of such duties.
- (F) The board shall elect annually from its membership a chairman and a vice-chairman.
- (G) The board shall hold and conduct meetings quarterly and at such other times as its business requires. A majority of the board shall constitute a quorum. The affirmative vote of a majority of the members of the board is necessary for the board to act.
- (H) The board shall appoint a secretary who has no financial interest in a nursing home, and may employ and prescribe the powers and duties of such employees and consultants as are necessary to carry out this chapter and the rules adopted under it. Administrative, technical, or other services shall be performed, insofar as practicable, by personnel of the department of health.

HISTORY: 133 v S 481 (Eff 4-12-70); 135 v S 131 (Eff 8-21-73); 135 v S 322 (Eff 8-30-73); 136 v H 1 (Eff 6-13-75); 136 v H 155 (Eff 6-29-75); 143 v H 623. (Eff 7-24-90)

4751.04 Powers and duties

- (A) The board of examiners of nursing home administrators shall:
- (1) Develop, adopt, impose, and enforce regulations prescribing standards which must be met by individuals in order to receive a license as a nursing home administrator, which standards shall be designed to ensure that nursing home administrators are of good character and are otherwise suitable, and who, by training and experience, are qualified to serve as nursing home administrators;
 - (2) Develop and apply appropriate techniques, including examinations and investigations, for determining whether an individual meets such standards;
 - (3) Issue licenses and registrations to individuals determined, after application of such techniques, to meet such standards, and revoke or suspend licenses or registrations previously issued by the board in any case where the individual holding such license or registration is determined to have failed substantially to conform to the requirements of such standards;
 - (4) Develop, adopt, impose, and enforce regulations and procedures designed to ensure that individuals holding a temporary license, or licensed as nursing home administrators will, during any period that they serve as such, comply with Chapter 4751. of the Revised Code and the regulations adopted thereunder;
 - (5) Receive, investigate, and take appropriate action with respect to any charge or complaint filed with the board to the effect that any individual licensed as a nursing home administrator has failed to comply with Chapter 4751. of the Revised Code and the regulations adopted thereunder;
 - (6) Take such other actions as may be necessary to enable the state to meet the requirements set forth in the "Social Security Amendments of 1967," 81 Stat. 908 (1968), 42 U.S.C. 1396 g;
 - (7) Pay all license and registration fees collected under Chapter 4751. of the Revised Code into the general operations fund created by section 3701.83 of the Revised Code to be used in administering and enforcing this chapter and the rules adopted under it;
 - (8) Administer, or contract with a government or private entity to administer, examinations for licensure as a nursing home administrator. If the board contracts with a government or private entity to administer the examinations, the contract may authorize the entity to collect and keep, as all or part of the entity's compensation under the contract, any fee an applicant for licensure pays to take an examination. The entity is not required to deposit the fee into the state treasury.
- (B) In the administration and enforcement of Chapter 4751. of the Revised Code, and the regulations adopted thereunder, the board is subject to Chapter 119. of the Revised Code and sections 4743.01 and 4743.02 of the Revised Code except that a notice of appeal of an order of the board adopting, amending, or rescinding a rule or regulation does not operate as a stay of the effective date of such order as provided in section

119.11 of the Revised Code. The court, at its discretion, may grant a stay of any regulation in its application against the person filing the notice of appeal.

HISTORY: 133 v S 481 (Eff 4-12-70);
135 v S 322 (Eff 8-30-73);
144 v H 298 (Eff 7-26-91);
145 v H 152 (Eff 7-1-93);
148 v H 640. (Eff 9-14-2000)
The effective date is set by section 79 of HB 640.

4751.041 Disclosure of examination materials

Except when the board of examiners of nursing home administrators considers it necessary, the board shall not disclose test materials, examinations, or evaluation tools used in an examination for licensure as a nursing home administrator that the board administers under section 4751.04 of the Revised Code or contracts under that section with a private or government entity to administer.

HISTORY: 148 v H 640. (Eff 9-14-2000)
The effective date is set by section 79 of HB 640.

LICENSING

4751.05 Requirements for examination and license

- (A) The board of examiners of nursing home administrators, or a government or private entity under contract with the board to administer examinations for licensure as a nursing home administrator, shall admit to an examination any candidate who:
- (1) Pays the application fee of fifty dollars;
 - (2) Submits evidence of good moral character and suitability;
 - (3) Is at least eighteen years of age;
 - (4) Has completed educational requirements and work experience satisfactory to the board;
 - (5) Submits an application on forms prescribed by the board;
 - (6) Pays the examination fee charged by the board or government or private entity.
- (B) Nothing in Chapter 4751. of the Revised Code or the rules adopted thereunder shall be construed to require an applicant for licensure or a temporary license, who is employed by an institution for the care and treatment of the sick to demonstrate proficiency in any medical techniques or to meet any medical educational qualifications or medical standards not in accord with the remedial care and treatment provided by the institution if the institution is all of the following:
- (1) Operated exclusively for patients who use spiritual means for healing and for whom the acceptance of medical care is inconsistent with their religious beliefs;

- (2) Accredited by a national accrediting organization;
 - (3) Exempt from federal income taxation under section 501 of the Internal Revenue Code of 1986, 100 Stat. 2085, 26 U.S.C.A. 1, as amended;
 - (4) Providing twenty-four hour nursing care pursuant to the exemption in division (E) of section 4723.32 of the Revised Code from the licensing requirements of Chapter 4723. of the Revised Code.
- (C) If a person fails three times to attain a passing grade on the examination, said person, before the person may again be admitted to examination, shall meet such additional education or experience requirements, or both, as may be prescribed by the board.

HISTORY: 133 v S 481 (Eff 4-12-70);
 135 v S 1 (Eff 1-1-74);
 135 v S 322 (Eff 8-30-73);
 136 v H 1 (Eff 6-13-75);
 140 v H 291 (Eff 7-1-83);
 144 v H 298 (Eff 7-26-91);
 147 v H 243 (Eff 5-21-98);
 148 v H 640 (Eff 9-14-2000);
 148 v H 511. (Eff 4-10-2001)

4751.06 Issuance of license; temporary license; duplicates

- (A) An applicant for licensure as a nursing home administrator who has successfully completed the requirements of section 4751.05 of the Revised Code, passed the examination administered by the board of examiners of nursing home administrators or a government or private entity under contract with the board, and paid to the board an original license fee of two hundred fifty dollars shall be issued a license on a form provided by the board. Such license shall certify that the applicant has met the licensure requirements of Chapter 4751. of the Revised Code and is entitled to practice as a licensed nursing home administrator.
- (B) A temporary license for a period not to exceed one hundred eighty days may be issued to an individual temporarily filling the position of a nursing home administrator vacated by reason of death, illness, or other unexpected cause, pursuant to regulations adopted by the board.
- (C) The fee for a temporary license is one hundred dollars. Said fee must accompany the application for the temporary license.
- (D) Any license or temporary license issued by the board pursuant to this section shall be under the hand of the chairperson and the secretary of the board.
- (E) A duplicate of the original certificate of registration or license may be secured to replace one that has been lost or destroyed by submitting to the board a notarized statement explaining the conditions of the loss, mutilation, or destruction of the certificate or license and by paying a fee of twenty-five dollars.
- (F) A duplicate certificate of registration and license may be issued in the event of a legal change of name by submitting to the board a certified copy of the court order or marriage license establishing the change of name, by returning at the same time the original license and certificate of registration, and by paying a fee of twenty-five dollars.

HISTORY: 133 v S 481 (Eff 4-12-70);
135 v S 322 (Eff 8-30-73);
140 v H 291 (Eff 7-1-83);
147 v H 215 (Eff 9-29-97);
148 v H 640. (Eff 9-14-2000)
The effective date is set by section 79 of HB 640.

4751.07 Registration certificate; duty to display license

- (A) Every individual who holds a valid license as a nursing home administrator issued under division (A) of section 4751.06 of the Revised Code, shall immediately upon issuance thereof be registered with the board of examiners of nursing home administrators and be issued a certificate of registration. Such individual shall annually apply to the board for a new certificate of registration on forms provided for such purpose prior to the expiration of the certificate of registration and shall at the same time submit satisfactory evidence to the board of having attended such continuing education programs or courses of study as may be prescribed in rules adopted by the board.
- (B) Upon making an application for a new certificate of registration such individual shall pay the annual registration fee of three hundred dollars.
- (C) Upon receipt of such application for registration and the registration fee required by divisions (A) and (B) of this section, the board shall issue a certificate of registration to such nursing home administrator.
- (D) The license of a nursing home administrator who fails to comply with this section shall automatically lapse.
- (E) A nursing home administrator who has been licensed and registered in this state who determines to temporarily abandon the practice of nursing home administration shall notify the board in writing immediately; provided, that such individual may thereafter register to resume the practice of nursing home administration within the state upon complying with the requirements of this section regarding annual registration.
- (F) Only an individual who has qualified as a licensed and registered nursing home administrator under Chapter 4751. of the Revised Code and the rules adopted thereunder, and who holds a valid current registration certificate pursuant to this section, may use the title "nursing home administrator," or the abbreviation "N.H.A." after the individual's name. No other person shall use such title or such abbreviation or any other words, letters, sign, card, or device tending to indicate or to imply that the person is a licensed and registered nursing home administrator.
- (G) Every person holding a valid license entitling the person to practice nursing home administration in this state shall display said license in the nursing home which is the person's principal place of employment, and while engaged in the practice of nursing home administration shall have at hand the current registration certificate.
- (H) Every person holding a valid temporary license shall have such license at hand while engaged in the practice of nursing home administration.

HISTORY: 133 v S 481 (Eff 4-12-70); 135 v S 322 (Eff 8-30-73); 140 v H 291 (Eff 7-1-83); 144 v H 298 (Eff 7-26-91); 147 v H 215. (Eff 9-29-97);
The effective date is set by section 222 of HB 215.

4751.08 Waiver of examination

The board of examiners of nursing home administrators, in its discretion, and otherwise subject to Chapter 4751. of the Revised Code and the rules adopted by the board thereunder prescribing the qualifications for a nursing home administrator license, may license a nursing home administrator without examination if he has a valid license issued by the proper authorities of any other state, upon payment of a fee of one hundred fifty dollars, and upon submission of evidence satisfactory to the board both:

- (A) That such other state maintained a system and standard of qualifications and examinations for a nursing home administrator license which were substantially equivalent to those required in this state at the time such other license was issued by such other state;
- (B) That such other state gives similar recognition to nursing home administrators licensed in this state.

HISTORY: 133 v S 481 (Eff 4-12-70);
140 v H 291 (Eff 7-1-83);
144 v H 298 (Eff 7-26-91)

4751.09 Prohibitions

No person shall:

- (A) Sell or fraudulently obtain or furnish any license, or temporary license, or aid or abet therein;
- (B) Practice as a nursing home administrator under cover of any license, registration, or temporary license illegally or fraudulently obtained, unlawfully issued, or which has lapsed;
- (C) Practice as a nursing home administrator or use in connection with his name any designation tending to imply that he is a nursing home administrator unless licensed and registered to so practice under the provisions of Chapter 4751. of the Revised Code, except a temporary licensee who makes it clear that he is the holder of a temporary license only;
- (D) Otherwise violate any of the provisions of Chapter 4751. of the Revised Code or the regulations adopted thereunder.

HISTORY: 133 v S 481 (Eff 4-12-70);
135 v S 322. (Eff 8-30-73)

4751.10 Revocation of license

The license or registration, or both, or the temporary license of any person practicing or offering to practice nursing home administration, shall be revoked or suspended by the board of examiners of nursing home administrators if such licensee or temporary licensee:

- (A) Is unfit or incompetent by reason of negligence, habits, or other causes;
- (B) Has willfully or repeatedly violated any of the provisions of Chapter 4751. of the Revised Code or the regulations adopted thereunder; or willfully or repeatedly acted in a manner inconsistent with the health and safety of the patients of the nursing home in which he is the administrator;
- (C) Is guilty of fraud or deceit in the practice of nursing home administration or in his admission to such practice;
- (D) Has been convicted in a court of competent jurisdiction, either within or without this state, of a felony.

Proceedings under this section shall be instituted by the board or shall be begun by filing with the board charges in writing and under oath.

HISTORY: 133 v S 481 (Eff 4-12-70);
135 v S 322. (Eff 8-30-73)

4751.11 Reissuance of license

- (A) The board of examiners of nursing home administrators may, in its discretion, reissue a license or registration, or both, to any person whose license or registration, or both, has been revoked.
- (B) Application for the reissuance of a license or registration, or both, shall not be made prior to one year after revocation and shall be made in such manner as the board may direct.
- (C) If a person convicted of a felony is subsequently pardoned by the governor of the state where such conviction was had or by the president of the United States, or receives a final release granted by the adult parole authority of this state or its equivalent agency of another state, the board may, in its discretion, on application of such person and on the submission of evidence satisfactory to the board restore to such person the nursing home administrator's license or registration, or both.

HISTORY: 133 v S 481. (Eff 4-12-70)

4751.12 Effect of child support default

On receipt of a notice pursuant to section 3123.43 of the Revised Code, the board of examiners of nursing home administrators shall comply with sections 3123.41 to 3123.50 of the Revised Code and any applicable rules adopted under section 3123.63 of the Revised Code with respect to a license issued pursuant to this chapter.

HISTORY: 146 v H 167 (Eff 11-15-96);
148 v S 180. (Eff 3-22-2001)

PENALTIES

4751.99 Penalties

Whoever violates section 4751.02 or 4751.09 of the Revised Code shall be fined not less than fifty nor more than five hundred dollars for the first offense; for each subsequent offense such person shall be fined not less than one hundred nor more than five hundred dollars or imprisoned for not more than ninety days, or both.

HISTORY: 133 v S 481 (Eff 4-12-70);
135 v S 322. (Eff 8-30-73)

**RULES OF THE
BOARD OF EXAMINERS OF
NURSING HOME ADMINISTRATORS**

RULES 4751-1-01 THROUGH 4751-1-17

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4751-1-01 Notice of adoption, amendment, or rescission of rules.

- (A) Prior to the proposed adoption, amendment or rescission of any rule by the board, public notice thereof shall be given at least thirty days prior to the date set for the public hearing thereon, by publication of that notice in the Register of Ohio. Such notice shall include a statement of the board's intention to consider adopting, amending, or rescinding a rule; a synopsis of the proposed rule, amendment, or rule to be rescinded or a general statement of the subject matter to which the proposed rule, amendment or rescission relates; a statement of the reason or purpose for adopting, amending, or rescinding the rule; and the date, time, and place of the public hearing on said proposed action.
- (B) The board may give whatever other notice it reasonably considers necessary including, but not limited to, the following:
- (1) The board shall post the notice of the public rules hearing on the board's web site. The board may also post the full text of the proposed rules on its web site.
 - (2) The board may maintain a mailing list of all persons who have made a prior written request to receive a copy of each public notice provided for in paragraph (A) of this rule, and copies of such notices shall be sent by regular mail or electronic mail to each person on the mailing list at least thirty days prior to the date set for the hearing. Upon request, the board shall also promptly send a copy of any notice provided for in paragraph (A) of this rule by regular mail or electronic mail to any person not appearing on its mailing list. The board may assess a reasonable fee, not to exceed the cost of copying and mailing, for notices sent to persons in accordance with this rule.
 - (3) Copies of the notice of the public rules hearing and the full text of the proposed rules shall be available at the board's offices at least thirty days prior to the date of the public rules hearing.
- (C) Prior to the effective date of a rule, amendment, or rescission, the board shall make a reasonable effort to inform those affected by the rule, amendment, or rescission. The method of notification may include posting the full text of the rule as adopted or amended on the board's web site, publishing the rules in the board's newsletter, and /or sending by regular mail or electronic mail a notice of the action to all persons whose name appears on the mailing list maintained by the board pursuant to paragraph (A) of this rule, or to any person or his attorney who provided evidence, oral testimony, and /or a written statement which were made part of the record of the public hearing held pursuant to section 119.03 of the Revised Code. The board may assess a reasonable fee, not to exceed the cost of copying and mailing, for notices sent to persons in accordance with this rule.

HISTORY: Replaces rule 4751-1-01; Eff 9/29/1970; Prior Eff. Dates 10/16/1983
Rule promulgated under: RC 119.03, 119.032 Statutory Authority: 4751.04; Rule Amplifies: 4751.04

4751-1-02 Definitions

As used in Chapter 4751. of the Revised Code and rules 4751-1-02 to 4751-1-17 of the Administrative Code, the following terms are defined to mean:

- (A) "Accredited educational institution," for the purpose of the requirements of Chapter 4751. of the Revised Code and the rules adopted thereunder, means an academic institution of higher learning which includes general education courses as requisite to such institution's principal educational programs and which institution has received institutional accreditation from at least one of the following:
- (1) Commission on higher education, "Middle States Association of Colleges and Secondary Schools";
 - (2) Commission on institutions of higher education, "New England Association of Schools and Colleges";
 - (3) Commission on institutions of higher education, "North Central Association of Colleges and Secondary Schools";
 - (4) Commission on higher schools, "Northwest Association of Secondary and Higher Schools";
 - (5) Commission on colleges, "Southern Association of Colleges and Schools";
 - (6) Accrediting commission for senior colleges and universities, "Western Association of Schools and Colleges."
- (B) "Administrator/preceptor" means the licensed nursing home administrator approved by the board to supervise the practical training and experience of the administrator-in-training during the period of internship.
- (1) A preceptor may not train his or her employer or supervisor.
 - (2) A preceptor may not train a relative of the following degree: spouse, son or daughter, parent, stepparent, stepchild, brother or sister, cousin, niece or nephew, uncle or aunt.
- (C) "Approved program in nursing home administration" means a baccalaureate or higher degree program offered by a college or university accredited as defined in paragraph (A) of the rule, and which program has been submitted by the college or university, and which has been accepted by the board as satisfying the general education, special academic preparation, and experience requirements precedent to admission to examination.
- (D) "Board" means the board of examiners of nursing home administrators created by section 4751.03 of the Revised Code.
- (E) "Candidate" means any person who has been approved by the board as meeting the conditions precedent to admission to examination.
- (F) "Certificate of registration" means the document issued by the board to each licensee certifying the original and annual renewal of registration of the nursing home administrator license as required in section 4751.07 of the Revised Code and the rules adopted pursuant thereto.

- (G) "Continuing education" means postlicensure education in nursing home administration undertaken to maintain professional competency to practice nursing home administration, improve administrative skills and effect standards of excellence for the practice of the profession in the interest of the safety, health, and welfare of the patients served.
- (H) "Core of knowledge in nursing home administration" means the subject areas outlined in rule 4751-1-06 of the Administrative Code.
- (I) "Course of study or program of instruction" means any educational activity in the subject areas of the core of knowledge in nursing home administration approved by the board to fulfill the requirements for prelicensure education or for continuing education.
- (J) "Department" means the department of health of the state of Ohio.
- (K) "Full time" means at least thirty-five hours per week in the practice of nursing home administration.
- (L) "General education" means a program of education intended to develop students as personalities and to transmit a common cultural heritage. General education is not connected with one branch or department of learning, is not technical or vocational education, and is not intended to train specialists.
- (M) "Health care administration" means that specialty of health administration requiring knowledge and skills specific to the administration of a health care facility or institution, with emphasis on administration of long-term care facilities.
- (N) "Health care facility" means an institution or facility operating within the framework of the appropriate regulatory agencies which provides, on a long-term care basis, residence accommodations and personal care, supervision, or assistance to persons dependent, in whole or part, upon such services.
- (O) "Internship" means the period of practical training and experience, approved by the board, required of the nursing home administrator-in-training as a condition precedent to admission to examination for licensure as a nursing home administrator.
- (P) "Internship site" means a nursing home licensed under Chapter 3721. of the Revised Code or a nursing home operated by a governmental agency and certified under Title XVIII or XIX of the Social Security Act which is approved by the board for the practical training and experience of the administrator-in-training.
- (Q) "License" means the document issued by the board which indicates that the licensee has met the requirements for licensure of Chapter 4751. of the Revised Code and the rules adopted thereunder.
- (R) "Nursing home" means a nursing home as defined by or under the authority of divisions (A), (C) and (D) of section 3721.01 of the Revised Code, or a nursing home operated by a governmental agency.
- (S) "Nursing home administrator" as defined in the statute means an individual who is responsible for planning, organizing, directing, and managing the operation of a nursing

home, or who in fact performs such functions, whether or not such functions and duties are shared by one or more other persons.

- (T) "Nursing home administrator-in-training" means an individual registered as such with the board pursuant to rule 4751-1-09 of the Administrative Code.
- (U) "Nursing home administrator-in-training program" means that program established by the board to assure that an applicant for licensure as a nursing home administrator will have at least the minimum essentials in professional education and experience.
- (V) "Operator" means the person, firm, partnership, association, or corporation required to obtain a license to operate a nursing home as defined in paragraph (W) of rule 3701-17-01 of the Administrative Code adopted by the public health council pursuant to Chapter 3721. of the Revised Code.
- (W) "Patient" means a patient or resident receiving the care and services of a long-term facility.
- (X) "Practice of nursing home administration" means exercising management responsibility in or in fact planning, organizing and directing the overall operation of a nursing home, including, but not limited to, such functions as:
 - (1) Making operating decisions, providing general supervision, employing and discharging staff;
 - (2) Instituting and maintaining methods of administrative management which demonstrate attempts in good faith to assure that the nursing home is in conformity with pertinent federal, state, and local laws, codes, and regulations pertaining to the operation of said facility and to the rights, health, safety, and welfare of the patients therein;
 - (3) Such acts and duties in this paragraph must occur in accordance with the provisions of paragraph (AA) of this rule.
- (Y) "Qualifying administrative experience" is a residency/practicum required for an academic degree in nursing home administration in all the subject areas of the core of knowledge or all the subject areas of rule 4751-1-06 of the Administrative Code or actual work experience in the subject areas of rule 4751-1-06 of the Administrative Code.
- (Z) "Sanitary code" means that entire body of rules adopted by the public health council of the department of health, which pertain to the operation of a nursing home as defined in section 3721.01 of the Revised Code.
- (AA) "Supervision of a nursing home" as required by division (A) of section 4751.02 of the Revised Code means that the nursing home administrator spend no less than the minimum amount of hours as prescribed by the Ohio department of health, for nursing home licensure purposes on site. The majority of such hours shall be spent between six a.m. and six p.m. during the normal workweek of Monday through Friday in which the nursing home administrator exercises such authority and responsibility and performs such acts and duties as are defined or implied, or both, in paragraphs (S) and (X) of this rule.

- (BB) "Temporary license" means a license for a period of time not to exceed one hundred eighty days issued pursuant to division (B) of section 4751.06 of the Revised Code and to these rules.
- (CC) "Training agency for continuing education" means an accredited college or university; a statewide or national agency, association or professional society related to the field of nursing home administration approved by the board to provide courses of study or programs of instruction required for the annual renewal of the certificate of registration.
- (DD) "Valid license" means a license which is current, as effected by the annual renewal of the certificate of registration, and which is in good standing.

HISTORY: Eff 10-1-74; 1-1-77; 2-20-84, 4/29/2004
 Rule promulgated under: RC Chapter 119.
 Rule amplifies: RC 4751.01 to 4751.11
 Statutory Authority: 4751.04

4751-1-03 Board of examiners; officers and duties

- (A) The board shall elect annually from its membership a chairperson and a vice chairperson. The board shall appoint a secretary as provided in division (H) of section 4751.03 of the Ohio Revised Code, whose job title may also be Executive Director.
- (B) The chairperson shall preside at all meetings of the board. In the absence of the chairperson, the vice chairperson shall preside at meetings, and perform all duties usually performed by the chairperson.
- (C) In addition to the duties imposed by law, the secretary shall attend all meetings of the board; keep a full and complete record of the minutes of said meetings; notify the members of the board of the time and place fixed for meetings of the board; maintain the records pertaining to licensees and registrants and rules 4751-1-01 to 4751-1-17 inclusive; and countersign all licenses and certificates.
- (D) The secretary shall conduct all routine correspondence for the board, shall issue all notices of meetings and hearings, shall have custody of all books, records, and property of the board, and shall perform all duties pertaining to the office of secretary.
- (E) The secretary shall receive all monies payable to the board and shall deposit such monies with the treasurer of state as provided by law, and shall keep such financial records as are approved by the board and the fiscal authorities of the state.
- (F) The secretary shall have such other authority as prescribed by and delegated by the board.
- (G) The board shall perform its duties in accordance with Chapter 4751. of the Revised Code and rules of this chapter unless otherwise prohibited by state law.
- (H) On receipt of a notice pursuant to section 2301.373 of the Revised Code, the board shall comply with that section with respect to a license issued pursuant to this chapter.

HISTORY: Eff 9-29-70; 10-1-74; 1-1-99
 Rule promulgated under: RC Chapter 119.
 Statutory Authority: 4751.03, 4751.04, 4751.12
 Rule amplifies: RC 4751.03, 4751.04, 4751.12, 119.032

4751-1-04 Meetings

(A) Notification:

- (1) The board shall hold quarterly meetings. The dates of the quarterly meetings shall be set with the consent of a majority of the members of the board. Special meetings may be called on the request of the chairman or by the request of a majority of the members of the board. A regular or special meeting may be cancelled at the request of a majority of the members of the board.
- (2) A notice of each regular and special meeting of the board of examiners of nursing home administrators shall be filed forthwith by the secretary of the board with the office of the director of the Ohio department of health, stating the time and place of each regular meeting of the board and the time, place and purpose of each special meeting of the board. Any person may determine or obtain such information at the office of the director of the department of health or from the secretary of the board of examiners of nursing home administrators.
- (3) Any person may obtain reasonable advance written notification in the form of a copy of the agenda of all meetings of the board at which any specific type of public business is to be discussed by providing the secretary of the board with self-addressed envelopes to which has been affixed the equivalent of one first class U.S. postage stamp. Eight envelopes should be supplied to cover one board year from July one through June thirtieth.
- (4) The secretary of the board shall maintain a list of news media which have requested notification, and such media shall be given at least twenty-four hours advance notice of each special meeting of the board, except in the event of an emergency requiring immediate official action. In the event of an emergency, the office of the director of the Ohio department of health or the secretary of the board on behalf of the chairman or members calling the meeting shall notify the news media that have requested notification immediately of the time, place and purpose of the meeting.

(B) A majority of the members of the board shall constitute a quorum. The affirmative vote of a majority of the members of the board is necessary for the board to act.

(C) When not otherwise provided for, "Roberts Rules of Order" shall govern at all meetings of the board.

(D) The purpose of the special meeting shall be stated in the call therefor, and no other business shall be considered at such meeting, except by unanimous consent of the members present. The date and place of a special meeting shall be specified in the request.

(E) Notice of any special meeting shall be given all members at least five days in advance except in case of an emergency.

(F) Minutes:

- (1) The minutes of the previous meeting and reports of any matters to the board may be made available to each member at such time prior to said meeting as will enable him to become familiar with the matter.
- (2) The minutes of a regular or special meeting shall be promptly recorded and shall be open for public inspection in the office of the board within ten days after their approval by the board.

HISTORY: Replaces rule 4751-1-04; Eff 1-1-77; 10-16-83
Rule promulgated under: RC Chapter 119.
Rule amplifies: RC 4751.03, 4751.04, 119.032

4751-1-05 Pre-examination requirements; conditions precedent to application for admission to examination

- (A) The board shall admit to examination for licensure as a nursing home administrator any applicant who has paid the required fees as provided in rule 4751-1-16 of the Administrative Code and who shall have first submitted credentials satisfactory to the board which establish that all of the following conditions have been met; namely, that the applicant:
- (1) Is at least eighteen years of age;
 - (2) Is of good moral character;
 - (3) Is suitable and fit to be licensed as a nursing home administrator as evidenced by:
 - (a) Presence of good health and freedom from communicable disease;
 - (b) Absence of any physical or mental impairment that would be likely to interfere with the performance of the duties of a nursing home administrator;
 - (c) Ability to understand and communicate general and technical information necessary to the administration and operation of a nursing home;
 - (d) Ability to assume responsibility for the administration of a nursing home as evidenced by prior activities and prior qualifying administrative experience;
 - (e) Ability to relate the physical, psychological, spiritual, emotional, and social needs of the patients to the administration of a nursing home, and to create a climate necessary to meet the needs and rights of the patients.
 - (4) Has met the requirements of general education as defined in paragraph (L) of rule 4751-1-02 of the Administrative Code and which requirements are applicable on the date the completed application is received by the board:

On and after January 1, 1980 has successfully completed a course of study and has been awarded a baccalaureate degree from an accredited educational institution;

- (5) Has successfully completed the special academic requirements in the subject areas specific to nursing home administration, which consist of:
 - (a) No less than one hundred clock hours of academic directed study in core of knowledge subjects in nursing home administration, as listed in rule 4751-1-06 of the Administrative Code; or accredited college courses covering the subject areas of the core of knowledge in nursing home administration as approved by the board; or
 - (b) An approved baccalaureate degree program in nursing home administration, as defined in paragraph (C) of rule 4751-1-02 of the Administrative Code; or
 - (c) An approved master's degree program in nursing home administration, as defined in paragraph (C) of rule 4751-1-02 of the Administrative Code.
- (6) The applicant has met the qualifying administrative experience requirements as defined in paragraph (Y) of rule 4751-1-02 of the Administrative Code appropriate to his educational level, namely:
 - (a) With a baccalaureate degree, the requirement is nine months (fifteen hundred hours) of full-time internship in an internship site;
 - (b) With a baccalaureate degree in a related health care profession, the requirement is six months (one thousand hours) of full-time internship in an approved internship site;
 - (c) With a baccalaureate degree containing an approved program in nursing home administration as defined in paragraph (C) of rule 4751-1-02 of the Administrative Code, no further qualifying administrative experience is required;
 - (d) With a master's or higher degree, the requirement is six months (one thousand hours) full-time internship experience in an approved internship site;
 - (e) With a master's or higher degree containing an approved program in nursing home administration as defined in paragraph (C) of rule 4751-1-02 of the Administrative Code, no further qualifying administrative experience is required;
 - (f) With a master's or higher degree in a related health care profession, the requirement is three months (five hundred hours) full-time internship in an approved internship site;
 - (g) For qualifying administrative experience, the board may reduce the required hours of internship for both baccalaureate and master degrees.

- (B) Applying for admission to examination:
- (1) An applicant for examination for licensure as a nursing home administrator shall make application therefor which shall be in writing on forms provided by the board and shall furnish evidence satisfactory to the board that he has met the requirements of section 4751.05 of the Revised Code and of paragraph (A) of this rule, such evidence to include, but not be limited to:
 - (a) The application form having complete and accurate entries of information, signed and certified under penalty of perjury, filed in the office of the board;
 - (b) Certified transcript(s) of college credits and proof of degree(s), unless previously filed with the board, in accordance with paragraph (A)(4) of this rule, said transcripts to be sent by the institution directly to the office of the board;
 - (c) Certificate or other specific and adequate documentation of completion of approved course of study or program of instruction meeting the special academic requirements in the subject areas specific to health care administration in accordance with paragraph (A)(5) of this rule;
 - (d) Any additional or supplemental documentation, properly notarized, required to support data entries on the application form, and to establish qualifying administrative experience in accordance with paragraph (A)(6) of this rule;
 - (e) Notarized statement from the supervisor of the internship attesting said completion of the required period of the internship and documentation of time.
 - (2) The application and its supporting documentation shall be filed with the board at least thirty days before the regular quarterly meeting of the board just preceding the date of the examination for which the application is filed.
 - (3) The application form shall be signed and certified under penalty of perjury.
 - (4) The application form shall be accompanied by the application examination fee as provided in rule 4751-1-16 of the Administrative Code.
- (C) Any person whose registration in the administrator-in-training program has been approved prior to the effective date of these rules shall be eligible for admission to examination under the conditions of rules 4751-1-05 and 4751-1-09 of the Administrative Code in effect on the date of approval of said registration.
- (D) When an applicant has been denied admission to examination or when a candidate has abandoned the application for examination, he may submit a new application for admission to examination, provided, however, that he shall be required to meet the qualifications and conditions for admission and for licensing which are in force at the time of such new application.

- (E) Abandonment of application:
- (1) A candidate shall be deemed to have abandoned the application if he does not take such examination within three consecutive examination dates from and including the first approved date.
 - (2) A candidate who has failed the licensure examination shall sit for each successive examination within six months after notice of failure or shall be deemed to have abandoned said application.
 - (3) An application submitted subsequent to the abandonment of a former application or after failure of the examination three times shall be treated as a new application and the law in force at the time of such new application shall govern.
- (F) The board may designate a reasonable time and place at which an applicant may be required to present himself for an inquiry as to his qualifications and suitability as provided for herein. Notification of such meeting shall be provided to the applicant in writing no less than ten days prior to said date.

HISTORY: Eff 10-1-74; 1-1-77; 2-20-84; 4-22-86
Rule promulgated under: RC Chapter 119.
Rule authorized by: RC 4751.04
Rule amplifies: RC 4751.05, 119.032

4751-1-06 Subjects for examination

Every applicant for a license as a nursing home administrator, after meeting the requirements for qualification for examination as set forth in these rules and regulations, shall successfully pass a written or oral examination or a combination thereof which shall include the following subject areas:

CORE OF KNOWLEDGE IN NURSING HOME ADMINISTRATION

- (A) Applicable standards of environmental health and safety:
- (1) hygiene and sanitation
 - (2) communicable diseases
 - (3) management of isolation
 - (4) the total environment (noise, color, orientation, stimulation, temperature, lighting, air circulation)
 - (5) elements of accident prevention
 - (6) special architectural needs of nursing home patients
 - (7) drug handling and control
 - (8) safety factors in oxygen usage

- (B) Pertinent federal, state and local health and safety laws and rules.
- (C) General administration:
 - (1) institutional administration
 - (2) planning, organizing, directing, controlling, staffing, coordinating and budgeting
 - (3) human relations
 - (a) management/employee interrelationships
 - (b) employee/employee interrelationships
 - (c) employee/patient interrelationships
 - (d) employee/family interrelationships
 - (4) training of personnel
 - (a) training of employees to become sensitive to patient needs
 - (b) on-going inservice training/education
- (D) Psychology of patient care:
 - (1) anxiety
 - (2) depression
 - (3) drugs, alcohol and their effect
 - (4) motivation
 - (5) separation reaction
- (E) Principles of medical care:
 - (1) anatomy and physiology
 - (2) psychology
 - (3) disease recognition and prevention
 - (4) disease processes
 - (5) nutrition
 - (6) aging processes
 - (7) medical terminology

- (8) materia medica (pharmacology)
 - (9) medical social service
 - (10) utilization review
 - (11) professional and medical ethics
- (F) Personal and social care:
- (1) resident and patient care planning
 - (2) activity programming
 - (a) patient participation
 - (b) recreation
 - (3) environmental adjustment - interrelationship between patient and:
 - (a) patient
 - (b) staff (staff sensitivity to patient needs as a therapeutic function)
 - (c) family and friends
 - (d) administrator
 - (e) management (self-government/patient council)
 - (4) rehabilitation and restorative activities
 - (a) training in activities of daily living
 - (b) techniques of group therapy
 - (5) interdisciplinary interpretation of patients' care to:
 - (a) the patient
 - (b) the staff
 - (c) the family
- (G) Therapeutic and supportive care and services in long-term care:
- (1) individual care planning as it embraces all therapeutic care and supportive services
 - (2) meaningful observations of patient behavior as related to total patient care
 - (3) interdisciplinary evaluation and revision of patient care plans and procedures

- (4) unique aspects and requirements of geriatric patient care
 - (5) professional staff interrelationships with patient's physician
 - (6) professional ethics and conduct
 - (7) rehabilitative and remotivational role of individual therapeutic and supportive services
 - (8) psychological, social and religious needs, in addition to physical needs of the patients
 - (9) needs for dental services
- (H) Departmental organization and management
- (1) criteria for coordinating establishment of departmental and unit objectives
 - (2) reporting and accountability of individual departments to administrator
 - (3) criteria for departmental evaluation (nursing, food service, therapeutic services, maintenance, housekeeping)
 - (4) techniques of providing adequate professional, therapeutic, supportive and administrative services
 - (5) the following departments may be used in relating matters of organization and management:
 - (a) nursing
 - (b) housekeeping
 - (c) dietary
 - (d) laundry
 - (e) pharmaceutical services
 - (f) social services
 - (g) business office
 - (h) recreation
 - (i) medical records
 - (j) admitting
 - (k) physical therapy

- (l) occupational therapy
 - (m) medical and dental services
 - (n) laboratories
 - (o) x-ray
 - (p) maintenance
- (l) Community interrelationships:
- (1) community medical care, rehabilitative and social services resources
 - (2) other community resources
 - (a) religious institutions
 - (b) schools
 - (c) civil and voluntary service agencies
 - (d) government agencies
 - (3) third-party payment organizations
 - (4) comprehensive health planning agencies
 - (5) volunteers and auxiliaries

HISTORY: (former NH-1-06); Eff 9-29-70; 10-1-74
 Rule promulgated under: RC Chapter 119.
 Rule authorized by: RC 4751.04
 Rule amplifies: RC 4751.05 to 4751.10, 4751.13, 119.032

4751-1-07 Examination and passing grade

- (A) Every applicant for a nursing home administrator's license shall be required to pass the examination.
- (B) The board shall determine a passing grade for each section of the examination separately, and shall apply such grade uniformly to all persons taking that examination.
- (C) If an oral examination is used, totally or as part of the examination process, the board must use as a basis for such oral examination a written prepared outline of subject matter based upon the core of knowledge in nursing home administration and upon practical training and experience. The board shall designate weighted values to the subject matter for such oral examination. Prior authorization for use of an oral examination must be granted by the board.
- (D) Failure to make a passing grade on any section of the examination constitutes failure to pass the examination. The candidate shall be required to repeat in the whole the section or sections previously failed.

- (E) If a candidate fails three times to attain a passing grade on the examination, he is no longer eligible to sit for the examination until he meets the requirements of rule 4751-1-05 and such additional education and experience requirements as may be prescribed by the board.

HISTORY: Replaces rule NH-1-07; Eff 9-29-70; (Amended) 10-1-74; 1-1-77
Rule promulgated under: RC Chapter 119.
Rule authorized by: RC 4751.04
Rule amplifies: RC 4751.04, 4751.06, 119.032

4751-1-08 Registration of institutions and training agencies; approval of courses of study and programs of instruction

- (A) The board may approve any educational institution or affiliate or other training agency to provide the educational requirements of Chapter 4751. of the Revised Code and the rules adopted thereunder.

Any educational institution or affiliate or other training agency, if approved, shall be registered with the board for the purpose of offering any course of study or program of instruction deemed sufficient to meet the education and training requirements for the purpose of qualifying applicants for licensure as nursing home administrators or for the renewal of registration of licenses as nursing home administrators as required pursuant to Chapter 4751. of the Revised Code and the rules adopted thereunder.

- (1) Accredited educational institutions shall be deemed approved without application or registration.
 - (2) Training agencies other than accredited educational institutions must individually apply to the board and if approved be registered by the board before submitting requests for the board's approval of educational activities. Registration with the board may be initiated by a letter of intent or written request from a training agency.
- (B) Prelicensure education – Courses of study or programs of instruction offered for the purposes of general educational requirements set forth in paragraph (A)(4) of rule 4751-1-05 of the Administrative Code and for the special academic requirement in health care administration, as set forth in paragraph (A)(5) of rule 4751-1-05 of the Administrative Code shall be deemed acceptable for such purposes, provided that:
- (1) The courses of study and programs of instruction in general education are offered for academic credit by an accredited educational institution which meets the standards set forth in paragraph (A) of rule 4751-1-02 of the Administrative Code.
 - (2) The special courses of study or programs of instruction in health care administration must at least cover the subject areas set forth in the core of knowledge in nursing home administration as outlined in rule 4751-1-06 of the Administrative Code; course content need not be limited to these subject areas; these courses and programs must be approved by the board.
 - (3) If academic credit is not offered, such course of study or program of instruction is within the jurisdiction of an academic department of an accredited university or college.

- (C) Continuing education – Courses of study or programs of instruction offered to meet the educational requirements for annual renewal of the certificate of registration of the nursing home administrator license as required pursuant to Chapter 4751. of the Revised Code and the rules adopted thereunder shall be in the subject areas of the core of knowledge in nursing home administration as outlined in rule 4751-1-06 of the Administrative Code, and shall be:
- (1) Credit or non-credit courses provided by an accredited educational institution which meets the standards set forth in paragraph (A) of rule 4751-1-02 of the Administrative Code;
 - (2) Non-degree courses or programs associated with accredited educational institutions;
 - (3) Courses or programs offered by other educational institutions which have been approved by the board;
 - (4) Courses or programs provided by approved training agencies as defined in paragraph (CC) of rule 4751-1-02 of the Administrative Code and which have been approved by the board.
- (D) Courses of study or programs of instruction offered for continuing education purposes on a non-academic credit basis shall be submitted to the board for approval at least ninety days prior to the anticipated date of registration for the course or program; such submittal shall be on forms prescribed and furnished by the board and shall provide thereon all required information. The board may grant a variance to the time frame for submittal upon a showing that a recent change in state or federal regulatory requirements affecting the nursing home industry necessitates prompt approval of the course of study or program of instruction so that nursing home administrators may receive timely information concerning compliance with the requirements.

HISTORY: Eff 1-1-77; 4-22-86; 6-14-89 (Emer.); 9-22-89
Rule promulgated under: RC Chapter 119.
Rule authorized by: RC 4751.04 Rule amplifies: RC 4751.07119.032

4751-1-081 Training agency approval

A training agency for continuing education may either apply for provider status or submit each proposed continuing education course of study or program of instruction to the board for approval.

- (A) Provider status shall initially be granted for a one-year probationary period. Approval thereafter shall be granted for a two-year period.
- (1) An applicant for provider status shall, at least three months prior to the date of the first scheduled program offering, submit a completed application prescribed by the board. To be approved as a provider, the applicant shall establish all of the following:
 - (a) The proposed programs and program goals for the approval period meet or exceed the requirements of these rules;

- (b) The educational facilities and instructional aids are adequate and appropriate;
 - (c) The program presenters have the professionally recognized skills to conduct the programs being offered;
 - (d) The programs are in the subject areas of the core of knowledge in nursing home administration as outlined in rule 4751-1-06 of the Administrative Code;
 - (e) There are adequate procedures to maintain records for each program presented, including, but not limited to, the program content, presenter qualifications, and attendee names.
- (2) A provider shall comply with all of the following:
- (a) Operate in compliance with the requirements of paragraph (A)(1) of this rule;
 - (b) Seek the evaluation of each program attendee;
 - (c) Ensure that one clock hour of continuing education is earned by sixty minutes of classroom instruction;
 - (d) Provide each program attendee who completes the program with a certificate of completion that includes the following information:
 - (i) Name of the provider and provider number;
 - (ii) Name and date of the program;
 - (iii) Name of the attendee;
 - (iv) Core of knowledge subject area into which the program falls;
 - (v) Number of clock hours earned;
 - (vi) Nursing home administrator license number of the attendee, if applicable;
 - (e) Prominently display its provider number and the license renewal requirement to which the program will apply on all promotional literature;
 - (f) At the board's request, furnish records of program content, presenter qualifications, and attendee names for each program presented during the approval period.
 - (g) Assume responsibility for the quality of any program presented under its provider number;
 - (h) Ensure that all continuing education programs are open and offered to the public.

- (3) An applicant for renewal of provider status shall submit to the board no later than three months prior to the expiration of its approval, a completed application demonstrating continued compliance with the requirements of these rules. An applicant seeking its first two-year approval shall also submit a synopsis of all programs conducted during the probationary period.
 - (4) The board, in compliance with chapter 119. of the Revised Code, may refuse to issue or renew or may suspend or revoke the provider status of a training agency that fails to comply with the requirements of rules in this chapter.
- (B) Courses of study or programs of instruction offered for continuing education purposes by an entity other than an accredited or approved educational institution or approved provider shall be submitted to the board on a completed application prescribed by the board at least ninety days prior to the anticipated date of registration for the course or program; the board may consider applications received after the deadline upon a showing that a recent change in state or federal regulatory requirements affecting the nursing home industry necessitates prompt approval of the course or program so that nursing home administrators may receive timely information concerning compliance with the requirements.

HISTORY: Eff 1-1-99
Rule promulgated under: RC Chapter 119.
Rule authorized by: RC 4751.03, 4751.04
Rule amplifies: RC 4751.03, 4751.04, R. C. 119.032

4751-1-09 Administrator-in-training program; practical training and experience

The board has established the administrator-in-training program as the way whereby a person seeking initial licensure as a nursing home administrator may obtain practical training and experience in nursing home administration under direct supervision of a licensed nursing home administrator (administrator/preceptor) who is in full-time practice in the nursing home approved by the board as the applicant's internship training site.

- (A) Applying for registration in the AIT program:
- (1) An applicant for registration in the nursing home administrator-in-training program shall submit such application in the manner and on the forms prescribed by the board, which consists of:
 - (a) The application form having complete and accurate entries of information;
 - (b) Certified transcript(s) of college credits and proof of degree(s), in accordance with division (A)(4) of rule 4751-1-05; said transcripts to be sent by the institution directly to the office of the board;
 - (c) Certificate or other specific and adequate documentation of completion of approved course of study or program of instruction meeting the special academic requirements in the subject areas specific to health care administration in accordance with division (A)(5) of rule 4751-1-05;

- (d) Any additional or supplemental documentation to support data entries on the application form and to establish any qualifying administrative experience;
 - (e) The training plan, with its supporting documentation;
- (2) All parts of the application shall be on file with the board at least thirty days prior to the regular meeting of the board preceding the requested beginning date of the AIT program;
 - (3) AIT program shall begin only on the first day of the first month of the calendar quarter, namely: January 1, April 1, July 1, October 1.
- (B) The applicant – before approving the registration of an applicant for internship in the administrator-in-training program, the board must be satisfied that the applicant meets or will meet the following requirements. The applicant:
- (1) Is at least eighteen years of age; and
 - (2) Is of good character; and
 - (3) Is in good health and is otherwise suitable to the practice of nursing home administration under the criteria set forth in division (A)(3) of rule 4751-1-05; and
 - (4) Has attained the general education qualifications as prescribed in division (A)(4) of rule 4751-1-05; and
 - (5) Has completed, or has arranged for completing, the special academic requirements prescribed in division (A)(5) of rule 4751-1-05, and has submitted documentation of such to the board; and
 - (6) Has arranged for a period of practical training and experience (internship), pursuant to rule 4751-1-05(A)(6), in a training agency (internship site) approved by the board; and
 - (7) Shall not be employed in the internship site in any capacity other than that of administrative trainee during the period of practical training and experience; and
 - (8) Does not have a substantial financial interest in the nursing home which is to be the site wherein the major portion of the training time will be served.
- (C) The training plan for practical training and experience (internship) for the AIT program must provide documentation that the following requirements have been or will be met:
- (1) A pre-training assessment of the applicant's background in terms of educational level, pertinent experience, maturity, motivation, initiative has been made jointly by the applicant and his preceptor, the supervisor of this practical training experience.
 - (2) Based on the assessment, the applicant and his preceptor jointly have developed a detailed goal-oriented training plan with adequate supporting documentation which relates educational objectives, subject areas of the core

of knowledge-nursing home administration, training sites, and/or agencies involved, estimated number of hours needed for mastering each objective, and total of hours in training plan.

- (3) Supporting documentation for the training plan shall include qualifications of the preceptor and of the director of nursing in the training sites, and such descriptive information for each training site and staff as is necessary to determine its adequacy for the specific educational objective(s) for which it is designated.
- (4) The board shall have the right to monitor and call for conference any party or parties thereto during the course of said internship.
- (5) Following the completion of the internship and preceding admission to examination for licensure, the board shall determine if the applicant has received training consistent with the guidelines established by the board in these rules.

(D) Reports

- (1) Each administrator-in-training shall file such periodic and summary reports as required by and in the format prescribed by the board.
- (2) All reports are to be co-signed by the administrator-in-training and the administrator/preceptor and filed with the board no more than ten days following the end of the reporting period.
- (3) If an administrator-in-training fails to file reports promptly, such trainee may be deemed to have abandoned the administrator-in-training program.

(E) Reciprocity

Any administrator-in-training in an approved preceptorial training program of another state who transfers residence to the state of Ohio may receive credit at the discretion of the board toward the internship requirements of this state, provided that:

- (1) The administrator-in-training applies for registration with this board within sixty days after leaving the former training program;
- (2) There is in effect a reciprocity agreement for the administrator-in-training program between the state of origin and the state of Ohio.

(F) Interruption, discontinuance, or disqualification

- (1) Discontinuance by the administrator-in-training of the internship in the approved training site shall be reported to the board by the trainee and by the administrator/preceptor within ten days after such discontinuance.
- (2) The internship period in whole or in part may be disqualified or disallowed if it is determined by the board that the administrator-in-training has failed to serve a bona fide internship in conformity with these rules.

- (3) Approved registration in the administrator-in-training program in no way implies authority for the trainee to serve in the capacity of a nursing home administrator; such action by a trainee may disqualify the entire period of internship.
 - (4) In the event the preceptor fails to provide the administrator-in-training an opportunity for adequate professional and occupational experience under supervision in the administrative and operating activities of a nursing home, the board may disqualify the administrator/preceptor from further service as such in the administrator-in-training program.
- (G) Miscellaneous
- (1) Any financial arrangements between administrator/preceptor and administrator-in-training are the joint responsibility of the parties involved and are not the responsibility of the board.
 - (2) Should investigation by the board disclose any falsification or misrepresentation in an application or supportive documents, said application shall be rejected and the applicant disqualified.
 - (3) Any falsification or misrepresentation contained in any report or document attesting the facts, conditions and activities of the internship and submitted by the AIT, administrator/preceptor or other participants therein may be grounds for denial of admission to examination or for suspension or revocation of the nursing home administrator license in addition to any other penalties provided by law.
 - (4) In the event that during the administrator-in-training internship the training experience proves unsatisfactory, the board, at its discretion, may terminate or rearrange all or part of the internship.

HISTORY: Replaces rule NH-1-09; Eff 9-29-70; (Amended) 10-1-74; 1-1-77
Rule promulgated under: RC Chapter 119.
Rule authorized by: RC 4751.04
Rule amplifies: RC 4751.05, 119.032

4751-1-10 Licenses and registrations

- (A) An applicant for a license as a nursing home administrator who has complied with the requirements of Chapter 4751. of the Revised Code and pertinent rules adopted pursuant thereto and who has passed the required examinations and has paid to the board an original license fee of two hundred fifty dollars, shall be issued a license certifying that such person is entitled to practice as a licensed nursing home administrator under Chapter 4751. of the Revised Code, unless the board is prohibited from doing so pursuant to section 2301.373 of the Revised Code.
- (B) Every licensee shall annually register with the board. The application for renewal shall contain such information as may be specified by the board, including, but not limited to, name, address, practice status, employer(s), place(s) of employment, hours of employment, job assignment and continuing education training taken during the annual period immediately preceding such application. Annual registration must be completed prior to the date of expiration of the last issued certificate of registration in order to maintain continuing compliance with Chapter 4751. of the Revised Code.

- (C) Annually, a minimum of twenty clock hours of approved continuing education, as set forth in rule 4751-1-13 of the Administrative Code, shall be required for renewal of registration of the nursing home administrator license. Failure to renew the certificate of registration prior to the date of expiration invokes the penalty of additional hours of continuing education as set forth in paragraph (D) of this rule.
- (D) The nursing home administrator whose certificate of registration has not been renewed by the renewal date shall be required to have completed an additional five clock hours of continuing education per calendar quarter, up to forty hours.
- (E) Any nursing home administrator who has not renewed his or her certificate of registration after six months of the renewal date and who has not notified the board of his or her intention to abandon practice is deemed to have abandoned practice of nursing home administration pursuant to division (E) of section 4751.07 of the Revised Code and must re-apply for licensure as a nursing home administrator under the current requirements.
- (F) The board shall issue a certificate of registration to each nursing home administrator who meets the requirements of Chapter 4751. of the Revised Code and rules adopted by this board pursuant thereto, unless the board is prohibited from doing so pursuant to section 2301.373 of the Revised Code.
- (G) The license of a nursing home administrator who fails to qualify for renewal prior to the expiration date shall automatically lapse and become invalid on said date; practice of nursing home administration by the licensee subsequent thereto is in violation of sections 4751.02 and 4751.09 of the Revised Code, and subjects the licensee to proceedings against him or her under the cited sections of the statute and/or under section 4751.10 of the Revised Code.
- (H) Every person holding a valid license entitling the person to practice nursing home administration in this state shall display said license in the nursing home which is the person's principal place of employment, and while engaged in the practice of nursing home administration shall have at hand the current certificate of registration.
- (I) The current certificate of registration must be exhibited by the nursing home administrator when requested by any of the following:
 - (1) An officer or employee of the board, or of the state, county or city health department, or other governmental agency engaged in the administration or enforcement of the public health law, the sanitary code, and rules and regulations pertaining to nursing homes or nursing home administrators;
 - (2) An employer in whose employ the licensee practices or intends to practice nursing home administration.
- (J) Every person holding a valid temporary license shall have such license at hand while engaged in the practice of nursing home administration.

HISTORY: Eff 1-1-77; 2-20-84; 1-1-99
Rule promulgated under: RC Chapter 119.
Rule authorized by: RC 4751.06, 4751.07
Rule amplifies: RC 4751.06, 4751.07, R.C. 119.032

4751-1-11 Temporary license

- (A) Upon request of the operator of a nursing home, a temporary license may be issued by the board for a period not to exceed one hundred eighty days to an individual temporarily filling the position of a nursing home administrator vacated by reason of death, illness or such other cause as the board may deem sufficient to justify the issuance of such temporary license.
- (B) An individual applying to the board for temporary licensure shall be required to furnish satisfactory evidence; namely, that the applicant:
 - (1) Has graduated from high school or holds a general education development (GED) certificate of equivalent competency;
 - (2) Is at least eighteen years of age;
 - (3) Is of good moral character;
 - (4) Is suitable and fit to be licensed as a temporary nursing home administrator as evidenced by:
 - (a) Presence of good health and freedom from communicable disease;
 - (b) Absence of any physical or mental impairment that would be likely to interfere with the performance of the duties of a temporary nursing home administrator;
 - (c) Ability to understand and communicate general and technical information necessary to the temporary administration and operation of a nursing home;
 - (d) Ability to assume responsibilities for the temporary administration of a nursing home as evidenced by prior activities and prior service satisfactory to the board;
 - (e) Ability to relate the physical, psychological, spiritual, emotional and social needs of the patients to the temporary administration of a nursing home, and to create a climate necessary to meet the needs of the patients.
- (C) An applicant for temporary licensure shall submit with his application a certified check or money order for the fee as provided for in rule 4751-1-16 of the Administrative Code.
- (D) No portion of the one-hundred-eighty-day period allowed for a temporary license will be recognized as fulfilling any part of any internship requirement which is a condition precedent to admission to examination for licensure as a nursing home administrator.
- (E) A temporary license may be revoked for any violation contained in section 4751.10 of the Revised Code, and these rules.
- (F) The board may delegate its authority to review the applications for temporary licensure to its executive secretary in order that temporary licenses may be issued in emergency and hardship cases.

HISTORY: Replaces rule 4751-1-11; Eff 10-1-74; 10-16-83
Rule promulgated under: RC Chapter 119.

4751-1-12 Suspension or revocation of license

- (A) The board shall suspend or revoke the license or certificate of registration, or both, or the temporary license of a nursing home administrator if such licensee or temporary licensee:
- (1) Has willfully or repeatedly violated any of the provisions of chapter 4751. of the Ohio Revised Code or the rules adopted thereunder; or
 - (2) Has willfully or repeatedly acted in a manner inconsistent with the health and safety of the patients of the nursing home in which he is the administrator; or
 - (3) Is guilty of fraud or deceit in the practice of nursing home administration or in his admission to such practice; or
 - (4) Has been convicted in a court of competent jurisdiction, either within or without this state, of a felony; or
 - (5) Is unfit or incompetent by reason of negligence, habits, or other causes.
- (B) The following shall be deemed prima facie examples of those activities which demonstrate that a person is unfit or incompetent by reason of negligence, habits, or other causes to serve as a nursing home administrator:
- (1) Failure to make good faith attempts, via methods of administrative management, to assure that the nursing home in which he is the administrator conforms with the provisions of pertinent statutes, codes, rules and regulations of the licensing or supervising authority or agency, federal, state or local, having jurisdiction over the operation and licensing of nursing homes;
 - (2) Dependency upon or addiction to the use of alcoholic beverages or drugs regulated by the local, state and Federal Narcotics Law;
 - (3) Failure to conform with the requirement imposed by rule 3701-17-08(A) or the sanitary code.
 - (4) Failure to be responsible for planning, organizing, directing, and managing the operation of a nursing home in such manner to insure the safety, health and welfare of the patients in any facility under his supervision;
 - (5) Physical inability to serve as a nursing home administrator as evidenced by the statement of two licensed physicians;
 - (6) Mental incompetency declared by a decree of any court;
 - (7) Willfully permitting unauthorized disclosure of information relating to a patient in a nursing home under his administration;

- (8) Lawful revocation or suspension by the duly constituted authorities of another state of any nursing home administrator's license which may have been issued said licensee by another state.
- (C) Licensed nursing home administrators governed by Chapter 4751. of the Ohio Revised Code, and by these rules, shall be disciplined in accordance with Chapters 4751. and 119. of the Ohio Revised Code.
- (D) Proceedings leading to suspension or revocation of the license or certificate of registration, or both, or the temporary license of a nursing home administrator shall be instituted by the board or shall be begun by filing with the board charges in writing and under oath.

HISTORY: Replaces rule 4751-1-12; Eff 10-1-74
 Rule promulgated under: RC Chapter 119.
 Rule authorized by: RC 4751.04
 Rule amplifies: RC 4751.02, 4751.09, 4751.10

4751-1-13 Continuing Education

- (A) As required in paragraph (C) of rule 4751-1-10 of the Administrative Code, nursing home administrators shall complete a minimum of twenty clock hours of approved continuing education each year in the fifteen-month period preceding renewal of the registration of the nursing home administrator license.
 - (1) A minimum of fourteen hours of continuing education must be taken through an approved training agency for continuing education as defined in paragraph (CC) of rule 4751-1-02 of the Administrative Code.
 - (2) A maximum of six hours of continuing education may be taken from other approved courses or programs.
 - (3) A maximum of five (5) hours of continuing education may be taken by self-study.
- (B) Continuing education credit prior to the last quarter of the previous registration anniversary year may not be accumulated from year to year.
- (C) Continuing education courses which are to be accreditable to fulfilling the requirements for annual renewal of the certificate of registration must be submitted to the board by the training agency conducting the educational activity, in accordance with rule 4751-1-08 of the Administrative Code. Board approval is granted to the training agency conducting the educational activity, not to the individual nursing home administrator.
- (D) Certificates of attendance at continuing education courses, or other substantiating documentation, must be submitted by the nursing home administrator at the same time as and be attached to the form for application for annual renewal of registration. An exact copy of the certificate or other documentation is acceptable. No documents will be returned.

HISTORY: Replaces rule 4751-1-13; Eff 1-1-77; 10-16-83
 Rule promulgated under: RC Chapter 119.
 Statutory Authority: 4751.06, 4751.07
 Rule amplifies: RC 4751.07

4751-1-14 **Recognition of out-of-state license**

- (A) The board, in its discretion, and otherwise subject to the provisions of Chapter 4751. of the Revised Code and the rules adopted thereunder, may license, without general examination, a nursing home administrator if the person has a valid license issued by the proper authorities of any other state or political subdivision of the United States, upon payment of the required fee as provided in rule 4751-1-16 of the Administrative Code, provided:
- (1) That such other state or subdivision of the United States maintained a system and standard of qualifications and examinations for a nursing home administrator license, which were substantially equivalent to those required in the state of Ohio; and
 - (2) That such applicant is familiar with Ohio's laws and rules relative to the licensure of the facility and to the licensure of the administrator and has successfully passed the board's examination on Ohio laws and rules; and
 - (3) That such applicant holds a valid license which has not been revoked in any state within three years of the time of application for licensure; and
 - (4) That such applicant's license has not been suspended in any state within one year of the time of application for licensure.
- (B) If the applicant meets all of the requirements in paragraph (A) of this rule and is also a certified administrator in good standing with the American college of health care administrators, the executive secretary of the board may issue the license without prior board approval. The issuance shall be presented for the board's ratification at the next meeting of the board.

HISTORY: Eff 10-1-74; 10-16-83; 1-1-99
Rule promulgated under: RC Chapter 119.
Rule authorized by: RC 4751.03, 4751.04, 4751.08
Rule amplifies: RC 4751.03, 4751.04, 4751.12, R.C. 119.032

4751-1-16 **Fees**

Fees provided for throughout Chapter 4751. of the Administrative Code shall be published by the board on a fee schedule in the amounts allowable under Chapter 4751. of the Revised Code. Said fees are to be paid by check or money order and made payable to "Treasurer, State of Ohio." All fees are to be transmitted to the office of the board.

- (A) Administrator-in-training application fee: fifty dollars.
- (B) Licensure examination fee: one hundred fifty dollars.
- (C) Endorsement of out-of-state license fee: one hundred fifty dollars.
- (D) Temporary license fee: one hundred dollars.
- (E) Annual registration fee: three hundred dollars.
- (F) Duplication/replacement fee: twenty-five dollars.
- (G) Original license fee: two hundred fifty dollars.

HISTORY: Eff 9-29-70; 1-1-77; 10-16-83; 1-1-99
Rule promulgated under: RC Chapter 119.
Rule authorized by: RC 4751.04, 4751.05, 4751.06, 4751.07, 4751.08
Rule amplifies: RC 4751.04, 4751.05, 4751.06, 4751.07, 4751.08, R.C. 119.032

4751-1-17 Personal information systems

- (A) The board secretary shall be responsible for each personal information system maintained by the board of examiners of nursing home administrators. Said employee shall:
- (1) Inform other employees who have any responsibility for the operation, maintenance, or use of personal information maintained in the system, of the applicable provisions of Chapter 1347. of the Revised Code and the rules adopted thereunder; and
 - (2) Inform a person who is asked to supply personal information for a system whether the person is legally required to, or may refuse to, supply the information; and
 - (3) Assure that only that personal information which is necessary and relevant to the functions of the board as required or authorized by statute or rule is collected and maintained; and
 - (4) Upon the request and the proper identification of the person, allow the person who is the subject of a record in a personal information system to inspect the record pursuant to section 1347.08 of the Revised Code. The employee shall:
 - (a) Inform the person of any personal information in the system of which he is the subject;
 - (b) Except for investigative files or trial preparation files as provided for in division (E)(2) of section 1347.08 of the Revised Code, permit the person, his legal guardian, or an attorney who presents a signed, written authorization made by the person to inspect all personal information in the system of which he is the subject;
 - (c) Inform the person about the types of uses made of the personal information, including the identity of any user usually granted access to the system;
 - (d) Allow a person who wishes to exercise a right provided by this paragraph to be accompanied by another individual of his choice;
 - (e) Provide, upon request, copies of any personal information the person is authorized to inspect. Reasonable charges are made for providing requested copies, not to exceed cost of copying.
 - (5) Investigate disputes to the accuracy, relevance, timeliness or completeness of personal information pursuant to section 1347.09 of the Revised Code.
- (B) The board shall reprimand in writing any employee who initiates or contributes to any disciplinary or punitive action against any individual who brings to the attention of appropriate authorities, the press, or any member of the public, evidence of

unauthorized use of information contained in the system. A copy of such reprimand shall be entered in the employee's personnel file.

- (C) The board shall monitor the accuracy, relevance, timeliness, and completeness and in accordance with procedures, maintain information that is necessary to assure fairness in any determination made with respect to a person on the basis of the information, eliminating information that is no longer necessary; and

If a person who is the subject of personal information disputes the accuracy, relevance, timeliness or completeness of the information and requests the board to investigate the current status of the information, the board shall:

- (1) Within ninety days after receiving the request, make a reasonable investigation to determine whether the disputed information is accurate, relevant, timely, and complete; and
 - (2) Notify the disputant of the results of the investigation and of the action the board plans to take with respect to the disputed information; and
 - (3) Delete any information that it cannot verify or that it finds to be inaccurate; and
 - (4) Permit the disputant, if he is not satisfied with the board's determination, to include within the system:
 - (a) A brief statement of his position on the disputed information, such statement being limited to one hundred words with the board assisting the disputant to write a clear summary of the dispute; or
 - (b) A notation that the disputant protests that the information is inaccurate, irrelevant, outdated, or incomplete, with the board maintaining a copy of the disputant's statement of the dispute.
- (D) The board shall not place personal information into an interconnected and combined system, unless such system will contribute to the efficiency of the involved agencies in implementing programs that are authorized by law.

HISTORY: Replaces rule 4751-1-17; Eff 10-16-83
Rule promulgated under: RC Chapter 119.
Rule amplifies: RC Chapter 1347.

Last reviewed 12-11-2009