

**TITLE 64
LEGISLATIVE RULES
WEST VIRGINIA DIVISION OF HEALTH
SERIES 13
NURSING HOME LICENSURE RULE**

§64-13-1. General Provisions.

1.1. Scope. -- It is the purpose of this rule to implement state and federal law governing the licensing, operation, and standard of care in nursing homes located in the State of West Virginia. Compliance with this rule will help each resident attain or maintain the highest practicable physical, mental and psychosocial well-being in accordance with a comprehensive assessment and plan of care and prevailing standards of care, and will promote a standard of care that assures that the ability of each resident to perform activities of daily living does not diminish unless the resident's ability is diminished solely as a result of a change in the resident's clinical condition.

1.2. Authority. -- W. Va. Code §§16-1-4 and 16-5C-5.

1.3. Filing Date. -- April 3, 2007.

1.4. Effective Date. -- July 1, 2007.

1.5. Amendment of a Former Rule. -- This rule amends "Nursing Home Licensure Rule" W. Va. 64CSR13, effective July 1, 2007.

1.6. Application. -- This rule applies to nursing home residents and their legal representatives as well as every individual and every form of organization, whether incorporated or unincorporated, including any partnership, corporation, trust, association or political subdivision of the state that operates or applies to operate a nursing home as defined in this rule and W. Va. §16-5C-2(c).

1.7. Variances From This Rule.

1.7.a. The department may grant a variance from any provision of this rule if it determines that:

1.7.a.1. Strict compliance would impose a substantial hardship on the licensee;

1.7.a.2. The licensee will otherwise meet the goal of the rule; and

1.7.a.3. A variance will not result in less protection of the health, safety and welfare of the residents.

1.7.b. A variance shall not be granted from a provision pertaining to residents' rights.

1.7.b.1. Separate federal variance procedures may apply for provisions of this rule and are contained in the federal nursing home regulations.

1.7.b.2. Requests for variances from West Virginia fire safety and building construction requirements shall be addressed to the appropriate authorities.

1.8. Enforcement. -- This rule is enforced by the secretary of the Department of Health and Human Resources or his or her lawful designee.

§64-13-2. Definitions.

2.1. Administrator. -- A person licensed in the State of West Virginia as a nursing home administrator who is responsible for the day to day operation of the nursing home.

2.2. Advance Directive. -- Written instruction of an individual, such as a living will, a durable power of attorney for health care or general durable power of attorney, recognized under state law and relating to the provision of health care when the individual is unable to direct his or her own health care.

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2.3. Annual Inspection. -- For the purpose of this rule, annual inspection is defined as occurring during a time frame of nine (9) to fifteen (15) months.

2.4. Applicant. -- The person who submits an application for a license or renewal of a license to operate a nursing home.

2.5. Bed Capacity. -- The maximum number of beds the nursing home is currently licensed to offer for resident occupancy.

2.6. Capacity to make decisions. -- A person who is able to comprehend and retain information which is material to a decision, especially as to the likely consequences; the person is able to use the information and weigh it in the balance as part of the process of arriving at a decision and is able to communicate the decision in an unambiguous manner.

2.7. Care Plan. -- A document, based on the comprehensive assessment and prepared by the interdisciplinary team in conjunction with the resident, that identifies measurable objectives for the highest level of functioning the resident may be expected to attain.

2.8. Causal Factors. -- Any stimulus that affects the behavior of a resident either positively or negatively.

2.9. Change of Ownership. -- Any transaction that results in change of control over the capital assets of a nursing home including, but not limited to, a conditional sale, a sale, a lease or a transfer of title or controlling stock.

2.10. Competent Person. -- A person who has not been adjudicated incompetent by a court of law.

2.11. Deemed Status. -- Special consideration granted to a nursing home that receives accreditation from an accrediting organization whereby an accreditation report may be used in place of an annual licensing inspection by the State if the standards of the accrediting organization recognized by HCFA are comparable to the Medicare standards.

2.12. Deficiency. -- An entry made on the West Virginia Department of Health and Human Resources STATE FORM that describes the specific requirements of the rule with which the nursing home failed to comply, an explicit statement that the requirement was not met, and the evidence to support the decision of noncompliance.

2.13. Department. -- West Virginia Department of Health and Human Resources.

2.14. Discharge. -- Moving the resident to a non-institutional setting when the releasing facility ceases to be responsible for the resident's care.

2.15. Employee. -- Any person who performs personal services for the nursing home in exchange for monetary compensation where such personal services, including the results to be accomplished as well as the details and the means by which the results are accomplished, are controlled and directed by the nursing home, where monetary compensation is effected through the nursing home's payroll system.

2.16. Enabler. -- Any device that allows the resident to accomplish tasks that otherwise he or she could not accomplish, and maintains and improves a resident's ability to function.

2.17. Experimental Research. -- Development and testing of clinical treatments, such as an investigational drug or therapy, that involve treatment or control groups or both. For example, a clinical trial of an investigational drug is experimental research.

2.18. Family Council. -- A group of persons, family members or responsible parties of the residents, meeting as a group, having the right to express grievances in relation to the residents' well-being in general and to make recommendations concerning nursing home policies and procedures.

2.19. Governing Body. -- The person, or group of persons with the ultimate responsibility and authority for the conduct of the nursing home.

2.20. Harm. -- Noncompliance with this rule that has negatively affected the resident so that the resident's physical, mental or psychosocial well-being has been compromised and is not transient in nature.

2.21. Immediate Jeopardy. -- A situation in which the nursing home's noncompliance with one or more requirements of this rule has caused, or is likely to cause, serious injury, harm, impairment, or death of a resident.

2.22. Interdisciplinary Team. -- A team consisting of at least a registered nurse and other professional disciplines as appropriate, including the resident's physician, working together with the resident or the resident's representative, if applicable, to attain or maintain the resident at his or her highest practicable level of physical, mental and psychosocial well-being.

2.23. Institutional Setting. -- Any health care facility.

2.24. Independent Health Contractor. -- A licensed, certified, and/or registered health care provider who performs personal services for the nursing home in exchange for monetary compensation, where the nursing home has the right to specify the result to be accomplished by the work, but not the means and methods by which the result is accomplished.

2.25. Legal Representative.-- ¹ A person appointed by an individual or by a duly authorized agency or court, or otherwise authorized by law to exercise some degree of control over a resident's affairs; namely one of the following most appropriate to the decision to be made. Legal representatives include:

2.25.a. A conservator, temporary conservator or limited conservator appointed pursuant to the West Virginia Legal Guardianship and Conservatorship Act, W. Va. Code § 44-1-1- et seq., within the limits set by the appointing order;

2.25.b. A guardian, temporary guardian or limited guardian appointed pursuant to the West Virginia Legal Guardianship and Conservatorship Act, W. Va. Code §44-1-1-et seq., within the limits set by the appointing order;

2.25.c. A person appointed as committee or guardian prior to June 9, 1994, within limits set by the appointing order and W. Va. Code §44A-1-2-(d);

2.25.d. A person having medical power of attorney pursuant to the West Virginia Health Care Decisions Act, W. Va. Code §16-30-1 et seq., within the limits set by the law and the appointment;

2.25.e. A representative payee under the U.S. Social Security Act, Title 42 US Code §301 et seq., within the limits of the payee's legal authority;

2.25.f. A surrogate decision-maker appointed pursuant to the West Virginia Health Care Decisions Act, W. Va. §16-30-1 et seq., within the limits set by the appointment;

2.25.g. A person having a durable power of attorney pursuant to W. Va. Code §39-4-1, a power of attorney under common law, within the limits of the appointment;

2.25.h. A person identified pursuant to the W. Va. Code §16-3C-4, to grant consent for HIV related testing and for the authorization of the release of the results;

2.25.i. A parent or guardian of a minor; or

2.25.j. A person lawfully appointed in a similar or like relationship of responsibility for a resident under the laws of this State, or another state or legal jurisdiction, within the limits of the applicable statute and appointing authority.

2.26. License. -- The document issued by the secretary that is the licensee's authority to receive residents and perform services included within the scope of this rule.

¹Nursing home administrators should note that various types of legal representatives do not necessarily have the lawful authority to act on behalf of the resident in all matters that require action by the legal representative. For example, a conservator has responsibility for financial affairs, but not personal affairs such as medical care.

2.27. Licensed or Registered.

2.27.a. Person. -- Licensed or registered by the proper authority to follow a profession in the State of West Virginia.

2.27.b. Nursing home. -- A nursing home licensed by the Department.

2.28. Licensee. -- A person or persons holding a license to operate a nursing home, who is responsible for compliance with all rules and minimum standards.

2.29. Medicaid. -- The medical assistance program established pursuant to Title XIX of the Social Security Act.

2.30. Medicare. -- The medical insurance program established pursuant to Title XVIII of the Social Security Act.

2.31. Next of Kin. -- In descending order of priority;

2.31.a. The resident's spouse;

2.31.b. The resident's adult children;

2.31.c. The resident's parents;

2.31.d. The resident's adult siblings;

2.31.e. The resident's adult grandchildren;

2.31.f. The resident's close friends; and

2.31.g. Any other person or entity, including guardians, public officials and private corporations and other persons or entities which the Department may from time to time designate in rules promulgated pursuant to chapter twenty-nine of the West Virginia Code.

2.32. Noncompliance. -- Any deficient practice or nonconformity that causes a nursing home to not be in substantial compliance with this rule.

2.33. Nourishing Snack. -- Two (2) or more food items from the basic food groups plus a beverage of milk, juice or the resident's preference.

2.34. Nursing Home. -- Any institution, or any part or unit of an institution, however named, in West Virginia, which is advertised, offered, maintained or operated by the ownership or management, whether for a consideration or not, for the express or implied purpose of providing accommodations and care, for a period of more than twenty-four hours, for four or more persons who are ill or otherwise incapacitated and in need of nursing care due to physical or mental impairment, or which provides services for the rehabilitation of persons who are convalescing from an illness or incapacitation.

2.35. Nursing Personnel. -- The director of nursing, the charge nurse and all employees under the direct supervision of the director of nursing or charge nurse who attend to resident-oriented nursing functions, including registered professional nurses, licensed practical nurses and nursing aides, but excluding employees engaged in administration, dietetics, social services, activities staff, housekeeping, laundry and maintenance.

2.36. Ombudsman. -- Any person or organization designated by the State Long Term Care Ombudsman as part of the West Virginia Long-Term Care Ombudsman Program.

2.37. Plan of Care. -- The overall profile of services and expected outcomes of care that may include those plans to meet the person's needs after discharge to the community. This includes all care and services outlined in the resident's medical record.

2.38. Poor Performer. -- A nursing home which has repeat deficiencies that resulted in harm or greater

whereby the nursing home cannot avoid an enforcement action by correction of the deficiency.

2.39. Premises. -- A tract of land, together with all buildings, equipment, fixtures and facilities erected, constructed or situated on the land, and all rights, powers, easements, and rights-of-way, and all interests in property, real, personal or mixed, now owned or hereafter acquired by a licensed person and appurtenant to or used in connection with the nursing home.

2.40. The Protection and Advocacy Network. -- The system established to protect and advocate the rights of persons with developmental disabilities specified in the Developmental Disabilities Assistance and Bill of Rights Act, and the protection and advocacy system established under the Protection and Advocacy for Mentally Ill Individuals Act.

2.41. Qualified. -- The capacity of a person who is licensed, certified or registered to perform a duty or a task in accordance with applicable State law and other accrediting bodies.

2.42. Regulatory Grouping. -- A set of directly-related regulatory requirements.

2.43. Repeat Deficiency. -- A deficiency that: 1) is cited on the current inspection and, 2) was cited on the previous inspection or any intervening inspection between the current inspection and the previous inspection and, 3) has had a plan of correction submitted for the previous inspection or any intervening inspection that was accepted by the director and, 4) is cited based on the same regulatory grouping.

2.44. Resident Council. -- A group of residents having the right to meet as a group and to express grievances in relation to the residents' well-being in general and to make recommendations concerning nursing home policies and procedures.

2.45. Restraint. -- Any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the person cannot remove at will and which restricts freedom from movement or normal access to one's body, or any drug used to limit movement by a resident or to limit mental capacity of a resident beyond the requirements of therapeutic treatment.

2.46. Routine Dental Service. -- A service consisting of an annual inspection of the oral cavity for signs of disease, diagnosis of dental disease, dental radiographs as needed, dental cleaning, fillings, minor dental plate adjustments, smoothing of broken teeth, and limited prosthodontic procedures such as impressions of dentures and fitting of dentures.

2.47. Secretary. -- The Secretary of the Department of Health and Human Resources.

2.48. Staff. -- Any person or persons who perform personal services for the nursing home in exchange for monetary compensation where such personal services, including the results to be accomplished as well as the details and the means by which the results are accomplished, are controlled and directed by the nursing home, regardless of whether monetary compensation is effected through the nursing home's payroll system or the nursing home's accounts payable system.

2.49. State Board of Review. -- A board designated by State law through which a resident may appeal a discharge from a nursing home.

2.50. Standard Quality of Care. -- Substantial compliance with this rule.

2.51. Transfer. -- Moving the resident from the nursing home to another legally responsible institutional setting.

2.52. Treatment. -- Care provided for the purposes of maintaining and or restoring health, improving functional levels, or relieving symptoms.

§64-13-3. State Administrative Procedures.

3.1. General Licensure Provisions.

3.1.a. No person may establish, operate, maintain, offer or advertise a nursing home as defined in this rule within the State of West Virginia unless that person obtains a valid license.

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3.1.b. A separate license is required for nursing homes maintained or operated on separate premises even though maintained or operated under the same ownership or management.

3.1.c. Separate buildings on the same premises, operated under the same ownership and management, are one (1) nursing home unless the director determines otherwise.

3.1.d. A license is valid only for the premises and persons named in the application.

3.1.e. A license is not transferable or assignable and shall be surrendered on demand to the director.

3.1.f. If the ownership of a nursing home with a valid unexpired license changes, the new owner shall apply for a new license.

3.1.g. The application for a license by the new owner has the effect of a valid license for three (3) months from the date the application is received by the director.

3.1.h. The nursing home shall obtain approval from the director prior to changing the name of the nursing home.

3.1.i. An approved name change is reflected in a newly issued license at a charge of fifty dollars (\$50.00).

3.1.j. The words "clinic," "hospital," "sanitarium," or any other word that suggests a type of institution other than the proposed or existing nursing home shall not appear in the name.

3.1.k. A license shall state:

3.1.k.1. The name of the nursing home to which it applies;

3.1.k.2. The name of the applicant who is the licensee;

3.1.k.3. The maximum bed capacity for which it is granted;

3.1.k.4. The date of issuance; and

3.1.k.5. The expiration date.

3.1.l. The name on the license shall be that used in the application which specifically identifies the nursing home.

3.2. Exceptions.

3.2.a. Nothing contained in this rule applies to:

3.2.a.1. A hospital as defined in W. Va. Code §16-5B-1;

3.2.a.2. Institutions as defined in W. Va. Code §§27-1-6 and 25-1-3;

3.2.a.3. A federally operated institution;

3.2.a.4. Institutions operated for the care and treatment of alcoholic patients;

3.2.a.5. Offices of physicians;

3.2.a.6. Hotels;

3.2.a.7. Residential Board and Care Homes, as defined under W. Va. Code §16-5H-2, or similar places that furnish to their guests only room and board;

3.2.a.8. Extended care facilities operated in conjunction with a hospital;

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3.2.a.9. Facilities, including intermediate care facilities for the mentally retarded required to be licensed under W. Va. Code §27-9-1;

3.2.a.10. Personal Care Homes as defined under W. Va. Code §16-5D-2;

3.2.a.11. Residential Care Communities as defined under W. Va. Code §16-5N-2; and

3.2.a.12. Homes or asylums operated by fraternal orders pursuant to W. Va. Code §35-3-1 et seq.

3.2.b. The care or treatment in a household, whether for compensation or not, of any person related by blood or marriage, within the degree of consanguinity of second cousin, to the head of the household, or his or her spouse, does not constitute a nursing home within the meaning of this rule.

3.3. Initial License.

3.3.a. An applicant shall submit an application to the director, on a form prescribed by the director, containing information sufficient to demonstrate that the nursing home is in compliance with the standards for nursing homes established in W. Va. Code §16-5C-1 et seq., and this rule.

3.3.b. The application shall be filed not less than thirty (30) days and not more than ninety (90) days prior to the date proposed for commencement of operation.

3.4. Renewal License.

3.4.a. An applicant for a renewal license shall submit an application to the director on the form prescribed by the director.

3.4.b. A completed application for renewal of a license shall be submitted not less than thirty (30) days and not more than ninety (90) days prior to the expiration date of the current license.

3.4.c. The fee for renewal of a license, as determined by the director pursuant to W. Va. Code §16-5C-6(e), shall accompany the license renewal application.

3.4.d. The director shall renew an original license when the following conditions are met:

3.4.d.1. The director finds the nursing home in substantial compliance with the provisions of W. Va. Code §16-5C-1 et seq., and with this rule;

3.4.d.2. The licensee applied for a renewal within the time period specified in this subsection; and

3.4.d.3. The licensee submitted the correct renewal fee with the application.

3.4.e. A renewal license is valid for one (1) year from the date of issuance.

3.5. Provisional License.

3.5.a. If the director finds that a nursing home applying for renewal of a license is not in substantial compliance with the requirements of this rule and the provisions of W. Va. Code §16-5C-1 et seq., the director may, at his or her discretion, issue a provisional license.

3.5.b. A provisional license may be issued only when the director makes the following findings:

3.5.b.1. That the care given in the nursing home does not pose a substantial threat to the health and safety of residents; and

3.5.b.2. That the nursing home has demonstrated improvement and potential for substantial compliance within the term of the license for which renewal is requested.

3.5.c. A provisional license shall not be issued for a period greater than six (6) months.

3.5.d. No extensions or renewals shall be granted on provisional licenses.

3.6. Inspections of Licensed and Unlicensed Facilities.

3.6.a. Before licensing a nursing home, the director shall inspect the nursing home.

3.6.b. The director shall conduct at least one (1) unannounced inspection annually, or in accordance with Section 17 of this rule on deemed status of a licensed nursing home, to determine compliance with the provisions of W. Va. Code §16-5C-1 et seq., and this rule.

3.6.c. In accordance with W. Va. Code §16-5C-9, the director or designee has the right to enter the premises of a nursing home that the director has reason to believe is being operated or maintained as a nursing home without a license.

3.6.d. If the owner or person in charge of an unlicensed nursing home refuses entry pursuant to this subsection, the director shall apply to the circuit court of the county in which the nursing home is located or in the circuit court of Kanawha County for a warrant authorizing inspection.

3.6.e. If the director finds, on the basis of the inspection, that the nursing home is operating as a nursing home without a license, the nursing home shall apply for a license within ten (10) days in accordance with the provisions of this rule or shall reduce the number of residents to three (3) or fewer.

3.6.f. A nursing home which fails to apply for a license is subject to the penalties established in Sections 15 and 16 of this rule.

3.6.g. The director shall file an inspection report according to this rule and shall keep the report on file for five (5) years.

3.6.h. An inspection report shall list each deficiency in the nursing home's compliance with statutes and rules, indicating for each deficiency specifically which provision has not been met.

3.6.i. The director shall send a copy of the report of an inspection to the nursing home.

3.7. License; Posting; Licensed Capacity.

3.7.a. The owner shall post the license in a conspicuous place on the licensed premises.

3.7.b. The department on behalf of the State of West Virginia shall maintain ownership of each license certificate issued to a licensee; upon the suspension or revocation of the license, or upon discontinuing operation of the home by voluntary action of the licensee, the owner shall return each license certificate to the director immediately.

3.7.c. The number of residents in a nursing home may not at any time exceed the licensed capacity of the home as shown on the license.

3.7.d. Emergency. A request for temporary authority to exceed the licensed capacity may be made to the director in the event of an emergency.

3.8. Change in Status Necessitating Discharge or Transfer of Residents.

3.8.a. Whenever a licensee plans to discontinue all or part of its operation or change its ownership or location, and the change in status would necessitate the discharge or transfer of residents, the administrator shall notify the director at least ninety (90) days prior to the proposed date of the change in status.

3.8.b. For licensees planning a change in status as described in Subdivision 3.8.a. of this Subsection:

3.8.b.1. This rule remains fully applicable until all residents have been discharged or transferred.

3.8.b.2. At least sixty (60) days prior to the date of the planned change in status, the administrator shall provide the director with a written transfer plan, subject to approval by the director. This plan shall include the following:

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3.8.b.2.A. Documentation that adequate staff and resident care will be provided;

3.8.b.2.B. The licensee's arrangements to make an orderly transfer of residents and to minimize the health risks; and

3.8.b.2.C. The placement action proposed to be taken for each person resident.

3.8.b.3. The administrator, upon request, shall provide the licensing agency with any additional information related to the transfer plan as well as follow-up reports regarding specific placement action.

3.8.b.4. The licensee shall not admit new residents after the date of the written notice required in this Section.

3.9. Availability of Reports and Records.

3.9.a. The director shall make available for public inspection and, upon request, provide hard copies at a cost of twenty-five cents (\$0.25) per page or electronically at a nominal cost, of the following documents:

3.9.a.1. Applications and exhibits;

3.9.a.2. Inspection reports;

3.9.a.3. Reports of investigations conducted in response to complaints; and

3.9.a.4. Any other reports filed with or issued by the director pertaining to the compliance of a nursing home with applicable laws, and rules.

3.9.b. If the director determines it is in the best interest of the public, the director may provide copies of records and reports free of charge to nonprofit community organizations upon written request.

3.9.c. The director shall treat a report of inspection of a nursing home as public information from the time an acceptable plan of correction is submitted.

3.9.d. If the nursing home does not submit a written plan of correction within the time specified by the director pursuant to Section 16 of this rule, reports pertaining to the nursing home shall be made public at the expiration of the specified time.

3.9.e. Other records and reports shall be treated as public information from the time they are submitted to or issued by the director.

3.9.f. Nothing contained in this Section shall be construed to require or permit the public disclosure of confidential medical, social, personal or financial records of any resident.

3.9.g. Before releasing a report or record considered to be public information, the director shall delete any confidential information regarding a resident that reasonably permits identification of the resident.

3.9.h. The director shall delete from complaints made available to the public under this Section any information required to be held confidential under subdivision 4.4.e. of this rule.

3.10. Nursing Home Licensing Advisory Council.

3.10.a. The director shall establish a licensing advisory council composed of licensed nursing home administrators, representatives of appropriate government agencies and consumers.

3.10.b. The composition of the council shall be determined by the director and be comprised of no less than ten (10) members and no more than fifteen (15) members.

3.10.c. The purpose of the council is to make recommendations to the director about regulatory issues and improvement of nursing home services.

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3.10.d. The council shall hold a meeting not less than semiannually, at least one (1) of which shall be held in a public setting and receive input from the public.

3.11. Transfer Agreements.

3.11.a. The nursing home shall have in effect a transfer agreement with one (1) or more hospitals approved for participation under the Medicare and Medicaid programs that reasonably assures:

3.11.b. Timely admission of a resident to the hospital when transfer is medically appropriate as determined by a physician; and

3.11.c. Medical and other information needed for care and treatment of residents is exchanged between the institutions.

3.12. Interpretive Guidelines.

3.12.a. The department may issue interpretive guidelines related to this rule and prior to the adoption and implementation of the guidelines, shall provide notice of a public comment period to all affected parties.

§64-13-4. Residents' Rights.

4.1. Nursing Home Policies and Procedures.

4.1.a. The governing body of a nursing home shall establish written policies and procedures regarding the rights and responsibilities of residents. The policies adopted shall be consistent with the provisions of this rule.

4.1.b. Through the administrator, the governing body is responsible for on-going development of and adherence to procedures implementing policies regarding the rights and responsibilities of residents.

4.1.c. A nursing home shall make its policies and procedures available upon request to:

4.1.c.1. Residents or potential residents; and

4.1.c.2. Legal representatives.

4.2. Duties of Staff.

4.2.a. All members of the nursing home staff shall ensure that every resident under their care is accorded all rights set forth in Sections 4 and 5 of this rule.

4.2.b. The nursing home staff shall at least annually receive training from or approved by the Department in the proper implementation of residents' rights policies under Paragraph 11.5.c.4 of this rule.

4.2.c. When the nursing home staff limits or restricts the rights of a resident for medical reasons, the staff will document the specific reasons for the limitation or restriction in the resident's medical record, and the specific period of time the limitation or restriction will be in place. The resident or the resident's legal representative shall authorize the limitation or restriction in writing.

4.3. Rights of Legal Representatives.

4.3.a. The rights and obligations established under this rule devolve to a resident's legal representative if, in accordance with applicable State law, the resident lacks capacity to exercise his or her rights and obligations.

4.3.a.1. If a legal representative has been appointed for, or designated by, any resident as having the authority to exercise on behalf of the resident one or more of the resident's rights under this rule, the nursing home shall afford the legal representative the full opportunity to exercise that authority.

4.3.a.2. A legal representative shall exercise his or her authority in conformance with State and federal law.

4.3.a.3. Nothing in this rule shall in any way be construed to diminish or deprive any person of any rights other than specifically provided in this rule.

4.3.b. If a resident is unable to make medical decisions:

4.3.b.1. In the case of a resident adjudged incompetent by the court, the nursing home shall notify the resident's legal representative to act on the resident's behalf;

4.3.b.2. In the case of a resident who has not been adjudged incompetent by the court, the nursing home may notify the resident's legal representative to act on the resident's behalf;

4.3.c. The nursing home shall make every reasonable effort to communicate the rights and obligations established under this rule directly to the resident.

4.3.d. If the rights of a resident have devolved to another person, the nursing home shall maintain documentation of the determination of incapacity or incompetence, in the residents medical record.

4.3.e. The nursing home shall maintain in the residents' medical record verification of the authority of the legal representative;

4.3.f. If the resident regains his or her capacity, the powers of the legal representative shall cease immediately.

4.4. Confidentiality and Access to Records and Information.

4.4.a. Confidential Treatment. The nursing home shall assure confidential treatment of each resident's personal and medical records and may approve or refuse their release to any person outside the nursing home, except in the case of his or her transfer to another health care institution, as required by law, or for a third party payment contract.

4.4.b. Access to Records. Upon an oral or written request, the nursing home shall provide to each resident access to all of his or her records, including current clinical records, within twenty-four (24) hours of the request.

4.4.b.1. Records may only be available during normal business operating hours, excluding weekends and holidays.

4.4.c. A resident may purchase, at a cost not to exceed twenty-five cents (\$0.25) per page, photocopies of the records or any portions of them, upon oral or written request to the nursing home.

4.4.c.1. The nursing home will provide the photocopied materials to the resident within two (2) working days of the request.

4.4.d. Access to Survey and Inspection Reports. Any person shall have the right to review the most recent and past state and federal inspection and complaint reports with the nursing home's plan of correction.

4.4.d.1. A nursing home shall make the results of surveys and inspections, as well as plans of correction, available for examination in a place readily accessible to residents and shall post a notice of their availability.

4.4.d.2. A nursing home may charge an amount not to exceed twenty-five cents (\$0.25) per page for copies of reports requested by any person.

4.4.e. A nursing home shall adopt policies and procedures that will protect the confidentiality of the resident as it relates to use of the resident's name and photographs.

4.5. Right for information. A nursing home shall:

4.5.a. Inform a resident of his or her rights and responsibilities under this rule and all rules governing resident conduct, prior to or at the time of admission and within thirty (30) days of any changes to the rules regarding residents' rights, and the resident shall acknowledge receipt of this information in writing.

4.5.b. Prominently display a copy of the residents' rights and responsibilities, the names, addresses, and

telephone numbers of all associated State agencies including licensing agencies, and State and local ombudsmen programs.

4.5.c. Reasonably accommodate residents with special communication needs such as hearing impairments and a primary language other than English to inform residents of their rights.

4.5.d. Inform a resident about:

4.5.d.1. The resident's medical condition, or if a resident is declared incapacitated in which case the legal representative shall be informed.

4.5.d.2. The resident's care and treatment, or if a resident is declared incapacitated, the legal representative shall be informed.

4.5.e. Inform a resident of the right to voice all grievances without discrimination or reprisal and promptly resolve a resident's grievances.

4.5.f. Self Administration of Drugs. A resident may self-administer drugs if the interdisciplinary team determines that self administration is safe. The interdisciplinary team shall review the self drug administration determination at least quarterly.

4.6. Refusal of Treatment and Experimental Research.

4.6.a. Refusal of Treatment. A resident has the right to refuse treatment and to refuse to participate in experimental research.

4.6.a.1. As provided under State law, a resident who has the capacity to make a health care decision and who either withholds consent to treatment or makes an explicit refusal of treatment, either directly or through an advance directive, shall not be treated against his or her wishes.

4.6.a.1.A. If the resident is unable to make a health care decision, a decision by the resident's legal representative to forego treatment is, subject to state law, equally binding on the nursing home.

4.6.a.1.B. When a refusal of treatment occurs, the nursing home shall assess the reasons for the resident's refusal, clarify and educate the resident, and in the case of incapacity, the legal representative, as to the consequences of the refusal, and offer alternative treatments, and continue to provide all other services.

4.6.a.1.C. The nursing home shall maintain documentation in the resident's medical record of the resident's refusal and the actions taken.

4.6.a.2. Refusal of Experimental Research. The resident shall have the opportunity to refuse to participate in experimental research prior to the start of the research.

4.6.a.2.A. The nursing home shall inform a resident being considered for participation in experimental research of the nature of the experiment and of the possible consequences for participation.

4.6.b. A nursing home shall not transfer or discharge a resident for refusing treatment unless criteria for transfer or discharge are met under Subsection 4.13 of this rule.

4.7. Written Information. A nursing home shall provide to residents a written description of a resident's legal rights which includes:

4.7.a. A description of the manner of protecting personal funds, under Subdivision 4.10.g. of this rule;

4.7.b. A description of the residents' financial obligation as explained to the residents prior to or at the time of admission, including residents' charges for services available, charges not covered under the Medicaid Program, or charges not included in the nursing home's basic rate;

4.7.c. A description of the requirements and procedures for Medicaid eligibility including information about the availability of asset assessments upon request at the county Department office;

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4.7.d. A list of names, addresses, and telephone numbers of the director, the Medicaid fraud control unit, and all related state client advocacy groups such as the ombudsmen program and the protection and advocacy network; and

4.7.e. A statement that the resident may file a complaint with the director concerning resident abuse, neglect, and misappropriation of resident property in the nursing home.

4.8. Advance Directives.

4.8.a. The resident has the right to execute an advance directive.

4.8.b. A nursing home shall maintain written policies and procedures regarding advance directives including:

4.8.b.1. Provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, execute an advance directive; and

4.8.b.2. A written description of the nursing home's policies implementing advance directives.

4.8.c. A nursing home shall only admit residents for which it has the capacity to administer care in accordance with the resident's advance directives, but can not require a resident to execute an advance directive as a condition of admission.

4.8.c.1. The nursing home shall notify the resident or legal representative of its inability to honor a resident's advance directive executed after admission to the nursing home and assist in finding appropriate alternative placement if he or she desires.

4.9. Right to Choose a Personal Physician.

4.9.a. The resident has the right to choose a personal physician, and to request and receive a second opinion from a physician of the resident's choice where significant alternatives for care or treatment exist or when the resident requests information concerning care or treatment alternatives.

4.9.a.1. The resident shall receive the information from his or her doctor or the administrator or his or her designee, as appropriate.

4.9.b. Upon admission, the nursing home shall provide the resident with the names of physicians who have attending privileges at the nursing home.

4.9.c. The nursing home shall provide written notice to the resident of the name, address, telephone number, and speciality of his or her attending physician at the time of admission and when any change in physician is made.

4.10. Management of Residents' Personal Funds.

4.10.a. The resident has the right to manage his or her own financial affairs, and the nursing home shall not require residents to deposit their personal funds with the nursing home.

4.10.b. Upon written authorization of a resident, the nursing home shall hold, safeguard, manage, and account for the personal funds of the resident deposited with the nursing home as specified in Subdivisions 4.10.c. through 4.10.f. of this Section.

4.10.c. Deposit of funds.

4.10.c.1. Funds in excess of fifty dollars (\$50).

4.10.c.1.A. A nursing home shall deposit any resident's personal funds in excess of fifty dollars (\$50) in an interest-bearing account (or accounts) that is separate from any of the nursing home's operating accounts and that credits all interest earned on a resident's funds to that account.

4.10.c.1.B. In pooled accounts, there shall be a separate accounting for each resident's share.

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4.10.c.2. Funds less than fifty dollars (\$50).

4.10.c.2.A. A nursing home shall maintain a resident's personal funds that do not exceed fifty dollars (\$50) in a non-interest bearing account, interest-bearing account, or petty cash fund.

4.10.d. Accounting and records:

4.10.d.1. A nursing home shall establish and maintain a system that assures a complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the nursing home.

4.10.d.2. The system shall preclude any co-mingling of a resident's funds with nursing home funds or with the funds of any person other than another resident.

4.10.d.3. The individual financial record shall be available through quarterly statements and on request to the resident or his or her legal representative.

4.10.d.3.A. For any transaction from a resident's account, the nursing home shall provide the resident with a receipt and retain a copy of the receipt..

4.10.d.3.B. The nursing home shall administer the funds on behalf of the resident in the manner directed by the resident or in the case of incapacity, the legal representative.

4.10.e. Notice of certain balances.

4.10.e.1. A nursing home shall notify each resident who receives Medicaid benefits:

4.10.e.1.A. When the amount in the resident's account reaches two hundred dollars (\$200) less than the Supplemental Security Income (SSI) resource limit for one person; and

4.10.e.1.B. The amount in the account, in addition to the value of the resident's other non-exempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.

4.10.f. Conveyance upon death or discharge.

4.10.f.1. Upon the death or discharge of a resident with personal funds deposited with the nursing home, the nursing home shall convey, within thirty (30) days, the resident's funds, and a final accounting of those funds, to the discharged resident, or to the person or probate jurisdiction administering the resident's estate.

4.10.g. Assurance of financial security.

4.10.g.1. A nursing home shall purchase a bond or obtain and maintain commercial insurance with a company licensed in the State of West Virginia if the nursing home in any one month handles an amount greater than thirty-five dollars (\$35) per resident per month in the aggregate.

4.10.g.1.A. The sum of the bond or insurance shall be at least one and twenty-five one-hundredths (1.25) times the average amount of residents' funds deposited with the nursing home during the nursing home's previous fiscal year. Reference Table 64-13B of this rule.

4.10.g.1.B. The insurance policy shall specifically designate the resident as the primary beneficiary or payee for reimbursement of lost funds.

4.10.g.1.C. A nursing home shall reimburse the resident, within thirty (30) days, for any losses and seek its reimbursement through the bond or insurance.

4.10.g.1.D. A nursing home is responsible for any insurance deductible.

4.10.g.1.E. The director may require a nursing home to file an additional bond or purchase additional insurance in the following circumstances:

4.10.g.1.E.1. When the director determines that the amount of the bond or insurance is insufficient to protect the residents' money; or

4.10.g.1.E.2. When the amount of the bond or insurance is impaired by recovery against it.

4.10.g.1.F. When a nursing home ceases to handle residents' funds in amounts that require a bond or insurance, the director shall allow the release of the bond or insurance upon the nursing home providing an accounting to the residents.

4.10.g.1.G. When a nursing home determines, on the basis of medical judgement, that a resident is unable to manage his or her financial affairs and does not have a legal financial representative, the nursing home shall notify the resident's next of kin to initiate guardianship, conservatorship or incompetency proceedings.

4.10.g.1.H. A nursing home may initiate guardianship, conservatorship or incompetency proceedings on behalf of the resident if the resident has no next of kin or if the next of kin, once notified, fails to act.

4.10.g.1.I. An employee of a nursing home, or a person or his or her spouse having a financial interest in the nursing home, shall not serve as a resident's legal representative unless the employee or person is related to the resident within the degree of consanguinity of second cousin or unless the nursing home has been named temporary legal representative payee.

4.11. Resident Work.

4.11.a. A resident has the right to refuse to perform services for the nursing home, and a resident has the right to perform services for the nursing home if he or she chooses when:

- 4.11.a.1. The nursing home has documented the need or desire for work in the resident plan of care;
- 4.11.a.2. The resident plan of care specifies the nature of the services to be performed and whether the services are voluntary or paid;
- 4.11.a.3. Compensation for paid services is at or above prevailing rates for the services; and
- 4.11.a.4. The resident agrees to the work arrangement described in the resident plan of care.

4.12. Bed-Hold and Readmission Rights.

4.12.a. Upon payment of the nursing home's bed-hold rate or in the case of Medicaid residents, in accordance with the policy and procedure currently prescribed by the State plan, a resident has the right to retain the bed in which he or she is a resident. The nursing home shall notify a resident in writing at the time of admission and hospitalization or leave of absence, of the bed-hold policy.

4.12.b. After a hospitalization or a leave of absence for which there was no bed-hold, a former resident has the right to be re-admitted to the first available bed in a semi-private room in the nursing home from which he or she came, if the resident requires the services provided by the nursing home.

4.12.b.1. If a former resident wishes to return to the nursing home and meets the requirements for coverage under the Medicare program, the resident may be placed in a bed certified to participate in that program.

4.12.b.2. If the nursing home is not certified under the Medicare program and the resident chooses placement in a nursing home providing Medicare coverage, the resident may be placed on a waiting list for readmission to the nursing home after Medicare coverage has ceased if the nursing home can provide the necessary services to the former resident.

4.13. Admission, Transfer and Discharge.

4.13.a. Refusal of Certain Transfers. A resident has the right to refuse a transfer to another room within the nursing home if the purpose of the transfer is to relocate:

- 4.13.a.1. A resident of a Medicare certified skilled nursing home (SNF) from the distinct part of the

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institution that is a SNF to a part of the institution that is not a SNF; or

4.13.a.2. A resident of a non-Medicare certified nursing home (NF), from the distinct part of the institution that is a NF to a distinct part of the institution that is a SNF.

4.13.b. Transfer and discharge requirements. The nursing home shall permit each resident to remain in the nursing home, unless:

4.13.b.1. The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the nursing home;

4.13.b.2. The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the nursing home;

4.13.b.3. The health or safety of persons in the nursing home is endangered;

4.13.b.4. The resident has failed, after reasonable and appropriate notice, to pay for a stay at the nursing home; or

4.13.b.5. The nursing home ceases to operate.

4.13.c. Documentation.

4.13.c.1. When a nursing home transfers or discharges a resident, the resident's clinical record shall contain the reason for the transfer or discharge.

4.13.c.2. The documentation shall be made by the resident's physician when transfer or discharge is necessary under paragraphs 4.13.b.1 through 4.13.b.3 of this Subsection.

4.13.d. Notice before transfer or discharge. Before a nursing home transfers or discharges a resident, it shall:

4.13.d.1. Provide written notice to the resident or his or her legal representative as appropriate, of the transfer or discharge. The notice shall be in a language the resident understands and shall include the following:

4.13.d.1.A. The reason for the proposed transfer or discharge;

4.13.d.1.B. The effective date of the proposed transfer or discharge;

4.13.d.1.C. The location or other nursing home to which the resident is being transferred or discharged;

4.13.d.1.D. A statement that the resident has the right to appeal the action to the State Board of Review, with the appropriate information regarding how to do so;

4.13.d.1.E. The name, address and telephone number of the State long term care ombudsman;

4.13.d.1.F. For nursing home residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled persons; and

4.13.d.1.G. For nursing home residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill persons.

4.13.e. Time of notice. The notice of transfer or discharge shall be made by the nursing home at least thirty (30) days before the resident is discharged or transferred, except the notice shall be made as soon as practicable before a transfer or discharge when:

4.13.e.1. The discharge is to a community setting in accordance with Subdivision 4.13.g. of this Subsection.;

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- 4.13.e.2. The safety of persons in the nursing home would be endangered;
- 4.13.e.3. The health of persons in the nursing home would be endangered;
- 4.13.e.4. The resident's health improves sufficiently to allow a more immediate transfer or discharge;
- 4.13.e.5. An immediate transfer or discharge is required by the resident's urgent medical needs; or
- 4.13.e.6. A resident has not resided in the nursing home for thirty (30) days.

4.13.f. Orientation for Transfer or Discharge.

4.13.f.1. A nursing home shall provide sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the nursing home.

4.13.f.2. Involuntary Transfer. In the event of an involuntary transfer, the nursing home shall assist the resident or legal representative or both in finding a reasonably appropriate alternative placement prior to the proposed transfer or discharge and by developing a plan designed to minimize any transfer trauma to the resident.

4.13.f.2.A. The plan may include counseling the resident, or legal representative or both regarding available community resources and taking steps under the nursing home's control to assure safe relocation.

4.13.g. Discharge to a Community Setting.

4.13.g.1. A nursing home shall not discharge a resident requiring the nursing home's services to a community setting against his or her will.

4.13.g.2. A nursing home shall document that a resident who was voluntarily discharged to a community setting fully understood all options for care and helped develop a plan of care in anticipation of the resident's discharge.

4.13.g.3. Each resident shall understand fully the right to refuse a discharge.

4.14. Equal Access to Quality Care.

4.14.a. Each resident or person requesting admission to a nursing home shall be free from discrimination by the nursing home, unless the discrimination:

4.14.a.1. Is the result of the nursing home not being able to provide adequate and appropriate care, and treatment and services to the resident or applicant due to the resident's or applicant's history of mental or physical disease or disability; and

4.14.a.2. Is not contrary to a federal or State law, regulation or rule:

4.14.a.2.A. That prohibits the discrimination; or

4.14.a.2.B. That requires the care to be provided if the nursing home participates in a financial program requiring the admittance or continued residence of the person.

4.14.b. For all persons, regardless of source of payment, a nursing home shall establish and maintain a set of policies and procedures regarding admission, transfer, discharge and the provision of services.

4.14.c. Civil Rights.

4.14.c.1. A nursing home shall not segregate a resident, give separate treatment, restrict the enjoyment of any advantage or privilege enjoyed by others in the nursing home, or provide any aid, care services, or other benefits that are different from or are provided in a different manner from those provided to others in the nursing home on the grounds of race, color, religion or national origin, age, disability, sex or other protected status.

4.14.c.2. A nursing home shall not deny admission to a prospective resident on the grounds of race, religion or national origin, age, disability, sex or other protected status.

4.15. Admissions and Payment Policy.

4.15.a. A nursing home shall not require:

4.15.a.1. Residents or potential residents to waive their rights to Medicare or Medicaid; and

4.15.a.2. Oral or written assurance that residents or potential residents are not eligible for, or will not apply for, Medicare or Medicaid benefits.

4.15.b. Third Party Guarantee. A nursing home shall not require a third party guarantee of payment to the nursing home as a condition of admission or expedited admission, or continued stay in the nursing home.

4.15.b.1. A nursing home, however, may require for admission or for continued stay of the resident, that a person who has legal right and access to a resident's income or resources available to pay for care to sign a contract, without incurring personal financial liability, to provide payment from the resident's income or resources.

4.15.c. A nursing home shall fully inform each resident prior to or at the time of admission and during his or her stay, of services available in the nursing home and of related charges, including any charge for services not covered under Medicare or Medicaid, or not covered by the nursing home's basic per diem rate, including the nursing home's policy on providing toiletries, adult briefs, wheelchairs, and all personal care and medical items.

4.15.c.1. A nursing home may charge any amount for services furnished to non-Medicaid residents consistent with this paragraph.

4.15.c.2. Medicaid residents and their legal representatives shall be informed that if they desire a private room, they may privately supplement the Medicaid payment by directly paying the facility the difference between the semi-private room rate and the private room rate.

4.15.d. A nursing home shall inform residents in writing about Medicaid and Medicare eligibility and what is covered under those programs including information on resource limits and allowable uses of the resident's income for items and services not covered by Medicaid and Medicare.

4.15.e. In the case of a person eligible for Medicaid, a Medicaid/Medicare approved nursing home shall not charge, solicit or accept, or receive, in addition to any amount otherwise required to be paid under the State Medicaid Plan, any gift, money, donation, or other consideration as a precondition of admission, expedited admission or continued stay in the nursing home.

4.15.e.1. A nursing home may charge a resident who is eligible for Medicaid for items and services the resident has requested and received, and that are not specified in the State Medicaid Plan as included in the term "nursing home services" if the nursing home gives proper notice of the availability and cost of these services to residents and does not condition the resident's admission or continued stay on the request for or receipt of such additional services.

4.15.e.2. A nursing home may solicit, accept, or receive a charitable, religious, or philanthropic contribution from an organization or from a person unrelated to a Medicaid eligible resident or potential resident, but only to the extent that the contribution is not a condition of admission, expedited admission, or continued stay in the nursing home for a Medicaid eligible resident.

4.15.f. A nursing home shall give the resident a thirty (30) day notice when changes are made to items and services specified in Subdivisions 4.16.c. and 4.16.d. of this Subsection.

4.16. Freedom from Restraints and Abuse.

4.16.a. General. Each resident shall be free from mental and physical abuse, and free from chemical and physical restraints except when the restraint is authorized in writing by a physician for a specified and limited period of time, except under emergency circumstances.

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4.16.a.1. The restraint is necessary to protect the resident from injury to himself or others; or

4.16.a.2. The restraint is used as a therapeutic intervention or enabler for specified periods of time to attain and maintain the resident's highest practicable physical, mental or psychosocial well-being.

4.16.b. Restraints.

4.16.b.1. Assessments.

4.16.b.1.A. Before a resident is restrained, the nursing home shall conduct and document a comprehensive restraint assessment that includes:

4.16.b.1.A.1. Identifying the behaviors or clinical indications for why the resident may be a candidate for use of a restraint. The resident, and in the case of incapacity, the resident's legal representative, shall be involved throughout this process, as well as appropriate disciplines, as indicated based on the resident's needs;

4.16.b.1.A.2. Identifying the causal factors;

4.16.b.1.A.3. Identifying, assessing, and attempting restraint free interventions that are appropriate for the person; and

4.16.b.1.A.4. The following, if alternatives to restraints are not found to be practicable:

4.16.b.1.A.4.(a). A full explanation to the resident, and in the case of incapacity, the resident's legal representative, of the reasons for using the restraint, the benefits and risks of the restraint, and the obtaining of written consent from the resident, and in the case of incapacity, the resident's legal representative;

4.16.b.1.A.4.(b). Documentation that the use of the restraint will enhance the resident's quality of life and functional abilities and is clinically beneficial; and

4.16.b.1.A.4.(c). An assessment of the resident to identify the least restrictive type of restraint that will provide for the resident's needs.

4.16.b.2. Physician's order.

4.16.b.2.A. After a comprehensive restraint assessment indicates the need for a restraint and the resident's attending physician concurs, the resident's attending physician shall write an order to be included in the resident's plan of care specifying the type, precise application, circumstances and duration of the restraint.

4.16.b.3. The resident's plan of care shall include, at a minimum:

4.16.b.3.A. The type and size of restraint that is to be used;

4.16.b.3.B. When the restraint is to be used;

4.16.b.3.C. For physical restraints, a schedule of release time and what individualized activity is to be provided during that period of time; and

4.16.b.3.D. A systematic and gradual process to reduce the restraint or eliminate it, or both.

4.16.b.4. Application. Nursing home staff shall apply the physical restraints in accordance with the manufacturer's instructions and in a manner to allow for quick release.

4.16.b.5. Monitoring and release. Nursing home staff shall directly monitor a resident who has been restrained at least every half hour and shall be released from the restraint at least every two (2) hours and provided exercise, toileting, and skin care.

4.16.b.6. Policies and procedures. A nursing home shall establish and implement policies and procedures for restraint use.

4.16.b.7. Emergency.

4.16.b.7.A. In the case of an emergency, licensed nursing personnel authorized by the nursing home in writing may order the use of a physical restraint for a specified and limited period of time not to exceed twenty-four (24) hours until the resident's attending physician can be notified of the resident's condition requiring the emergency application.

4.16.b.7.B. Continued use is subject to the same evaluation process described in this Subdivision and shall be ordered by the resident's attending physician.

4.16.c. Abuse.

4.16.c.1. A resident has the right to be free from verbal, sexual, physical, and mental abuse, financial exploitation, discrimination, denial of privileges, corporal punishment and involuntary seclusion.

4.16.c.2. Staff treatment of residents.

4.16.c.2.A. The nursing home shall develop and implement written policies and procedures that prohibit neglect, abuse of residents, and misappropriation of resident property.

4.16.c.3. A nursing home shall not employ persons who have:

4.16.c.3.A. Been found guilty of abusing, neglecting, exploiting or mistreating residents, incapacitated adults or children by a court of law; or

4.16.c.3.B. Had a finding entered into the Certified Nursing Assistant Registry or the West Virginia Adult Abuse Registry concerning abuse, neglect, exploitation or mistreatment of residents or misappropriation of their property.

4.16.c.4. A nursing home shall report any knowledge it has of actions by a court of law against an employee, that would indicate unfitness for service as a nurse aide or other nursing home staff to the West Virginia Certified Nursing Assistant Registry or the appropriate licensing authority and the director.

4.16.c.4.A. Actions by a court of law which indicate unfitness for service include a substantiated charge of abuse, neglect or exploitation against an employee, or conviction of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes related to public welfare, in any jurisdiction within or outside of the State of West Virginia.

4.16.c.5. A nursing home shall ensure that all alleged violations involving mistreatment, neglect, exploitation or abuse, including injuries of unknown source, and misappropriation of resident property are reported in accordance with State law.

4.16.c.6. A nursing home shall document that all alleged violations are thoroughly investigated and shall take appropriate steps to prevent further potential abuse while the investigation is in progress.

4.16.c.7. The results of all investigations shall be reported to the administrator or his or her designated representative and to other officials in accordance with State law, including the director within five (5) working days of the incident, and if the alleged violation is verified appropriate corrective action shall be taken.

4.17. Complaint Procedures.

4.17.a. A nursing home shall develop and implement written procedures for registering and responding to complaints by residents, their legal representatives and the public.

4.17.b. A nursing home shall designate an employee to be responsible for receiving complaints.

4.17.c. A nursing home shall establish a method to inform the administrator of all complaints.

4.17.d. A nursing home shall establish a process for investigation and assessment of the validity of all complaints.

4.17.e. A nursing home shall provide a mechanism to record all complaints received and any action taken on them and to communicate the findings or outcomes to the resident, or the resident's legal representative,

making the complaint.

4.17.f. A nursing home shall assure that careful consideration is given to each complaint even when it has been made by a person who often makes complaints having no valid basis.

4.17.g. A nursing home shall establish a program to assure that its personnel are familiar with complaint policies and procedures.

4.17.h. A nursing home shall establish a program to educate residents and their legal representatives about the nursing home's complaint policies and procedures.

§64-13-5. Quality of Life.

5.1. A nursing home shall care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life.

5.2. Dignity.

5.2.a. Each resident shall be treated with consideration and respect and with full recognition of his or her dignity and individuality.

5.2.b. The resident shall have the exclusive right to use and enjoy his or her personal property, and the property shall not be used by other residents or staff without the express permission of the resident.

5.3. Privacy.

5.3.a. Communication. A resident may associate and communicate privately with persons of his or her choice.

5.3.b. Mail. A resident shall receive his or her personal mail unopened unless a request to the contrary has been made to the staff by the resident.

5.3.c. Married Couples. A married resident shall be assured privacy for visits by his or her spouse. A resident has the right to share a room with his or her spouse when married residents live in the same nursing home and both spouses consent to the arrangement.

5.4. Telephone. A resident shall be assured reasonable access to a telephone located in a quiet area where the resident can conduct a private conversation without being overheard or disturbed by others.

5.5. A resident has the right to personal privacy regarding accommodations, medical treatment, written communications, personal care, visits, and meetings of family and resident groups, but this does not require the nursing home to provide a private room for each resident.

5.6. Self-Determination and Participation. The resident has the right to:

5.6.a. Choose activities, schedules, and health care consistent with his or her interests, assessments and plans of care;

5.6.b. Interact with members of the community both inside and outside the nursing home;

5.6.c. Make choices about aspects of his or her life in the nursing home that are significant to the resident;

5.6.d. Retain and use personal clothing and possessions and make his or her room as homelike as possible, according to his or her individual tastes and desires taking into consideration, space limitations, other residents' rights, and safety and sanitation issues.

5.6.d.1. A nursing home may specify in the admission contract the nursing home's liability for a residents personal clothing and possessions;

5.6.e. Practice their religion and religious beliefs as they choose, as long as it does not impinge upon the

rights of others; and

5.6.f. Participate in planning care and treatment.

5.7. Access and Resident and Family Groups and Councils. Each resident shall be encouraged and assisted with exercising his or her rights as a resident of the nursing home and as a citizen or resident of the United States. The resident shall be assisted with voicing grievances and recommending changes in policies and services without fear of reprisal, interference, coercion, punishment, or discrimination.

5.7.a. Access and Visitation Rights.

5.7.a.1. A nursing home shall not deny a resident immediate access to, and shall provide immediate access to a resident by:

5.7.a.1.A. A representative of a government agency with jurisdiction over some aspect of the nursing home;

5.7.a.1.B. The ombudsman; and

5.7.a.1.C. Any other individual, whether the individual is a relative or a non-relative, of the resident's choosing.

5.7.a.2. A person entering a nursing home, other than a representative of the director, who has not been invited by a resident or a resident's legal representative shall:

5.7.a.2.A. Promptly advise the administrator or other available agent of the nursing home of his or her presence;

5.7.a.2.B. Not enter the living area of a resident without identifying him or herself to the resident and without receiving the resident's permission to enter;

5.7.a.2.C. Terminate a visit with a resident upon request of the resident;

5.7.a.2.D. Not disclose communications with a resident unless the resident authorizes disclosure;

5.7.a.2.E. Be permitted to visit all areas of the nursing home except:

5.7.a.2.E.1. Living areas of a resident who objects;

5.7.a.2.E.2. Business records of the nursing home unless the administrator consents;

5.7.a.2.E.3. Personal and medical records of the resident, unless the resident or in case of incapacity, the resident's legal representative, consents in writing;

5.7.a.2.E.4. Food service areas requiring sanitary conditions;

5.7.a.2.E.5. A pharmaceutical or secure area; or

5.7.a.2.E.6. Any other areas where inspection might endanger any person or might invade the privacy of any employee or resident.

5.7.a.3. A nursing home shall establish visiting hours consisting of at least eight (8) hours per day between 8:00 a.m. and 8:00 p.m., seven (7) days a week.

5.7.a.3.A. Visiting hours shall be posted conspicuously in a public place in the nursing home.

5.7.a.4. Relatives, non-relatives of the resident's choosing, and members of the clergy shall be permitted to visit a seriously ill resident without restriction to the extent possible.

5.7.b. Resident's Refusal.

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5.7.b.1. The resident has the right to refuse a visit and the visit shall be terminated upon the resident's request.

5.7.b.2. In the case of an incapacitated person, the legal representative may refuse visits on behalf of the resident only if the legal representative demonstrates that the visits have a harmful effect on the resident. All relevant information shall be documented in the resident's medical record.

5.7.c. Administration's Exclusion.

5.7.c.1. The administrator or designee in charge of the nursing home may refuse a visitor access or require the visitor to leave only if:

5.7.c.1.A. In the judgment of the administrator, or his or her designee, the presence of the visitor is detrimental to the health, safety, or welfare of the resident or other residents or the visitor or the functioning of the nursing home;

5.7.c.1.B. Access is sought for financial solicitation or commercial purposes, or;

5.7.c.1.C. A resident does not wish the visitor to stay.

5.7.c.2. The restriction and the reasons for it shall be documented and kept on file.

5.7.d. Resident and Family Groups and Councils.

5.7.d.1. Residents have the right to organize, maintain, and participate in resident groups in the nursing home.

5.7.d.2. A resident's family has the right to meet in the nursing home with the families of other residents.

5.7.d.3. The nursing home shall provide a resident or family group with private space for meetings.

5.7.d.4. The nursing home shall provide assistance for resident or family group meetings, if requested.

5.7.d.5. Staff or visitors may attend resident or family group meetings only at the group's invitation.

5.7.d.6. The nursing home shall respond in writing to oral and written requests from resident and family council meetings. Resident councils and family councils shall be encouraged to make recommendations regarding nursing home policies.

5.7.d.7. The nursing home shall provide a designated staff person responsible for providing assistance and responding to written requests that result from group meetings.

5.7.d.8. When a resident or family group exists, the nursing home shall listen to the views and act upon the grievances and recommendations of residents and families concerning proposed policy and operational decisions affecting resident care and life in the nursing home.

5.8. Participation in Other Activities.

5.8.a. A resident has the right, at his or her discretion, to participate in social, religious, and community activities that do not interfere with the rights of other residents in the nursing home.

5.9. Accommodation of Residents' Needs.

5.9.a. A resident has the right to reside and receive services in the nursing home with reasonable accommodations for individual needs and preferences, except when the health or safety of the person or other residents would be endangered.

5.9.b. A resident has the right to receive notice before the resident's room or roommate in the nursing home is changed and to be informed of the reason for the change. The nursing home shall make efforts to assure

that the changes are effected with the least disruption to the resident's life.

5.10. Activities.

5.10.a. The nursing home shall provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. The ongoing program of activities shall provide for evening and weekend activities.

5.10.b. The activities program shall be directed by a person who:

5.10.b.1. Is a qualified therapeutic recreation specialist or activities professional who has two (2) years of experience in a social or recreational program within the last five (5) years, one (1) of which was full-time in a resident activities program in a health care setting; or

5.10.b.2. Is a qualified occupational therapist or occupational therapy assistant or

5.10.b.3. Has demonstrated the ability to provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident; and has completed a training course approved by the State.

5.10.c. If the intended activities director does not meet the requirements above, he or she shall require regularly scheduled consultation by a person who meets the qualifications described in Subdivision 5.10.c.1. of this rule. The consultation by a qualified consultant may continue until the time a candidate can meet the required qualifications, but not for more than a period of twelve (12) months from the date of hire.

5.10.c.1. A qualified activities consultant is a qualified professional who is a qualified therapeutic recreation specialist or activities professional who is licensed, registered or certified, if applicable, and has three years of experience in a social or recreational program. This person shall:

5.10.c.1.A. Visit the nursing home as indicated by the needs of the nursing home and its residents, but not less than eight (8) hours quarterly; and

5.10.c.1.B. Provide a written, dated report, containing the time and duration of the visit and a summary of the findings with recommendations for improvements in the program to the administrator and the activities director, within ten (10) working days of the completion of the onsite visit.

5.10.d. The duties of the activities director shall include:

5.10.d.1. Developing the nursing home's recreational and activities plan; organizing and directing the program, developing and implementing a written monthly activities calendar at least one (1) month in advance; completing an accurate resident assessment and care plan; documenting participation or nonparticipation in activities and reasons for nonparticipation as it relates to the resident's care plan; and maintaining a current record of community services, resources, programs, and nursing home materials available to the residents, staff, and families; and

5.10.d.2. Designing an activities program to restore, maintain, and improve functioning and well-being in conjunction with the care plan for the individual resident.

5.11. Social Services.

5.11.a. The nursing home shall provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

5.11.b. A nursing home with sixty (60) or more beds shall employ a qualified social worker on a full-time basis.

5.11.c. A qualified social worker is a person with:

5.11.c.1. A license to practice social work in the State of West Virginia; and

5.11.c.2. Who has a demonstrated ability to provide medically-related social services to attain or

maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

§64-13-6. Resident Assessment.

6.1. The nursing home shall conduct a comprehensive, accurate, standardized, and reproducible assessment of each resident's functional capacity.

6.2. Admission Orders.

6.2.a. At the time each resident is admitted, the nursing home shall have physician orders for the resident's immediate care.

6.3. Comprehensive Assessments.

6.3.a. The nursing home shall make a comprehensive assessment of a resident's needs which:

6.3.a.1. Is based on a uniform data set and instrument specified by the director; and

6.3.a.2. Describes the resident's capability to perform daily life functions and any significant impairments in functional capacity.

6.3.b. The comprehensive assessment shall include the resident's:

6.3.b.1. Identification and demographic information;

6.3.b.2. Customary routine;

6.3.b.3. Cognitive patterns;

6.3.b.4. Communication;

6.3.b.5. Vision;

6.3.b.6. Mood and behavior patterns;

6.3.b.7. Psychosocial well-being;

6.3.b.8. Physical functioning and structural problems;

6.3.b.9. Continence;

6.3.b.10. Disease diagnosis and health conditions;

6.3.b.11. Dental and nutritional status;

6.3.b.12. Skin conditions;

6.3.b.13. Activity pursuit;

6.3.b.14. Medications;

6.3.b.15. Special treatments and procedures;

6.3.b.16. Discharge potential;

6.3.b.17. Documentation and summary information regarding the additional assessment performed through the resident assessment protocols.

6.3.b.18. Documentation of participation in assessment.

6.3.c. Frequency. Comprehensive assessments shall be conducted:

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6.3.c.1. No later than fourteen (14) days after the date of admission;

6.3.c.2. Within fourteen (14) days after the facility determines, or should have determined that there has been a significant change in the resident's physical or mental condition; and

6.3.c.3. In no case less often than every three hundred sixty-six (366) days.

6.3.d. Review of Assessments. A nursing home shall examine each resident no less than once every ninety-two (92) days, and as appropriate, revise the resident's assessment to assure the continued accuracy of the assessment.

6.3.e. Use. The nursing home shall use the results of the assessment to develop, review, and revise the resident's comprehensive plan of care under Section 7 of this rule.

6.3.f. Coordination. A nursing home shall coordinate assessments with any State-required pre-admission screening program to the maximum extent practicable to avoid duplicative testing and effort.

6.4. Accuracy of Assessments.

6.4.a. Each assessment shall be conducted or coordinated with the appropriate participation of health professionals.

6.4.b. Each assessment shall be conducted or coordinated by a registered nurse who signs and certifies the completion of the assessment.

6.4.c. Each person who completes a portion of the assessment shall sign and certify the accuracy of that portion of the assessment.

6.4.d. Civil money penalty for falsification.

6.4.d.1. A person who willfully and knowingly certifies (or causes another person to certify) a material and false statement in a resident assessment is subject to civil money penalties.

6.4.e. Use of independent assessors.

6.4.e.1. If the director determines, under an inspection or otherwise, that there has been a knowing and willful certification of false statements under Subdivision 6.3.c. of this rule the director may require (for a period specified by the director) that resident assessments under this section be conducted and certified by persons who are independent of the nursing home and who are approved by the director.

§64-13-7. Comprehensive Care Plans.

7.1. Development of the Care Plan.

The nursing home shall develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, mental and psychosocial needs that are identified in the comprehensive assessment.

7.1.a. The comprehensive care plan shall describe the following:

7.1.a.1. The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under Section 8 of this rule; and

7.1.a.2. Any services that would otherwise be required under Sections 4 and 5 of this rule, but are not provided due to the resident's exercise of rights including the right to refuse treatment.

7.2. Timing of the Care Plan and Participation Requirements.

7.2.a. A comprehensive care plan shall be:

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7.2.a.1. Developed within seven (7) days after the completion of the comprehensive assessment;

7.2.a.2. Prepared by an interdisciplinary team, which includes the attending physician, a registered nurse with responsibility for the resident, other appropriate staff in disciplines as determined by the resident's needs, and to the extent practicable, the participation of the resident and the resident's family with the consent of the resident or the resident's legal representative; and

7.2.a.3. Periodically reviewed and revised by a team of appropriate persons after each assessment.

7.3. Services Provided Under a Care Plan.

7.3.a. The services provided or arranged by the nursing home shall:

7.3.a.1. Meet professional standards of quality; and

7.3.a.2. Be provided by qualified persons in accordance with each resident's written plan of care.

7.4. Plans for Care and Medical Records.

7.4.a. Plans for care.

7.4.a.1. The resident's plan of care shall be developed for each resident upon admission and maintained by the nursing service in cooperation with all other services.

7.4.a.2. The plan of care shall provide a profile of the needs of the individual resident, identify the role of each service in meeting those needs, and the supportive measures each service will use to complement each other service in the accomplishment of the overall goal of care.

7.4.a.3. The plan of care plan shall be in writing and contain at least the following:

7.4.a.3.A. The goals to be accomplished;

7.4.a.3.B. Individually designed activities to meet the goals;

7.4.a.3.C. Therapies;

7.4.a.3.D. Treatments, including diet requirements; and

7.4.a.3.E. A statement of which discipline, or professional service person is responsible for each element prescribed in the plan.

7.4.a.4. A nursing home shall have written policies and procedures to ensure that through the resident care conferences or other means of coordination, the resident care plan shall be reviewed and revised as needed, but at least quarterly. The review shall be noted in the medical record.

7.4.a.5. Policies and procedures shall delineate the rules and responsibilities of each service in relation to the resident care plan.

7.4.a.6. The resident care plan shall be available for use by all personnel caring for the resident.

7.4.a.7. Relevant information from the resident care plan shall be made available with other information that is conveyed when the resident is transferred to another nursing home, an acute care facility or referred for continuing care by other agencies upon discharge to the community.

7.4.a.8. The nursing home shall maintain a discharge plan for each resident and shall include at least the following:

7.4.a.8.A. An initial assessment including discharge potential and goals, completed at admission or within no more than seven (7) days after admission;

7.4.a.8.B. Relevant information concerning such areas as nursing assessment, social history,

rehabilitation potential, resident's needs at discharge and available community resources; and

7.4.a.8.C. Periodic review and re-evaluation on a monthly basis for the first three (3) months after admission and then at least quarterly.

7.4.b. Discharge.

7.4.b.1. General. When a resident is discharged to another nursing home or location or to his or her home, the nursing home shall prepare a discharge summary prior to the discharge. The summary shall be conveyed to the receiving nursing home or location at the time of discharge. The summary shall include:

7.4.b.1.A. The resident's name and identifying number;

7.4.b.1.B. The name of the attending physician;

7.4.b.1.C. The date of admission;

7.4.b.1.D. The date of discharge;

7.4.b.1.E. A provisional and final diagnosis;

7.4.b.1.F. The course of treatment and care in the nursing home;

7.4.b.1.G. Pertinent diagnostic findings;

7.4.b.1.H. Essential information regarding the resident's illness or problems;

7.4.b.1.I. Restorative procedures;

7.4.b.1.J. Medication instructions; and

7.4.b.1.K. The nursing home, agency or location to which the resident was discharged:

7.4.b.2. Anticipated Discharge. When a discharge is anticipated, a nursing home shall prepare for the resident a discharge summary that includes:

7.4.b.2.A. A recapitulation of the resident's stay;

7.4.b.2.B. A final summary of the resident's status to include items in Subdivision 6.2.b. of this rule, prepared at the time of the discharge, that is available for release to authorized persons and agencies with the consent of the resident or legal representative;

7.4.b.2.C. Thirty (30) day notification of the discharge as appropriate and in compliance with other provisions of this rule; and

7.4.b.2.D. If the resident is discharged to his or her home, the resident shall be given appropriate information concerning his or her needs for care and medications including a post-discharge plan of care that is developed with the participation of the resident and his or her family, which will assist the resident to adjust to his or her new living environment.

7.4.b.3. The death of a resident shall be reported immediately to the attending physician and to the resident's legal representative and family as relevant.

7.4.b.3.A. The discharge summary shall include the requirements specified in this rule.

7.4.b.4. A nursing home shall complete medical records promptly within a time period specified in the nursing homes policies and procedures manual, not to exceed thirty (30) days after the resident is discharged.

7.4.b.4.A. The discharge summary shall contain a dated physician's signature.

§64-13-8. Quality of Care.

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8.1. Each resident shall receive, and the nursing home shall provide, the necessary care and services to attain or maintain the highest practicable physical, spiritual, mental, and psychosocial well-being of the residents, in accordance with the comprehensive assessment and plan of care.

8.2. Activities of Daily Living. Based on the comprehensive assessment of a resident, the nursing home shall ensure that:

8.2.a. A resident's abilities in activities of daily living do not diminish unless circumstances of the resident's clinical condition demonstrate that diminution was unavoidable. Activities of daily living include the resident's ability to:

8.2.a.1. Bathe, dress, and groom;

8.2.a.2. Transfer and ambulate;

8.2.a.3. Use the toilet;

8.2.a.4. Eat; and

8.2.a.5. Use speech, language, or other functional communication systems.

8.2.b. A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in Subdivision 8.2.a. of this rule.

8.2.b.1. Assistive devices. The nursing home shall provide special eating equipment and utensils for residents who need them.

8.2.b.2. The nursing home shall evaluate residents having potential to benefit from the assistive devices to assure that the assistive devices meet the residents' needs; and

8.2.c. A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.

8.3. Vision and Hearing.

8.3.a. To ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities, the nursing home shall, if necessary, assist the resident:

8.3.a.1. In making appointments; and

8.3.a.2. By arranging for transportation to and from the office of a practitioner specializing in the treatment of vision or hearing impairment or the office of a professional specializing in the provision of vision or hearing assistive devices.

8.4. Pressure Sores. Based on the comprehensive assessment of a resident, the nursing home shall ensure that:

8.4.a. A resident who enters the nursing home without pressure sores does not develop pressure sores unless the resident's clinical condition demonstrates that they were unavoidable; and

8.4.b. A resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.

8.5. Urinary Incontinence. Based on the resident's comprehensive assessment, the nursing home shall ensure that:

8.5.a. A resident who enters the nursing home without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization is necessary;

8.5.b. A resident who has an in-dwelling catheter has a documented medical reason for the catheter; and

8.5.c. A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible, unless the restoration of function is not possible due to the physical or cognitive condition of the resident.

8.6. Range of Motion. Based on the comprehensive assessment of a resident, the nursing home shall ensure that:

8.6.a. A resident who enters the nursing home without a limited range of motion does not experience a reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and

8.6.b. A resident with a limited range of motion receives appropriate treatment and services to increase range of motion or to prevent further decrease in a range of motion.

8.7. Mental and Psychosocial Functioning. Based on the comprehensive assessment of a resident, the nursing home shall ensure that:

8.7.a. A resident who displays mental or psychosocial adjustment difficulty receives appropriate treatment and services to correct the assessed problem; and

8.7.b. A resident whose assessment did not reveal a mental or psychosocial adjustment difficulty does not display a pattern of decreased social interaction or increased withdrawn, angry or depressive behaviors, unless the resident's clinical condition demonstrates that such a pattern is unavoidable.

8.8. Feeding Tubes. Based on the comprehensive assessment of a resident, the nursing home shall ensure that:

8.8.a. A resident who has been able to eat enough alone or with assistance is not fed by tube unless the resident's clinical condition demonstrates that use of a feeding tube is unavoidable; and

8.8.b. A resident who is fed enterally receives the appropriate treatment and services to prevent secondary complications such as reflux, aspiration, aspiration pneumonia, diarrhea, vomiting, dehydration, and metabolic abnormalities, and to restore, if possible, normal eating skills.

8.9. Accidents.

8.9.a. A nursing home shall provide an environment that remains as free of accident hazards as possible; and

8.9.b. Where each resident receives adequate supervision and assistive devices to prevent accidents.

8.9.c. The nursing home shall complete a written report of any incident or accident in which a resident is involved, either inside or outside of the nursing home.

8.9.d. The report shall include the:

8.9.d.1. Date of the occurrence;

8.9.d.2. Time of the occurrence;

8.9.d.3. Place of the occurrence;

8.9.d.4. Details of the occurrence; and

8.9.d.5. Date and signature of the reviewing physician.

8.9.e. The report shall be written and signed by the person who is responsible for the resident at the time that the accident or incident occurred.

8.10. Nutrition. Based on a resident's comprehensive assessment, the nursing home shall ensure that a

resident:

8.10.a. Maintains acceptable parameters of nutritional status, unless the resident's clinical condition demonstrates that this is not possible;

8.10.b. Receives a therapeutic diet when there is a nutritional problem; and

8.10.c. Who has an unplanned weight loss of ten percent (10%) or more in six (6) months, or a gradual progressive unexplained weight loss of ten percent (10%) or more below the person's admission body weight, shall have a thorough nutritional assessment, including appropriate laboratory studies.

8.11. Hydration. A nursing home shall provide each resident with sufficient fluid intake to maintain proper hydration and health.

8.12. Special Needs. A nursing home shall ensure that residents receive proper treatment and care for the following special needs:

8.12.a. Injections;

8.12.b. Parenteral and enteral fluids;

8.12.c. Colostomy, ureterostomy, or ileostomy care;

8.12.d. Tracheostomy care;

8.12.e. Tracheal suctioning;

8.12.f. Respiratory care;

8.12.g. Foot care;

8.12.h. Prostheses; and

8.12.i. Skin conditions.

8.13. Medications and Drugs.

8.13.a. Each resident's drug regimen shall be free from unnecessary drugs. An unnecessary drug is any drug used in any of the following circumstances or combinations of circumstances:

8.13.a.1. In excessive doses (including duplicate therapy);

8.13.a.2. For excessive duration;

8.13.a.3. Without adequate monitoring;

8.13.a.4. Without adequate indications for its use; or

8.13.a.5. In the presence of adverse consequences that indicate the dose should be reduced or discontinued.

8.13.b. Antipsychotic Drugs. Based on a comprehensive assessment of a resident, the nursing home shall ensure that:

8.13.b.1. Residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and

8.13.b.2. Residents who use antipsychotic drugs receive gradual dose reductions and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.

8.13.c. Medication Errors. The nursing home shall ensure that:

8.13.c.1. It is free of medication error rates of five percent (5%) or greater; and

8.13.c.2. Residents are free of any significant medication errors.

8.13.d. Controlled Drugs Policy. The nursing home shall have policies and procedures regarding the procurement, storage, dispensing, administration and disposition of controlled substances that conform to the Uniform Controlled Substances Act, W. Va. Code §60A-1-1 et seq, Federal regulations and the rules of the West Virginia Board of Pharmacy.

8.14. Nursing Services Staffing.

8.14.a. A nursing home shall have sufficient nursing personnel to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care. Staffing shall not, other than during short unforeseeable emergencies, be less than an average of two and twenty five one hundredths (2.25) hours of nursing personnel time per resident per day.

8.14.a.1. Minimum hours of resident care personnel to residents are outlined in table 64-13.A of this rule.

8.14.a.2. Facilities with fewer than fifty-one (51) beds are staffed at higher hours as outlined in table 64-13.A. of this rule.

8.14.b. A nursing home shall provide services by sufficient numbers of each of the following types of personnel on a twenty-four (24) hour basis to provide nursing care to all residents in accordance with resident care plans:

8.14.b.1. Licensed nurses; and

8.14.b.2. Other nursing personnel. Based on the residents' needs and the nursing home services, the nursing home may determine the combination of licensed nurse time and nursing assistant time if the total meets the minimum 2.25 hours nursing personnel time requirement.

8.14.c. Charge Nurse. A nursing home shall designate a licensed nurse to serve as a charge nurse on each shift;

8.14.d. Registered Nurse. A nursing home shall have a registered nurse on duty in the facility for at least eight (8) consecutive hours, seven (7) days a week.

8.14.d.1. In facilities with fewer than sixty (60) beds, the director of nursing may serve to meet this requirement.

8.14.e. Nurse on Call. If there is not a registered professional nurse on duty, there shall be a registered professional nurse on call.

8.14.f. Director of Nursing. A nursing home shall designate in writing a registered nurse to serve as the director of nursing services on a full-time basis, who shall be on duty at least five (5) days a week, eight (8) hours a day during the day shift.

8.14.g. The director may require staffing ratios above the specified minimum ratios if necessary to meet the residents' needs.

8.15. Dietary Services.

8.15.a. Dietary Staffing.

8.15.a.1. Dietitian. A nursing home shall employ a qualified dietitian either full-time, part-time, or on a consultant basis.

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8.15.a.1.A. A qualified dietitian is one who is registered by the Commission on Dietetic Registration and licensed by the West Virginia Board of Licensed Dietitians; or

8.15.a.1.B. Is qualified as defined by the West Virginia Board of Licensed Dietitians, and is licensed by that board to provide professional nutritional services in West Virginia.

8.15.a.1.C. Consultation shall be based upon the residents' needs and shall occur at intervals of no less than every thirty (30) days and for no less than eight (8) hours.

8.15.a.2. A dietary manager shall be employed if a dietitian is not employed full-time and shall be one of the following:

8.15.a.2.A. A dietetic technician, registered by the American Dietetic Association;

8.15.a.2.B. A certified dietary manager, as certified by the Dietary Manager's Association; or

8.15.a.2.C. A graduate of an associate or baccalaureate degree program in foods and nutrition or food service management.

8.15.a.3. The dietary manager, under the direction of the dietitian, is responsible for the daily operation of the dietetic service;

8.15.b. Sufficient staff. A nursing home shall employ sufficient support personnel competent to carry out the functions of the dietary service.

8.15.c. Menus and Nutritional Adequacy.

8.15.c.1. A nursing home shall meet the nutritional needs of residents in accordance with the Recommended Dietary Allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences;

8.15.d. Food. A nursing home shall provide each resident with:

8.15.d.1. Food prepared by methods that conserve nutritive value, flavor, and appearance.

8.15.d.1.A. Meals shall be prepared and served the same day;

8.15.d.2. Food that is palatable, attractive, and at the proper temperature;

8.15.d.2.A. At the time of receipt by the resident, foods shall be at a temperature of no less than 120F for hot foods and at no more than 50F for cold foods;

8.15.d.3. Food prepared in a form designed to meet individual needs;

8.15.d.4. Food substitutes of similar nutritive value for food the resident refuses;

8.15.d.5. Food prepared with salt, unless contraindicated by a physician's order; and

8.15.d.6. Iodized salt, if used.

8.15.e. Diets including regular diets. All residents shall have a physician's order for the specific type of diet he or she is to receive as set forth in the nursing home's diet manual.

8.15.e.1. Therapeutic and texture modified diets shall be served to residents in accordance with the physician's orders.

8.15.e.2. Nursing personnel shall advise food service in writing of each resident's diet order, and a copy of the order shall be kept on file for at least one (1) year.

8.15.e.3. Therapeutic Diets.

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8.15.e.3.A. Therapeutic diets shall be prescribed by the attending physician. A current therapeutic diet manual that is not more than five (5) years old and is approved by the dietitian shall be available for nursing personnel and physicians.

8.15.e.4. Recognizing that the resident has the right to refuse medical treatment, all residents have the right to request substitute foods even when this violates the physician's orders.

8.15.e.4.1. A nursing home shall provide education to the resident regarding the benefits of the prescribed diet and consequences of his or her refusal to eat the prescribed diet.

8.15.e.4.2. A nursing home shall document the informed decision in the resident's clinical record.

8.15.f. Frequency of meals.

8.15.f.1. A nursing home shall provide at least three (3) meals daily at regular times, or in accordance with residents' preferences and customary routines.

8.15.f.2. No more than fourteen (14) hours shall elapse between a substantial evening meal and breakfast the following day.

8.15.f.2.A. Breakfast shall not be served before 7:00 A.M., unless by a resident's request.

8.15.f.3. A nursing home shall offer a nourishing snack at bedtime daily, as determined by the residents' needs.

8.15.f.3.A. The amount of the snacks consumed by the resident shall be recorded in the resident's medical record.

8.15.g. Sanitary conditions. A nursing home shall:

8.15.g.1. Procure food from sources approved or considered satisfactory by Federal, State or local authorities;

8.15.g.2. Store, prepare, distribute, and serve food under sanitary conditions;

8.15.g.2.A. Hold hot foods above 140F and cold foods at or below 40F; and

8.15.g.3. Dispose of garbage and refuse properly.

8.15.h. Emergency supplies.

8.15.h.1. A nursing home shall have a planned three (3) day disaster menu that correlates with the emergency food supply.

8.15.h.2. The emergency food supply shall be maintained on the premises with non-perishable foods and disposable supplies to meet all resident needs for three (3) days.

8.15.h.3. The emergency food supply may be incorporated with the regular stock of food supplies.

8.15.i. A nursing home shall maintain a dietetic service that is organized either directly by a nursing home or through a written agreement with a contractor who complies with the standards of this rule.

8.15.j. The dietetic service shall be in substantial compliance with the Division of Health rule, "Food Establishments," 64CSR17.

8.16. Physician and Physician Extender Services.

A physician shall personally approve in writing a recommendation that a person be admitted to a nursing home. Each resident shall remain under the care of a physician.

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8.16.a. Physician supervision. A nursing home shall ensure that:

8.16.a.1. The medical care of each resident is supervised by a physician; and

8.16.a.2. Another physician supervises the medical care of residents when their attending physician is unavailable.

8.16.b. Physician visits. The physician shall:

8.16.b.1. Review the resident's total program of care, including medications and treatments, and examine the resident personally at each visit required by Subdivision 8.16.c. of this subsection;

8.16.b.2. Write, sign, and date progress notes at each visit; and

8.16.b.3. Sign and date all orders.

8.16.c. Frequency of physician visits. The resident shall be seen by a physician:

8.16.c.1. Within five (5) days prior to admission or within seventy-two (72) hours following admission; and

8.16.c.2. At least every thirty (30) days for the first ninety (90) days after admission, and as the resident's condition warrants. A nursing home shall assure that physician visits occur as clinically indicated for the resident.

8.16.c.3. After the ninety (90) day requirement has expired, the physician shall visit every sixty (60) days and as the resident's condition warrants.

8.16.d. Except as provided in Subdivision 8.16.e. of this Subsection, all required physician visits shall be made by the physician personally.

8.16.e. After the initial visit, at the option of the physician, the required visit every sixty (60) days may be alternated between personal visits by the physician and visits by a physician's assistant, nurse practitioner or clinical nurse specialist in accordance with subdivision 8.16.g. of this Subsection.

8.16.f. Availability of physicians for emergency care. A nursing home shall provide or arrange for the provision of physician services twenty-four (24) hours a day, in case of an emergency.

8.16.g. Physician delegation of tasks. Except as specified in paragraph 8.16.c.2 of this section, a physician may delegate tasks to a physician assistant, nurse practitioner, or clinical nurse specialist who:

8.16.g.1. Is licensed by the State;

8.16.g.2. Is acting within the scope of practice as defined by W. Va. Code §30-3-1 et seq.; and

8.16.g.3. Is under the supervision of the physician.

8.17. Specialized Rehabilitative Services.

8.17.a. Provision of services. If specialized rehabilitative services such as, but not limited to, physical therapy, speech-language pathology, occupational therapy, and psychological or psychiatric rehabilitative services, are required in the resident's comprehensive plan of care, a nursing home shall:

8.17.a.1. Provide the required services; or

8.17.a.2. Obtain the required services from an outside resource, in accordance with Subsection 11.4 of this rule, from a provider of specialized rehabilitative services.

8.17.b. Qualifications. Specialized rehabilitative services shall be provided under the written order of a physician by qualified personnel as determined by licensing boards of those personnel.

8.18. Dental Services.

8.18.a. A nursing home shall provide, or obtain from an outside resource in accordance with Subsection 11.4 of this rule, the following dental services to meet the needs of each resident:

8.18.a.1. Routine dental services (to the extent the resident is covered under the State Medicaid Plan); and

8.18.a.2. Emergency dental services twenty-four (24) hours a day.

8.18.b. A nursing home shall assist a resident in need of dental services by:

8.18.b.1. Making dental appointments;

8.18.b.2. Arranging for transportation to and from the dentist's office; and

8.18.b.3. Referring residents with lost or damaged dentures to a dentist.

8.19. Pharmacy Services.

8.19.a. A nursing home shall provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in Subsection 11.4 of this rule.

8.19.b. All drugs shall be provided in conformance with the requirements of federal, state and local laws, regulations and rules.

8.19.c. Procedures. A nursing home shall provide pharmaceutical services, including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals, to meet the needs of each resident.

8.19.d. Service consultation. A nursing home shall employ or obtain the services of a licensed pharmacist who:

8.19.d.1. Provides consultation on all aspects of the provision of pharmacy services in the nursing home;

8.19.d.2. Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and

8.19.d.3. Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.

8.19.e. Drug regimen review.

8.19.e.1. The drug regimen of each resident shall be reviewed, by a licensed pharmacist, at least every thirty-seven (37) days.

8.19.e.2. The drug regimen review shall include substances that are regarded as herbal products or dietary supplements.

8.19.f. The nursing home shall conduct a drug regimen review on the premises.

8.19.g. The pharmacist shall report any irregularities in the drug regimen review to the attending physician and the director of nursing, who shall act upon these reports.

8.19.h. Labeling of drugs and biologicals.

8.19.h.1. Drugs and biologicals used in the nursing home shall be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, with the expiration date when applicable.

8.19.i. Storage of drugs and biologicals.

8.19.i.1. In accordance with state and federal laws, the nursing home, shall store all drugs and biologicals in locked compartments under proper temperature controls and permit only authorized personnel to have access to the keys.

8.19.i.2. A nursing home shall provide separately locked, permanently affixed compartments for the storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, 42 U.S.C. § 812, and other drugs subject to abuse, except when the nursing home uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.

8.19.j. A nursing home shall establish policy to assure that residents' requests for prescription medications from sources other than the contracted pharmacy be honored.

8.20. Infection Control.

8.20.a. A nursing home shall establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection.

8.20.b. Infection control program. A nursing home shall establish and implement an infection control program under which it:

8.20.b.1. Investigates, controls, and prevents infections in the nursing home;

8.20.b.2. Determines what procedures, such as isolation, should be applied to a resident and isolates only to the extent that is required to protect the resident and others; and

8.20.b.3. Maintains a record of incidents, investigations, and corrective actions related to infections.

8.20.b.3.A. The records shall provide for analysis of causal factors and identification of preventative actions to be implemented.

8.20.c. Preventing spread of infection.

8.20.c.1. Policies and Procedures. A nursing home shall establish and implement policies and procedures consistent with current accepted standards of practice regarding the administration of pneumococcal vaccine, influenza vaccine, and screening for tuberculosis.

8.20.c.2. Isolation. When the nursing home staff determines by means of the infection control program that a resident needs isolation to prevent the spread of infection, the nursing home shall isolate the resident or make arrangements to have the resident transferred to a nursing home which can better meet the needs of the resident if the nursing home is unable to provide the required degree of isolation.

8.20.c.3. Employee restrictions. A nursing home shall prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.

8.20.c.4. Hand-washing. A nursing home shall require staff to wash their hands after each direct resident contact and after engaging in any activity for which hand washing is indicated by accepted standards of professional practice.

8.20.d. Linens. Personnel shall handle, store, process, and transport linens in order to prevent the spread of infection.

§64-13-9. Physical Facilities, Equipment and Site Information.

9.1. Applicability; Construction, Additions; Renovations; Other Standards.

9.1.a. If the director determines that changes necessary for compliance with this section of this rule would create an undue hardship for a nursing home in existence at the time this rule becomes effective, the

nursing home may be governed by rules which were in effect prior to the effective date of this rule.

9.1.b. The standard for construction, renovations, and alterations are the relevant sections of the 1996-1997 edition of “The Guidelines for Design and Construction of Hospitals and Health Care Facilities”, as recognized by the American Institute of Architects, Academy of Architecture for Health with assistance from the U. S. Department of Health and Human Services.

9.1.c. A nursing home shall comply with the 1996 Edition of the National Fire Protection Association (NFPA) of “NFPA 99 Standards for Health Care Facilities.”

9.1.d. A nursing home shall comply with the state building code Building Officials and Code Administrators, 13th Ed. 1996 (BOCA).

9.1.e. A nursing home shall comply with all applicable provisions of the Americans with Disabilities Act (ADA).

9.1.f. A nursing home shall submit a complete set of architectural, structural, and mechanical drawings, drawn to scale not less than one-eighth (1/8) inch equals one (1) foot, and shall be approved by the director before construction begins.

9.1.f.1. This requirement applies to new construction, additions, renovations, or alterations to existing nursing homes.

9.1.g. The submitted drawings and specifications shall be prepared, signed and sealed by a person registered to practice architecture in the State of West Virginia.

9.1.g.1. The project shall be inspected during the construction phase by a registered professional architect or his or her representative.

9.1.h. The requirement for a registered architect may be waived by the director depending on the scope of the project.

9.1.i. A nursing home shall submit complete architectural drawings and specifications for any alterations, renovations, and equipment modifications or additions which may necessitate changes to the nursing home floor plan, impact on safety, or require the services of a design professional, and shall be approved by the director prior to beginning any construction.

9.1.j. Minor renovations that do not alter floor plans, impact on safety or require the services of a design professional may not require approval of the director.

9.1.k. A performance statement shall be obtained by the owner from the builder and design professional of a proposed nursing home stating that in constructing the nursing home the builder has followed the plans which are on file with and approved by the director.

9.1.l. All new facilities, additions, and alterations shall be inspected by the director and shall have the director’s approval in writing prior to admitting residents.

9.1.l.1. A nursing home shall request in writing a pre-opening inspection no less than thirty (30) days prior to the proposed opening date.

9.1.m. All fees specified in the Division of Health rule, “Fees for Services,” 64CSR51, for site inspections of new construction or major renovations, architectural review of drawings and specifications, and inspections of new projects prior to opening are the responsibility of the nursing home or design professional.

9.1.n. Unless substantial construction is started within one (1) year of the date of approval of final drawings, the owner or architect shall secure written notification from the director that the plan approval for construction is still valid and in compliance with this rule.

9.2. Site Characteristics and Accessibility.

9.2.a. Sites for all new nursing homes and sites for additions to existing nursing homes shall be inspected

by the director prior to site development and the completion of final drawings and specifications.

9.2.b. The site shall be located in an environment that is free from flooding and excessive noise sources such as railroads, freight yards, traffic arteries and airports.

9.2.b.1. The site shall not be exposed to excessive smoke, foul odors or dust.

9.2.c. The site shall have good drainage, approved sewage disposal, an approved potable water supply, electricity, telephone and other necessary utilities available on or near the site.

9.2.d. The site shall be accessible to physicians, emergency services and other necessary services.

9.2.e. Accessibility and transportation to the site and the nursing home shall be facilitated by paved, hard surfaced, all weather roads which are kept passable at all times.

9.2.e.1. The road shall connect directly to a paved hard surface highway.

9.2.e.2. Grades to all sites shall permit access for emergency vehicles and fire fighting equipment in all weather conditions.

9.2.f. Parking areas shall be sufficient according to the guidelines set by the American Institute of Architects.

9.2.g. Hard surface walks, a minimum of forty-eight (48) inches wide with a slip resistant surface, shall be provided at all entries and exits and connect into the main walk or parking area.

9.2.h. Soil conditions shall be reviewed as necessary by a qualified soils engineer and if conditions require, earth core boring shall be conducted.

9.2.h.1. The design professional shall supply the director with copies of soil test reports if engineered fill is installed or if other soil tests are conducted.

9.2.i. Local building codes and zoning restrictions shall be followed.

9.2.i.1. The owner, or his or her designee, shall maintain documentation certifying compliance signed by local fire, building and zoning officials, and this documentation shall be available for review.

9.3. Increase in Bed Capacity.

9.3.a. Bed capacity may be increased after the director has determined that the nursing home physical facilities will support the increase and there is compliance with other requirements including certificate of need requirements.

9.4. Equipment and Furnishings in Resident Rooms.

9.4.a. A nursing home shall provide each resident with a bed that accommodates his or her individual needs.

9.4.b. A nursing home shall provide each resident with a night stand that has a drawer for toilet articles and utensils.

9.4.c. The nursing home shall provide a chair for each resident that accommodates the resident's individual needs.

9.4.d. The nursing home shall provide each resident with reasonable closet and drawer space for clothing and personal items.

9.4.d.1. Shelves and drawers shall be positioned at a height that accommodates the needs of the individual resident.

9.4.e. Each resident shall have individual towel bars or an equivalent. In semi-private rooms towel bars

shall be located to encourage individual use.

9.4.f. A nursing home shall provide cubicle curtains that assure visual privacy for each resident.

9.4.g. A nursing home shall provide window dressings and curtains or draperies, maintained in good condition.

9.5. Laundry and Linens.

9.5.a. A nursing home shall have written procedures for handling, storing, processing, and transporting linens and other laundered goods in a manner to prevent the spread of infection.

9.5.b. A nursing home shall provide at least one clean, comfortable pillow for each bed and additional pillows shall be available.

9.5.c. A nursing home shall provide clean waterproof mattresses or mattress covers that are non-absorbent.

9.5.d. Sufficient supplies of linens shall be available to nursing personnel to assure the cleanliness and comfort of each resident.

9.5.e. The nursing home shall provide each resident with individual towels, wash cloths, and blankets.

9.5.f. When electric blankets are used, they shall be UL approved and checked periodically by the nursing home's staff for safety.

9.6. Nursing Equipment and Sterile Supplies.

9.6.a. A nursing home shall have the sufficient quantity and type of nursing equipment to meet the individual care needs for each resident.

9.6.b. All electrical resident care equipment shall be maintained, inspected and tested in accordance with the manufacture recommendations, and the applicable sections of the "National Fire Protection Association NFPA 99 Standard for Health Care Facilities".

9.6.c. All non-electrical equipment used for inhalation therapy (oxygen) shall be stored and maintained in accordance with the applicable sections of the "National Fire Protection Association NFPA 99 Standard for Health Care Facilities".

9.6.d. If a nursing home provides electrical life support services, all electrical equipment used to sustain life shall be connected to an emergency generator, through a critical branch electrical system.

9.6.d.1. The generator and all critical branch electrical circuits shall comply with the standards as identified in the "National Fire Protection Association NFPA 99 Standard for Health Care Facilities".

9.6.e. All equipment shall be maintained in accordance with section 8.19 of this rule.

9.6.f. Clean nursing equipment and sterile supplies shall be stored in a clean work room or store room that does not permit resident contact.

9.6.g. Sterile supplies shall not be stored under sink drains, in soiled utility rooms or in areas where contamination may occur.

9.6.h. Sterile supplies shall not be stored nor used beyond their dated shelf life.

9.6.i. Damaged supplies and utensils shall not be used.

9.7. General Maintenance and Housekeeping.

9.7.a. A nursing home shall be constructed, maintained and equipped to protect the health and safety of residents, personnel, and the public.

9.7.b. All new nursing homes shall establish and maintain the nursing home and equipment in accordance with the guidelines in the 1996-1997 Edition of the Guidelines for Design and Construction of Hospitals and Health Care Facilities as recognized by The American Institute of Architects for Health.

9.7.c. All existing nursing homes shall establish and maintain the nursing home and equipment in accordance with the guidelines referenced in the Minimum Requirements of Construction and Equipment for Hospitals and Medical Facilities - U.S. Department of Health Education and Welfare (DHEW NO. (HRA) 81-14500).

9.7.d. A nursing home shall establish and implement a maintenance program that assures that:

9.7.d.1. All equipment is operable;

9.7.d.2. The interior and exterior of the building is safe; and

9.7.d.3. The grounds are maintained in a presentable condition free from rubbish and other health hazards of a similar nature.

9.7.e. A nursing home shall establish and implement a housekeeping program and services that assures a clean, sanitary environment.

9.7.f. A nursing home shall provide a comfortable, home-like environment for residents.

9.7.g. A nursing home shall be kept free of insects, rodents and vermin by an effective pest control program. Insecticidal strips are prohibited.

9.7.h. Pesticides shall be applied only by an applicator certified by the United States Department of Agriculture.

9.7.i. A nursing home shall have sufficient supplies for housekeeping and maintenance properly stored and conveniently located to permit frequent cleaning of floors, walls, woodwork, windows, and screens, and to facilitate building and grounds maintenance.

9.8. Solid Waste and Bio-Hazard Waste Disposal.

9.8.a. A nursing home shall have procedures and contracts for disposing of bio-hazardous waste.

9.8.a.1. Chain of custody receipts and forms shall be maintained by the nursing home for one (1) year.

9.8.b. A nursing home shall have procedures for disposing of non-hazardous medical waste and similar waste that is not considered hazardous in a safe sanitary manner.

9.8.c. Solid waste, including garbage and refuse, shall be removed from the building daily or more often as necessary.

9.8.d. All garbage and refuse shall be stored in durable, covered, leak-proof and vermin-proof containers or dumpsters.

9.8.d.1 The containers and dumpsters shall be kept clean of all residue accumulation.

9.8.e. All garbage and refuse shall be disposed of in accordance with the applicable provisions of state and local law and rules governing the management of garbage and refuse.

9.9. Water Supply.

9.9.a. A nursing home shall have a water supply that is safe and of sufficient capacity to meet the residents' needs and the requirements of the sprinkler system.

9.9.b. A nursing home shall have as its source of water a public water system that complies with West

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Virginia Division of Health Rules, Public Water Systems, 64CSR3, or a water well that complies with West Virginia Division of Health Rules, Water Well Regulations, 64CSR19 and Water Well Design Standards, 64CSR46.

9.9.c. A nursing home shall have hot and cold running water in sufficient supply to meet the needs of the residents.

9.9.d. Hot water distribution systems serving resident care areas shall be recirculating to provide continuous hot water at each hot water outlet.

9.9.d.1. The temperatures shall be appropriate for comfortable use but shall not exceed 110° degrees.

9.9.e. A nursing home shall have written agreements with water suppliers to deliver water when there is a loss of the normal supply.

9.10. Sewage Disposal.

9.10.a. Sewage disposal shall be in accordance with West Virginia Division of Health Rules, Sewage System Rules, and West Virginia Division of Health Rules, Sewage Treatment and Collection System Design Standards, 64CSR47.

9.10.b. The sewage system shall be adequate to meet the nursing home's needs.

9.10.c. Sewage systems shall be kept in good working order and shall be properly operated and maintained.

9.11. Fire Safety, Disaster and Emergency Preparedness.

9.11.a. A nursing home shall provide evidence of compliance with applicable rules of the State Fire Commission.

9.11.a.1. Any variation to compliance with the fire code shall be coordinated with the department and approved in writing by the state fire marshal.

9.11.b. A nursing home shall have a written internal and external disaster and emergency preparedness plan approved by the director that sets forth procedures to be followed in the event of an internal or external disaster or emergency that could severely affect the operation of the nursing home.

9.11.c. The disaster and emergency preparedness plan shall have procedures to be followed in the event of the following: fire, missing resident, high winds, tornadoes, bomb threats, utility failure, flood and severe winter weather.

9.11.d. The disaster and emergency preparedness plan shall include at least an alternate shelter agreement, an emergency transportation policy, and an emergency food supply list and menu that will provide nutrition for all persons residing in the nursing home for a minimum of seventy-two (72) hours.

9.11.e. The disaster and emergency preparedness plan shall be developed and maintained with the assistance of qualified fire safety and other emergency response teams.

9.11.f. There shall be copies of the disaster and emergency preparedness plan at all staff stations or emergency control stations.

9.11.f.1. The disaster and emergency preparedness plan shall be located in an area that allows visual contact at all times. The nursing home staff shall know the location of the plan at all times.

9.11.g. The local fire department shall be provided with a floor and disaster plan and be given opportunities to become familiar with the nursing home.

9.11.h. A nursing home shall have a written plan and procedures for transferring casualties and uninjured residents.

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9.11.h.1. These procedures shall include the transfer of pertinent resident records including identification information, diagnoses, allergies, advance directives, medications and treatments, and other records needed to ensure continuity of care.

9.11.i. A nursing home shall have written instructions regarding the location and use of alarm systems, signals and fire fighting equipment.

9.11.j. A nursing home shall have information regarding methods of fire containment.

9.11.k. A nursing home shall have written instructions regarding accessibility for evacuation routes.

9.11.l. The disaster and emergency preparedness plan shall be reviewed and updated by the administrator or his or her designee on an annual basis and signed and dated by the administrator or his or her designee to verify the plan was reviewed.

9.11.m. Emergency call information shall be conspicuously posted near each telephone in the nursing home, exclusive of telephones in resident rooms. This information shall include at least the following:

9.11.m.1. The telephone numbers of the fire department, the police, and ambulance service and other appropriate emergency services; and

9.11.m.2. Key personnel telephone numbers, including at least the following:

9.11.m.2.A. The administrator;

9.11.m.2.B. The director of nursing or nurse on call;

9.11.m.2.C. The maintenance director or safety director;

9.11.m.2.D. The physician on call; and

9.11.m.2.E. Other appropriate personnel.

9.11.n. A nursing home shall have at least one non-coin operated telephone or one extension on each resident occupied unit and additional telephones and extensions if needed to summon help in case of an emergency.

9.11.o. A nursing home shall provide an area of sufficient space to hold the congregate population of the nursing home with a heat source that is supplied with emergency electrical power from the emergency power source.

9.12. Disaster Training.

9.12.a. A nursing home shall operate an internal disaster preparedness program that includes orientation and ongoing training and drills in procedures and specific assignments.

9.12.b. The internal disaster plan shall be rehearsed at least annually.

9.12.c. Fire drills shall be held at least quarterly for each shift.

9.12.d. Disaster Rehearsal and Fire Drill Reports. A nursing home shall keep on file for at least two (2) years, a dated written report and an evaluation of each disaster rehearsal and fire drill conducted on the premises.

9.13. Animals.

9.13.a. Any nursing home where animals visit or are boarded shall have policies that assure the general well-being of residents as approved by the director. The policies shall comply with local health ordinances.

§64-13-10. Administration.

10.1. A nursing home shall be administered in a manner that enables it to use its resources effectively and

efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

10.2. Licensure.

10.2.a. A nursing home shall be licensed pursuant to section 3 of this rule.

10.2.b. A nursing home shall operate and provide services in compliance with all applicable federal, state, and local laws, rules, and codes and with accepted professional standards and principles that apply to professionals providing services in a nursing home.

10.3. Governing Body.

10.3.a. A nursing home shall have a governing body.

10.3.b. The governing body shall adopt and enforce rules governing the health care and safety of residents, the protection of their personal and property rights, and the operation of the nursing home.

10.3.c. The governing body shall develop a written nursing home plan that will be reviewed annually. In addition to the other requirements described in law and in this rule, the nursing home plan shall include:

10.3.c.1. An annual operating budget, including all anticipated income and expenses; and

10.3.c.2. A capital expenditure plan for at least a three (3) year period.

10.3.d. The governing body shall assure the development and maintenance of written policies and procedures that govern the services the nursing home provides.

10.3.d.1. The policies and procedures shall include as a minimum all policies and procedures required by this rule.

10.3.d.2. A copy of each written policy and procedure shall be available for inspection on request by the nursing home's staff and residents and by members of the public.

§64-13-11. Human Resources.

11.1. Professional Staff.

11.1.a. A nursing home shall employ on a full-time, part-time or consultant basis those professionals necessary to carry out the provisions of this rule.

11.2. Professional Qualifications.

11.2.a. Professional staff shall be licensed, certified, or registered in accordance with applicable laws.

11.3. Criminal Background Checks.

11.3.a. A nursing home shall conduct a criminal conviction investigation on all applicants for employment.

11.3.b. If an applicant has been convicted of a misdemeanor or a felony offense constituting child abuse or neglect or abuse or neglect of an incapacitated adult, he or she may not be employed by a nursing home.

11.3.c. An applicant may also not be employed by the nursing home if he or she is under indictment for, or convicted of, in any court of a crime punishable by imprisonment for more than one year or is a fugitive from justice.

11.4. Use of Outside Resources.

11.4.a. If a nursing home does not employ a qualified professional person to furnish a specific service to be provided by the nursing home, the nursing home shall have that service furnished to residents by a person or

agency outside the nursing home under an arrangement or an agreement as described in 42 U.S.C. §1395x(w) or an agreement as described in Subsection 11.2 of this rule, and services shall meet the ongoing identified needs of residents to ensure implementation of the plan of care and to avoid unnecessary duplication of services.

11.4.b. Under arrangements as described in 42 U.S.C. §1395x(w) or written agreements pertaining to services furnished by outside resources, the nursing home is responsible for the following:

11.4.b.1. Obtaining services that meet professional standards and principles that apply to professionals providing services in a nursing home; and

11.4.b.2. The timeliness of the services.

11.5. Staff Development.

11.5.a. All personnel shall attend and participate in regularly scheduled in-service training programs developed for the staff by either nursing home personnel or outside resources. The purpose of the in-service program shall be to:

11.5.a.1. Plan and organize a system of training that begins with an orientation program and continues throughout employment with scheduled in-service training programs;

11.5.a.2. Develop in each employee an awareness of his or her abilities and limitations in providing care for residents; and

11.5.a.3. Develop the abilities of each employee by an in-depth review of operational policies and procedures, instruction of methods and procedures to follow in implementing assigned duties as it relates to a specific job description, and to provide current information that will assist in providing quality care.

11.5.b. A nursing home shall maintain records of attendance, and if absences occur shall schedule a make-up class to be completed.

11.5.c. A nursing home shall complete a performance review of every employee at least once every twelve (12) months and provide regular in-service education based on the outcome of these reviews. The in-service training shall:

11.5.c.1. Be sufficient to ensure the continuing competence of certified nursing assistants, but shall be no less than twelve (12) hours per year;

11.5.c.2. Address areas of weakness as determined in the employee's evaluation and may address the special needs of residents as determined by the nursing home staff;

11.5.c.3. For nursing staff providing services to residents with cognitive impairments, also address the care of the cognitively impaired; and

11.5.c.4. Include in-service instruction to all personnel on the following:

11.5.c.4.A. The problems and needs of the aged, ill and disabled;

11.5.c.4.B. The prevention and control of infections;

11.5.c.4.C. Disaster preparedness and fire and safety rules;

11.5.c.4.D. Accident prevention;

11.5.c.4.E. Confidentiality of resident information;

11.5.c.4.F. Protection of a resident's privacy and personal property rights, and dignity and protection of residents' rights,

11.5.c.4.G. Complaint procedures, abuse, neglect, and misappropriation of personal property.

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11.5.c.5. The nursing home shall provide training to all new employees, staff, and independent health contractors used by the nursing home, within thirty (30) days of employment or the next regularly scheduled orientation program, whichever occurs first, on alzheimer's disease and other dementias. The training shall be a minimum of two (2) hours in duration and shall include all of the following: a basic explanation of how the disease process affects persons with alzheimer's disease and other dementias; communication approaches and techniques for use when interacting with persons with alzheimer's disease or other dementias; prevention and management of problem behaviors; and activities and programming appropriate for these individuals.

11.5.c.6. The nursing home shall provide training on alzheimer's disease and other dementias to all employees, staff, and independent health contractors used by the nursing home each calendar year. The training shall be a minimum of two (2) hours in duration and shall include all of the following: a basic explanation of how the disease process affects persons with alzheimer's disease and other dementias; communication approaches and techniques for use when interacting with persons with alzheimer's disease or other dementias; prevention and management of problem behaviors; and activities and programming appropriate for these individuals.

11.6. Personnel Records. A nursing home shall maintain a confidential personnel record for each employee containing the following information:

11.6.a. A dated application;

11.6.b. Reference verification;

11.6.c. Results indicating a satisfactory health status for the employees' current job assignment as required in Subsection 8.19 of this rule.

11.6.d. Results of annual physical;

11.6.e. Evaluations of work performance;

11.6.f. Current license, registration, or certification status if applicable to the job;

11.6.g. A summary of each employee's in-service training for the previous two years;

11.6.h. Any nursing home specific required forms; and

11.6.i. A job description signed by the employee,

11.7. Medical Director. A nursing home shall designate, in writing, a physician accountable to the governing body to serve as medical director to ensure that medical care provided to residents is adequate and appropriate.

11.7.a. The medical director is responsible for:

11.7.a.1. Reviewing policies, procedures, and guidelines to ensure adequate, comprehensive services;

11.7.a.2. Coordinating medical care provided, including the attending physician, in the nursing home so it is adequate and appropriate;

11.7.a.3. Assisting in the evaluation of credentialing and re-credentialing of licensed independent practitioners, physicians' assistants and nurse practitioners to determine whether they will be authorized to practice within the organization by recommendation;

11.7.a.4. Approving in-service training programs; and

11.7.a.5. Reviewing and evaluating incident reports or summaries of incident reports, identifying hazards to health and safety, and making recommendations as needed.

§64-13-12. Laboratory, Radiology, and Other Diagnostic Services.

12.1. Laboratory Services.

12.1.a. A nursing home shall provide or obtain laboratory services to meet the needs of its residents. The

nursing home is responsible for the timeliness of the services.

12.1.b. If a nursing home provides its own laboratory services, the services shall meet the requirements in the federal regulation, 42CFR Part 493.

12.1.c. If a nursing home arranges for outside laboratory services, the nursing home shall ensure that the laboratory services meet the requirements in the federal regulation, 42CFR Part 493.

12.1.d. If a nursing home provides blood bank and transfusion services, the nursing home shall ensure that the services are federally certified in the appropriate specialties and sub-specialties of services in accordance with the requirements to which it is subject.

12.1.e. A nursing home shall:

12.1.e.1. Provide or obtain laboratory services only when ordered by a physician;

12.1.e.2. Promptly notify the physician of the findings;

12.1.e.3. Assist the resident in making transportation arrangements to and from the source of service, if the resident needs assistance; and

12.1.e.4. File laboratory reports in the resident's clinical record that are dated and contain the name and address of the testing laboratory.

12.2. Radiology and Other Diagnostic Services.

12.2.a. A nursing home shall provide or obtain radiology and other diagnostic services to meet the needs of its residents. The nursing home is responsible for the timeliness of the services.

12.2.b. If a nursing home provides its own diagnostic services, the services shall meet the applicable licensing and certification requirements established for those services.

12.2.c. If a nursing home does not provide its own diagnostic services, it shall have an agreement to obtain these services from a provider or supplier that meets all applicable licensing and certification requirements established for those services.

12.2.d. A nursing home shall:

12.2.d.1. Provide or obtain radiology and other diagnostic services only when ordered by the attending physician;

12.2.d.2. Promptly notify the physician of the findings,

12.2.d.3. Assist the resident in making transportation arrangements to and from the source of service, if the resident needs assistance; and

12.2.d.4. File in the resident's clinical record signed and dated reports of x-ray and other diagnostic services, with the name and address of the provider of the service.

§64-13-13. Clinical Records.

13.1. Records Maintenance and Retention.

13.1.a. A nursing home shall maintain clinical records on each resident in accordance with accepted professional standards and practices that are:

13.1.a.1. Complete;

13.1.a.2. Accurately documented;

13.1.a.3. Readily accessible; and

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13.1.a.4. Systematically organized.

13.1.b. All of a resident's clinical records shall be retained for the longer of the following time periods:

13.1.b.1. Five (5) years from the date of discharge or death; or

13.1.b.2. For a minor, three (3) years after a resident reaches eighteen (18) years of age.

13.1.c. A nursing home shall safeguard clinical record information against loss, destruction, or unauthorized use.

13.1.d. A nursing home shall ensure that each clinical record contains a photograph of the resident, unless the resident objects.

13.2. Confidentiality. A nursing home shall keep all information contained in the resident's clinical record confidential, except when release is required by:

13.2.a. Transfer to another health care institution;

13.2.b. Law;

13.2.c. Third party payment contract; or

13.2.d. The resident.

13.3. Contents. The clinical record shall contain:

13.3.a. Sufficient information to identify the resident;

13.3.b. All the resident's assessments;

13.3.c. The resident's plan of care and services provided;

13.3.d. The results of any pre-admission screening conducted by the State;

13.3.e. Progress notes; and

13.3.f. Physician orders.

§64-13-14. Quality Assessment and Assurance.

14.1. Quality Improvement Committee.

14.1.a. A nursing home shall maintain a quality improvement and assessment committee consisting of:

14.1.a.1. The director of nursing services;

14.1.a.2. The medical director; and

14.1.a.3. At least three (3) other members of the nursing home's staff.

14.1.b.

14.1.b.1. Meet at least quarterly to identify issues of quality assessment and improvement activities;

14.1.b.2. Develop and implement appropriate plans of action to correct identified quality deficiencies;

14.1.b.3. Continuously measure, assess, and improve all important resident care and nursing home functions;

14.1.b.4. Collect and review outcome data and use it to systematically benchmark the level of quality with that of other extended care providers; and

14.1.b.5. Collect and review resident satisfaction.

14.2. Disclosure of Records. The State may not require disclosure of the quality improvement committee records insofar as the disclosure is related to the compliance with the requirements of this section.

14.3. Sanctions.

14.3.a. The agency shall not use good faith attempts as documented by a nursing home's committee to identify and correct areas of concern or deficiencies as a basis for citing a new deficiency or as a basis for sanctions.

§64-13-15. Inspections and Investigations.

15.1. Regular Inspections.

15.1.a. The director shall make or cause to be made inspections by his or her authorized representatives as necessary to carry out the intent of W. Va. §16-5C-1 and this rule.

15.1.b. All licensed nursing homes shall be inspected annually, or in accordance with Section 17 of this rule to determine the nursing homes' compliance with applicable statutes and rules.

15.1.b.1. Nursing homes with the greatest number of deficiencies shall be investigated with greater frequency as determined by the director.

15.1.c. The director shall provide a nursing home with a written description of its deficiencies within ten (10) working days of the last day of the inspection.

15.2. Complaint Investigation.

15.2.a. Any person may register a complaint with the director alleging violation of applicable statutes and rules by a nursing home.

15.2.a.1. The director shall document all complaints and shall identify the nursing home involved.

15.2.b. A complaint that the director determines is willfully intended to harass a nursing home or is without any reasonable basis shall not be investigated.

15.2.b.1. The director shall notify a complainant presenting a complaint determined either as intended to harass a nursing home or as without reasonable basis that no further investigation will be conducted.

15.2.c. The director shall conduct an unannounced inspection of the nursing home to determine the validity of the complaint.

15.2.c.1. The director shall provide the nursing home with general notice of the substance of the complaint only at the time of the inspection.

15.2.d. The director shall conduct other investigations necessary to determine the validity of the complaint.

15.2.e. No later than twenty (20) working days after investigating and completing a complaint, the director shall notify the complainant and the nursing home in writing of the results of the investigation.

15.2.e.1. A description of the corrective action the nursing home shall be required to take and of any disciplinary action to be taken by the director shall be sent to the complainant.

15.2.e.2. If a complaint has been found to be substantiated, the director shall advise any injured party of the possibility of a civil remedy under W. Va. Code §16-5C-1 et. seq.

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15.2.f. The names of a complainant or of any person named in a complaint shall not be disclosed by the department without that person's written authorization.

15.2.f.1. If a complaint becomes the subject of a judicial proceeding, nothing in this section shall be construed to restrict disclosure of information that would otherwise be disclosed in a judicial proceeding.

15.2.g. Before any complaint is disclosed to a nursing home or the public pursuant to Subdivision 16.2.v. of this rule, the nursing home shall redact any information in the complaint that could reasonably identify the complainant or a resident.

15.2.h. A nursing home is prohibited from discharging or in any manner discriminating against a resident or employee because the person, legal representative, next of kin or concerned party has filed a complaint or participated in a proceeding authorized by W. Va. Code §16-5C-1 et seq.

15.2.h.1. A rebuttable presumption of retaliatory action against a resident shall arise against any nursing home that adversely discriminates against a resident who submitted, or on whose behalf a complaint was submitted, to the director or who is involved in any proceeding instituted under W. Va. Code §16-5C-1 et seq., within one hundred and twenty (120) days of the filing of the complaint.

15.2.i. A nursing home shall make investigations of complaints involving immediate jeopardy to resident health or safety within twenty four (24) hours of the date of receipt of the complaint.

15.2.i.1. A nursing home shall make investigations of complaints involving harm that does not present immediate jeopardy, within ten (10) days of the date of the complaint.

15.2.i.2. A nursing home shall make investigations of complaints involving no harm, but with potential for greater than minimal harm, that are not immediate jeopardy, within forty-five (45) days of the date of the complaint.

15.2.i.3. A nursing home shall make investigations of complaints involving no harm with potential for minimal harm and all other complaints at the time of the next inspection.

15.2.j. If within one hundred twenty (120) days of an inspection or a complaint investigation, a nursing home fails to comply with the requirements of this rule, the director shall inform all residents of the nursing home's non-compliance.

15.2.j.1. If the non-compliance results in an action against the license of the nursing home, the director shall notify residents of the time period during which residents may relocate if they wish prior to the deficient nursing home being reported to the Social Security Administration if the nursing home is certified under the Medicare or Medicaid programs.

15.2.j.2. The director shall provide all residents with a list of nursing homes and agencies to assist them in moving if they wish to relocate.

15.2.k. The director shall make copies and information concerning applications, inspections, investigations and other reports available for public inspection from the time of receipt of the plan of correction.

15.2.k.1. A nursing home shall make copies of all inspection reports available to the state long-term ombudsman, the local office of adult protective services, and the Social Security regional offices.

15.2.l. Within two hundred ten (210) days of an inspection or complaint investigation after which deficiencies are not timely corrected, the director shall send the name and address of the deficient nursing home to the appropriate regional office of the Social Security Administration and identify it as a deficient nursing home.

15.2.m. The director shall provide the State long-term care ombudsman with the following within ninety (90) days:

15.2.m.1. A statement of deficiencies reflecting nursing home noncompliance;

15.2.m.2. Reports of adverse actions imposed on a nursing home; and

15.2.m.3. The date and time of any inspection.

15.3. Informal Dispute Resolution. (Informal Hearing).

15.3.a. The director shall offer a nursing home an opportunity for an informal dispute resolution.

15.3.a.1. Documentation for an informal dispute resolution shall be submitted with, but separate from, the plan of correction for existing deficiencies.

15.3.a.2. The request for an informal dispute resolution shall be submitted at the time the plan of correction is submitted for existing deficiencies.

15.3.a.3. The director shall write policy and procedures addressing the manner in which an informal dispute resolution shall be conducted.

15.3.a.4. The policy and procedures for an informal dispute shall be available to the public upon written request.

15.3.b. If the director fails to complete an informal dispute resolution in a timely manner it does not delay the effective date of any enforcement action against the nursing home.

15.3.c. If during the informal dispute resolution process a nursing home is successful in demonstrating that deficiencies should not have been cited, the director shall remove the deficiencies from the statement of deficiencies and rescind any enforcement action imposed solely as a result of those cited deficiencies.

15.3.d. All communications during an informal dispute resolution are confidential and cannot be used by or against the licensee or the director in the event a formal hearing takes place.

§64-13-16. Enforcement and Due Process.

16.1. Enforcement: Director's Powers, Duties and Rights.

16.1.a. The director may invoke penalties against a nursing home violating the provisions of this rule in accordance with the provisions of this rule.

16.2. Enforcement Generally.

16.2.a. The director may assess civil penalties, and may suspend, revoke, or deny renewal of the license of a nursing home for cause after notice as required by this rule and the provisions of W. Va. Code §16-5C-1, et seq., or take any other action contemplated by this rule. Cause may include one (1) or more of the following:

16.2.a.1. Failure to provide standard quality of care for residents;

16.2.a.2. Willfully and knowingly falsifying the material content of resident assessments;

16.2.a.3. Failure to submit a plan of correction required by W. Va. Code §16-5C-1 et seq.;

16.2.a.4. Failure to submit a plan of correction that is approved by the director;

16.2.a.5. Failure to correct deficiencies within the time frame specified in an approved plan of correction;

16.2.a.6. Repeat noncompliance within the same regulatory grouping as defined in this rule;

16.2.a.7. Failure to cooperate with or interference with the director or an authorized representative of the director in the inspection of the nursing home;

16.2.a.8. Failure to comply with this rule;

16.2.a.9. Violation of any provision of this rule that produces immediate jeopardy to the health or safety of residents;

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16.2.a.10. Violation of the provisions of this rule relative to the discharge of residents or employees because of complaints against the nursing home;

16.2.a.11. Use of subterfuge or other dishonest action in applying for an original or renewal license;

16.2.a.12. Use of subterfuge or other dishonest action in obtaining the time, date and location of any inspection;

16.2.a.13. Abuse of residents;

16.2.a.14. Neglect of residents;

16.2.a.15. Misappropriation of residents' property; or

16.2.a.16. Attempted bribery of any employee or contracted person of the department.

16.3. Formal Hearings and Due Process for Actions of Enforcement.

16.3.a. All formal hearings shall be conducted pursuant to "West Virginia Department of Health and Human Resources Legislative Rules, Rules of Procedure for Contested Cases", 64CSR1.

16.3.b. An applicant for a license or a licensee or any other person aggrieved by an order or other action by the director pursuant to this rule or to W. Va. Code §16-5C-1 et seq., shall have the opportunity for a formal hearing by the director, upon written request to the director in a manner prescribed in "West Virginia Department of Health and Human Resources Administrative Rules, Rules of Procedure for Contested Case Hearings and Declaratory Ruling", 64CSR1.

16.3.c. A formal hearing pursuant to this rule shall be conducted in accordance with the pertinent provisions of W. Va. Code §§29A-4-1 et seq., and 29A-5-1 et seq.

16.3.d. A nursing home may request a formal hearing and seek judicial review pursuant to W. Va. Code §§16-5C-12 and 13 to contest the deficiencies issued by the director, irrespective of whether the deficiency results in the imposition of civil money penalty.

16.3.d.1. The director shall begin an enforcement action to ensure compliance with W. Va. Code §16-5C-1 et seq., or any rule or order issued thereunder, whenever the director determines that any person:

16.3.d.1.A. Has engaged in, or is engaging in, an act or practice in violation of W. Va. Code §16-5C-1 et seq., or any rule or order; or

16.3.d.1.B. When it appears to the director that any person has aided, abetted, or caused, or is aiding, abetting or causing such an act or practice; or

16.3.d.1.C. That no action is being taken under federal regulation or that the action does not adequately protect the residents' health or safety.

16.3.d.2. The director shall impose one or more of the following remedies:

16.3.d.2.A. License termination;

16.3.d.2.B. Reduction of bed capacity;

16.3.d.2.C. Ban on new admissions;

16.3.d.2.D. Temporary management;

16.3.d.2.E. Civil money penalties; or

16.3.d.2.F. Closure of the nursing home in emergency situations or transfer of residents, or both.

16.3.e. A nursing home may not avoid cited deficiencies or enforcement actions because it has undergone

a change of ownership.

16.4. Ban on New Admissions and Reduction in Licensed Bed Capacity.

16.4.a. The director shall by order place a ban on new admissions, reduce the licensed bed capacity of a nursing home, or both, when on the basis of inspection he or she makes the following findings:

16.4.a.1. The licensee is not providing adequate care under the nursing home's existing bed capacity; and

16.4.a.2. A reduction in licensed bed capacity or a ban on new admissions, or both, would place the nursing home in a position to render adequate care.

16.4.b. A reduction in licensed bed capacity or a ban on new admissions, or both, remains in effect until the nursing home is determined by the director to be in substantial compliance with this rule.

16.4.c. If the residents of the nursing home are in immediate jeopardy regarding their health, safety, welfare or rights, the director may seek an order to transfer residents out of the nursing home as provided for in subsection 4.13 of this rule.

16.4.d. Any notice to a licensee of reduction in licensed bed capacity or a ban on new admissions shall include the terms of the order, the reasons for the order and a date set for compliance.

16.5. Revocation or Suspension of License.

16.5.a. If the director suspends a nursing home's license, he or she shall also specify the conditions giving rise to the suspension that are to be corrected by the licensee during the period of suspension to entitle the licensee to apply for reinstatement of his or her license.

16.5.a.1. If the director revokes a license, he or she may stay the effective date of the revocation by not more than ninety (90) days upon a showing that the stay is necessary to assure appropriate placement of residents.

16.5.b. The director's order is final unless vacated or modified by court order.

16.6. Immediate Jeopardy or Repeat Deficiency.

16.6.a. The director may enforce this rule, administratively or in court, without first affording an opportunity to correct a deficiency when the director finds either of the following:

16.6.a.1. Violation of this rule jeopardizes the health or safety of a resident; or

16.6.a.2. The violation is a repeat deficiency which has caused harm to a resident.

16.6.b. The suspension, expiration, forfeiture or cancellation by operation of law or order of the director of a license issued by the director shall not deprive the director of the authority as provided by law and this rule to take any of the following actions:

16.6.b.1. Institute or continue a disciplinary proceeding;

16.6.b.2. Institute or continue a proceeding for the denial of license application;

16.6.b.3. Enter an order denying a license application; or

16.6.b.4. Take any other disciplinary action as provided by state law or rules.

16.6.c. Withdrawal of a license application shall not deprive the director of the right to penalize the applicant on any other ground using any authority otherwise provided by law or this rule.

16.7. Procedure for Civil Penalties.

16.7.a. Assessment and application of civil penalties.

16.7.a.1. The director shall assess and apply penalties for violations of this rule in accordance with the provisions W. Va. Code §16-5C-1 et seq., and this rule.

16.7.a.2. Upon completion of a report of inspection, the director shall determine what civil money penalties he or she shall assess.

16.8. Notice of Civil Money Penalty.

16.8.a. The director shall send to the nursing home a certified written notice of intent to impose a civil money penalty including the basis for imposing the civil money penalty.

16.8.a.1. The notice shall include:

16.8.a.1.A. The nature of the noncompliance;

16.8.a.1.B. The statutory basis for the civil money penalty;

16.8.a.1.C. The amount of the civil money penalty;

16.8.a.1.D. Any factors that were considered when determining the amount of the civil money penalty;

16.8.a.1.E. When the civil money penalty is due; and

16.8.a.1.F. Instructions for responding to the notice, including a statement of the nursing home's right to a hearing, and the implications of waiving a hearing.

16.9. Amount of Civil Money Penalty.

16.9.a. Civil money penalties assessed against licensed nursing homes may not be less than fifty dollars (\$50) nor more than eight thousand dollars (\$8,000):

16.9.a.1. The director may not assess a civil money penalty against a nursing home that corrects the violation of the rule within twenty (20) days of receipt of written notice of the violation, unless it is a repeat deficiency or the nursing home is a poor performer when a civil money penalty can be assessed immediately.

16.9.b. Hearing and Due Process for a Civil Money Penalty.

16.9.b.1. A nursing home shall, within sixty (60) days from receipt of the notice of an initial, reconsidered, or revised determination of the director, submit any request for a hearing on the determination of the noncompliance that is the basis for imposition of the civil money penalty. For good cause shown, a hearing examiner may extend the time for filing the request for hearing.

16.9.b.2. If a nursing home requests a hearing within the time specified in this rule, the director shall collect the civil money penalty within fifteen (15) days of a final adjudication that upholds the director's determination of non-compliance.

16.9.b.3. If a nursing home waives its right to a hearing in accordance with this rule, the director shall collect the civil money penalty within seventy-five (75) days of the notice of determination of the director.

16.9.b.4. If the nursing home waives its right to a hearing, the civil money penalty shall be reduced by thirty-five percent (35%) by the director.

16.9.c. If a civil money penalty is assessed by the federal Health Care Financing Administration or the State Medicaid Agency for the same deficiency, the director shall reduce any State civil money penalty by the amount of the federal civil money penalty in calculating the amount owed.

16.9.d. Cumulative Remedies.

16.9.d.1. The civil money penalties and remedies provided by W. Va. Code §16-5C-15 are

cumulative and are in addition to all other penalties and remedies provided by law.

16.9.d.1.A. For a violation that presents immediate jeopardy to the health, safety or welfare of one (1) or more residents, the director may impose a civil money penalty of not less than three thousand (\$3,000) dollars nor more than eight thousand dollars (\$8,000).

16.9.d.2. For a violation that actually harms one (1) or more residents, the director may impose a civil money penalty of not less than one thousand dollars (\$1,000) nor more than three thousand dollars (\$3,000).

16.9.d.3. For a violation that has the potential to harm one (1) or more residents, the director may impose a civil money penalty of not less than fifty dollars (\$50) nor more than one thousand dollars (\$1,000).

16.9.d.4. For a repeat deficiency, the director may impose a civil money penalty of up to one hundred fifty percent (150%) of the penalties provided in paragraphs (1.A.), (2.A.) and (d.3.) of this Subdivision.

16.9.d.5. If no plan of correction is submitted as established in this section, the director may assess a civil money penalty in the amount of one hundred dollars (\$100) a day unless the nursing home has provided a reasonable explanation for the violation that has been accepted by the director.

16.9.d.6. If a deficiency for which an acceptable plan of correction has been provided to the director is not corrected upon revisit to the nursing home, the deficiency shall be regarded as a repeat deficiency.

16.9.d.7. Residents, residents' families or legal representatives, and ombudsmen may also independently pursue violations of this rule in court. Any waiver by a resident or his or her legal representative of the right to commence an action under W. Va. Code §16-5C-15, whether oral or in writing, is void as contrary to public policy.

16.10. Civil Money Penalty Procedures After Termination of a License.

16.10.a. In the case of termination of a nursing home license, the director shall send the civil money penalty information after the:

16.10.a.1. Final administrative decision is made;

16.10.a.2. Nursing home has waived its right to a hearing; or

16.10.a.3. Time for requesting a hearing has expired and the director has not received a hearing request from the nursing home.

16.10.b. A civil money penalty payment is due fifteen (15) days after:

16.10.b.1. A final administrative decision;

16.10.b.2. The time period for requesting a hearing has expired;

16.10.b.3. Receipt of the written request to waive a hearing; or

16.10.b.4. The effective date of termination of a license.

16.11. Civil Money Penalty for Notification of Inspection.

16.11.a. The director shall assess a civil money penalty not to exceed two thousand dollars (\$2,000) against any person who notifies, or causes to be notified, a nursing home of the time or date on which an inspection is scheduled to be conducted.

16.12. Interest on Civil Penalties.

16.12.a. The assessments for penalties and for costs of actions taken under W. Va. Code §16-5C-1 et seq., shall accrue interest at the rate of five percent (5%) per annum beginning thirty (30) days after receipt of notice of the assessment or after receipt of the director's final order following a hearing, whichever is later.

16.12.b. All assessments against a nursing home that are unpaid shall be added to the nursing home's licensure fee and may be filed as a lien against the property of the licensees or operators of the nursing home.

16.13. Action for Recovery of Civil Penalties.

16.13.a. The director shall, in a civil judicial proceeding, recover any unpaid civil money penalty that has not been contested under W. Va. Code § 16-5C-12 within thirty (30) days of receipt of the director's final order, or that has been affirmed on judicial review, as provided in W. Va. Code §16-5C-13.

16.13.a.1. All money collected by assessments of civil penalties or interest shall be paid into a special resident benefit account and shall be applied by the director for:

16.13.a.1.A. The protection of the health or property of the nursing home's residents;

16.13.a.1.B. Long-term care educational activities;

16.13.a.1.C. The costs arising from the relocation of residents to other facilities when no other funds are available;

16.13.a.1.D. In an emergency situation when no other funds available, the operation of the nursing home pending correction of deficiencies or closure; and

16.13.a.1.E. The reimbursement of residents for personal funds lost.

16.14. Immediate Jeopardy. If there is immediate jeopardy to the residents' health, safety, welfare or rights the director shall petition the circuit court.

16.14.a. The circuit court may issue an Order to:

16.14.a.1. Close the nursing home;

16.14.a.2. Transfer the residents in the nursing home to other nursing homes; or

16.14.a.3. Appoint temporary management to oversee the operation of the nursing home and to assure the health, safety, welfare and rights of the nursing home's residents.

16.15. Temporary Management.

16.15.a. Upon petition of the director, a circuit court may divest the licensee or operator of a nursing home of possession and control of a nursing home and appoint temporary management.

16.15.a.1. The temporary management is responsible to the court and has any powers and duties granted by the court to direct all acts necessary or appropriate to conserve the property and promote the health, safety, welfare and rights of the residents of the nursing home.

16.15.a.2. These powers include, but are not limited to, the replacement of management and staff, the hiring of consultants, the making of any necessary expenditures to close the nursing home or to repair or improve the nursing home to return it to compliance with applicable requirements and the power to receive, conserve, and expend funds, including payments on behalf of the licensee or operator of the nursing home.

16.15.a.3. The temporary management shall give priority to expenditures for current direct resident care or the transfer of residents.

16.15.b. The person charged with temporary management shall be an officer of the court, is not liable for conditions at the nursing home that existed or originated prior to his or her appointment and is not personally liable, except for his or her own gross negligence and intentional acts for situations that result in injuries to persons or damage to property at the nursing home during the temporary management.

16.15.c. No person shall impede the operation of the temporary management.

16.15.c.1. There shall be an automatic stay for a ninety (90) day period subsequent to the

establishment of a temporary management of any action that would interfere with the functioning of the nursing home, including, but not limited to, cancellation of insurance policies, termination of utility services, attachments to working capital costs, foreclosures, evictions and repossessions of equipment used in the nursing home.

16.15.d. The temporary management established for the purpose of making improvements to bring a nursing home into compliance with applicable requirements shall not be terminated until the court has determined that the nursing home has the management capability to ensure continued compliance with all applicable requirements.

16.15.d.1. If the court has not made the determination within six (6) months of the establishment of the temporary management, the temporary management terminates by operation of law at that time, and the nursing home shall be closed.

16.15.d.2. After the termination of the temporary management, the person who was responsible for the temporary management shall make an accounting to the court.

16.15.d.2.A. This accounting will be based on receipts and shall consist of the deduction of the cost of temporary management, expenditures and civil penalties and interest no longer subject to appeal in that order; and

16.15.d.2.B. The nursing home shall pay any excess to the licensee or operator of the nursing home.

16.15.e. The temporary manager shall bill the nursing home on a bi-weekly basis and the nursing home shall pay any amounts due within fifteen (15) days.

16.15.e.1. The amount paid to the temporary manager for a thirty day period may not exceed the seventy-fifth percentile of the allowable administrators' salary reported on the most recent cost report for the nursing home's peer group as determined by the director.

16.16. Corrective Action.

16.16.a. The director shall enforce these provisions to protect residents of nursing homes.

16.16.b. A nursing home, found on the basis of an inspection to have deficiencies, shall develop a plan of correction and submit it to the director within ten (10) working days of receipt of a report of inspections. The director may allow three (3) additional days in the event of a documented extenuating circumstance.

16.16.c. A plan of correction shall specify the time when the nursing home shall correct each violation cited in the report.

16.16.d. The time specified shall be the shortest possible time within which the nursing home can reasonably be expected to correct the violation.

16.16.e. The time stated is subject to approval or modification by the director.

16.16.f. In determining whether to approve the time submitted by the nursing home, the director shall consider the following factors:

16.16.f.1. The seriousness of the violation;

16.16.f.2. The number of residents affected;

16.16.f.3. The availability of required equipment or personnel;

16.16.f.4. The estimated time required for delivery and installation of required equipment; and

16.16.f.5. Any other relevant circumstances.

16.16.g. A plan of correction shall contain:

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16.16.g.1. The corrective actions that the nursing home will accomplish for those residents found to have been affected by the deficiency;

16.16.g.2. How the nursing home will identify other residents having the potential to be affected by the same deficiency and what corrective action will be taken;

16.16.g.3. What measures the nursing home will put into place or what systemic changes will be made to ensure that the deficiency does not recur; and

16.16.g.4. How the nursing home will monitor the corrective actions put in place to ensure the deficiency will not recur, i.e., what quality assurance program will be put into place.

16.16.h. A plan of correction submitted by a nursing home shall be approved, modified or rejected by the director.

16.16.i. The director shall notify each nursing home within ten (10) working days as to whether a plan of correction has been approved, modified or rejected.

16.16.j. If the director rejects or modifies the plan, the reasons for the action shall be stated in the notice.

16.16.k. When the director rejects a plan of correction, a revised plan shall be submitted by the nursing home to the director within seven (7) working days of receipt of the rejection.

16.16.l. A nursing home with a repeat deficiency or with deficiencies resulting in immediate jeopardy or causing harm to a resident may not submit a revised plan of correction.

16.16.m. If the nursing home fails to submit a plan of correction that is accepted by the director or to correct any deficiency within the time specified in an accepted plan of correction, the director may assess civil money penalties as provided in this rule or may initiate any other legal or disciplinary action available to him or her in accordance with State law and this rule.

§64-13-17. Deemed Status.

17.1. Approval Process.

17.1.a. Upon approval of deemed status by the Health Care Financing Administration, the director shall accept accreditation by the Joint Commission on the Accreditation of Healthcare Organizations or any other Health Care Financing Administration approved accrediting organization with standards and inspection process comparable to W. Va. Code §16-5C-1, et seq., and the regulations and rules duly promulgated thereunder as evidence that the nursing home demonstrates compliance with or meets all licensing requirements. The director shall not perform a licensing inspection if the following criteria are met:

17.1.a.1. A nursing home sends the director a copy of the organization's official accreditation report within thirty (30) days of the nursing home's notification of accreditation; and

17.1.a.2. Quality of care measures are identified and assured as required by W. Va. Code §16-5C-9a(c).

17.2. Responsibilities of the Director.

17.2.a. The director may use this report in lieu of one (1) regular nursing home licensure inspection.

17.2.b. The director shall make any inspections and investigations as he or she considers necessary, investigate complaints, perform follow up activities on adverse accreditation findings, conduct periodic validation inspections, and perform any Health Care Financing Administration mandated tasks.

17.2.c. Pursuant of W. Va. Code §16-5C-9a(d), the director may revoke the nursing home's exemption from State licensing inspections upon substantiation of a complaint.

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TABLE 64-13A
Minimum Ratios of Resident Care Personnel to Residents

Total Resident Care Personnel			Total Resident Care Personnel			Total Resident Care Personnel			Total Resident Care Personnel		
No of Residents	Hours per day	# Pers per day	No of Residents	Hours per day	# Pers per day	No of Residents	Hours per day	# Pers per day	No of Residents	Hours per day	# Pers per day
3 to 10	48	6	91	205	26	136	306	38	181	408	51
11 to 20	56	7	92	207	26	137	309	39	182	410	51
21 to 30	72	9	93	210	26	138	311	39	183	412	52
31 to 40	90	11	94	212	27	139	313	39	184	414	52
41 to 50	113	14	95	214	27	140	315	39	185	417	52
51	115	14	96	216	27	141	318	40	186	419	52
52	117	15	97	219	27	142	320	40	187	421	53
53	120	15	98	221	28	143	322	40	188	423	53
54	122	15	99	223	28	144	324	41	189	426	53
55	124	16	100	225	28	145	327	41	190	428	54
56	126	16	101	228	29	146	329	41	191	430	54
57	129	16	102	230	29	147	331	41	192	432	54
58	131	16	103	232	29	148	333	42	193	435	54
59	133	17	104	234	29	149	336	42	194	437	55
*60	135	17	105	237	30	150	338	42	195	439	55
61	138	17	106	239	30	151	340	43	196	441	55
62	140	18	107	241	30	152	342	43	197	444	56
63	142	18	108	243	30	153	345	43	198	446	56
64	144	18	109	246	31	154	347	43	199	448	56
65	147	18	110	248	31	155	349	44	200	450	56
66	149	19	111	250	31	156	351	44	201	453	57
67	151	19	112	252	32	157	354	44	202	455	57
68	153	19	113	255	32	158	356	45	203	457	57
69	156	20	114	257	32	159	358	45	204	459	57
70	158	20	115	259	32	160	360	45	205	462	58
71	160	20	116	261	33	161	363	45	206	464	58
72	162	20	117	264	33	162	365	46	207	466	58
73	165	21	118	266	33	163	367	46	208	468	59
74	167	21	119	268	34	164	369	46	209	471	59
75	169	21	120	270	34	165	372	47	210	473	59
76	171	21	121	273	34	166	374	47	211	475	59
77	174	22	122	275	34	167	376	47	212	477	60
78	176	22	123	277	35	168	378	47	213	480	60
79	178	22	124	279	35	169	281	35	214	482	60
80	178	22	125	282	35	170	383	48	215	484	61
81	180	23	126	284	36	171	385	48	216	486	61
82	183	23	127	286	36	172	387	48	217	489	61
83	185	23	128	288	36	173	390	49	218	491	61
84	187	23	129	291	36	174	392	49	219	493	62
85	189	24	130	293	37	175	394	49	220	495	62

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86	194	24	131	295	37	176	396	50	221	498	62
87	196	25	132	297	37	177	399	50	222	500	63
88	198	25	133	300	38	178	401	50	223	502	63
89	201	25	134	302	38	179	403	50	224	504	63
90	203	25	135	301	38	180	405	51	225	507	63

*60 and less may include director of nurse

Number of personnel per day are full-time personnel equivalents based on forty (40) hours per week

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TABLE 64-13B

Surety Bond Schedule

AVERAGE RESIDENT FUNDS MONTHLY BALANCE	REQUIRED SURETY BOND AMOUNT
\$ 1 to \$2,000	\$2,500
\$2,001 to \$2,100	\$2,625
\$2,101 to \$2,200	\$2,750
\$2,201 to \$2,300	\$2,875
\$2,301 to \$2,400	\$3,000
\$2,401 to \$2,500	\$3,125
\$2,501 to \$2,600	\$3,250
\$2,601 to \$2,700	\$3,375
\$2,701 to \$2,800	\$3,500
\$2,801 to \$2,900	\$3,625
\$2,901 to \$3,000	\$3,750
\$3,001 to \$3,100	\$3,875
\$3,101 to \$3,200	\$4,000
\$3,201 to \$3,300	\$4,125
\$3,301 to \$3,400	\$4,250
\$3,401 to \$3,500	\$4,375
\$3,501 to \$3,600	\$4,500
\$3,601 to \$3,700	\$4,625
\$3,701 to \$3,800	\$4,750
\$3,801 to \$3,900	\$4,875
\$3,901 to \$4,000	\$5,000
\$4,001 to \$4,100	\$5,125
\$4,101 to \$4,200	\$5,250
\$4,201 to \$4,300	\$5,375
\$4,301 to \$4,400	\$5,500
\$4,401 to \$4,500	\$5,625
\$4,501 to \$4,600	\$5,750
\$4,601 to \$4,700	\$5,875
\$4,701 to \$4,800	\$6,000
\$4,801 to \$4,900	\$6,125

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AVERAGE RESIDENT FUNDS MONTHLY BALANCE	REQUIRED SURETY BOND AMOUNT
\$4,901 to \$5,000	\$6,250
\$5,001 to \$5,100	\$6,375
\$5,101 to \$5,200	\$6,500
\$5,201 to \$5,300	\$6,625
\$5,301 to \$5,400	\$6,750
\$5,401 to \$5,500	\$6,875
\$5,501 to \$5,600	\$7,000
\$5,601 to \$5,700	\$7,125
\$5,701 to \$5,800	\$7,250
\$5,801 to \$5,900	\$7,375
\$5,901 to \$6,000	\$7,500
\$6,001 to \$6,100	\$7,625
\$6,101 to \$6,200	\$7,750
\$6,201 to \$6,300	\$7,875
\$6,301 to \$6,400	\$8,000
\$6,401 to \$6,500	\$8,125
\$6,501 to \$6,600	\$8,250
\$6,601 to \$6,700	\$8,375
\$6,701 to \$6,800	\$8,500
\$6,801 to \$6,900	\$8,625
\$6,901 to \$7,000	\$8,750
\$7,001 to \$7,100	\$8,875
\$7,101 to \$7,200	\$9,000
\$7,201 to \$7,300	\$9,125
\$7,301 to \$7,400	\$9,250
\$7,401 to \$7,500	\$9,375
\$7,501 to \$7,600	\$9,500
\$7,601 to \$7,700	\$9,625
\$7,701 to \$7,800	\$9,750
\$7,801 to \$7,900	\$9,875
\$7,901 to \$8,000	\$10,000

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AVERAGE RESIDENT FUNDS MONTHLY BALANCE	REQUIRED SURETY BOND AMOUNT
\$8,001 to \$8,100	\$10,125
\$8,101 to \$8,200	\$10,250
\$8,201 to \$8,300	\$10,375
\$8,301 to \$8,400	\$10,500
\$8,401 to \$8,500	\$10,625
\$8,501 to \$8,600	\$10,750
\$8,601 to \$8,700	\$10,875
\$8,701 to \$8,800	\$11,000
\$8,801 to \$8,900	\$11,125
\$8,901 to \$9,000	\$11,250
\$9,001 to \$9,100	\$11,375
\$9,101 to \$9,200	\$11,500
\$9,201 to \$9,300	\$11,625
\$9,301 to \$9,400	\$11,750
\$9,401 to \$9,500	\$11,875
\$9,501 to \$9,600	\$12,000
\$9,601 to \$9,700	\$12,125
\$9,701 to \$9,800	\$12,250
\$9,801 to \$9,900	\$12,375
\$9,901 to \$10,000	\$12,500
\$10,001 or more	Calculate ²

² 1.25 times the prior year's average monthly balance of client's funds

**TITLE 64
LEGISLATIVE RULE
BUREAU FOR PUBLIC HEALTH**

**SERIES 85
ALZHEIMER'S/DEMENTIA SPECIAL CARE UNITS AND PROGRAMS**

§64-85-1. General.

1.1. Scope. -- This legislative rule prescribes specific standards and procedures to provide for the health, safety, and protection of the rights and dignity of individuals served by alzheimer's/dementia special care units and programs. This rule shall be read in conjunction with W. Va. Code § 16-5R-1 et seq. The W. Va. Code is available in public libraries and on the Legislature's web page, <http://www.legis.state.wv.us/>.

1.2. Authority. -- W. Va.. Code §§16-1-4 and 16-5R-5(a).

1.3. Filing Date. -- April 12, 2006.

1.4. Effective Date. -- May 1, 2006.

1.5. Applicability. -- This rule applies to facilities which advertise, market or otherwise promote the facility as providing special care units or programs for persons who have alzheimer's disease or a related dementia.

1.6. Enforcement. -- This rule is enforced by the secretary of the West Virginia department of health and human resources or his or her lawful designee.

§64-85-2. Definitions.

2.1. Activities of daily living -- The activities that individuals generally perform regularly in the course of maintaining their physical selves, such as eating, dressing, oral hygiene, toileting, personal grooming, and moving themselves from one location to another, as for example, in moving from a bed to a chair, or from one (1) room to another.

2.2. Advertise. -- To make publicly and generally known, usually by printed notice or broadcast.

2.3. Alzheimer's/Dementia Special Care Units and Programs

2.3.a. Alzheimer's/Dementia Special Care Programs. -- Any licensed facility, as defined in this rule, that provides specialized services, for a specified number of hours, for residents with a diagnosis of alzheimer's disease or a related dementia; and that advertises, markets, or otherwise promotes the facility as providing specialized alzheimer's/dementia care services.

2.3.b. Alzheimer's/Dementia Special Care Units. -- Any licensed facility, as defined in this rule, that provides specialized services, twenty-four (24) hours per day, in a specialized unit in the facility, for residents with a diagnosis of alzheimer's disease or related dementia; and that advertises, markets, or otherwise promotes the facility as providing a specialized unit for residents requiring alzheimer's/dementia care services.

2.4. Alzheimer's disease. -- A progressive, neurodegenerative disease characterized by a loss of function and death of nerve cells in several areas of the brain, leading to loss of mental functions such as memory and learning. This disease is considered to be the most common form of dementia.

2.5. Dementia. -- A deterioration of intellectual function and other cognitive skills, leading to a decline in the ability to perform activities of daily living.

2.6. Disclosure. -- The disclosure required by W. Va. Code §16-5R-4, which is a written document prepared by the facility and provided to individuals and their families, prior to admission of the resident, to disclose the form of care or treatment provided that distinguishes it as being especially applicable to, or suitable for,

individuals.

2.7. Legal Representative¹. –

2.7.a. A conservator, temporary conservator or limited conservator appointed pursuant to the West Virginia guardianship and conservatorship act, W. Va. Code, §44A-1-11 et seq., within the limits set by the order;

2.7.b. A guardian, temporary guardian or limited guardian appointed pursuant to the West Virginia guardianship and conservatorship act, W. Va. Code, §44A-1-1 et seq., within the limits set by the order;

2.7.c. An individual appointed as committee or guardian prior to June 9, 1994, within the limits set by the appointing order and W. Va. Code §44A-1-2(d);

2.7.d. An individual having a medical power of attorney pursuant to the West Virginia health care decisions act, W. Va. Code §16-30-1 et seq., within the limits set by the law and the appointment;

2.7.e. An individual named as representative payee under the United States social security act, title 42 U.S.C. §301 et seq., within the limits of the payee’s legal authority;

2.7.f. A health care surrogate appointed pursuant to the West Virginia health care decisions act, W. Va. Code §16-30-1 et seq., within the limits set by the appointment;

2.7.g. An attorney in fact appointed with power of attorney under common law or pursuant to uniform durable power of attorney, W. Va. Code §39-4-1 et seq., within the limits set by the appointment; or

2.7.h. An individual lawfully appointed in a similar or like relationship of responsibility

for a resident under the laws of this state, or another state or legal jurisdiction, within the limits of the applicable statute and appointing authority; and

2.7.i. Who has no financial ties to the health care facility.

2.8. Market. -- To expose for sale or promotion. This includes but is not limited to individual letters written to prospective users or purchasers of services, brochures and advertisements.

2.9. Promote. -- To advocate the adoption or use of; to try to sell or popularize by publicity.

§64-85-3. State Administrative Procedures.

3.1. General licensing provisions.

3.1.a. A facility that proposes to advertise, market, or otherwise promote the facility as providing a specialized unit or program for residents requiring alzheimer’s/dementia care services in an alzheimer’s/dementia special care unit or program shall first obtain an additional license from the secretary, to operate the special care unit or program.

3.1.b. A facility shall be licensed or eligible for a license as a health care facility in accordance with West Virginia law, to operate an alzheimer’s/dementia special care unit or program. The facility shall meet the requirements of this rule in addition to any other applicable federal or state law and rule.

3.1.c. The facility shall make application to the secretary, prior to operation and on an annual license renewal application, on a form provided by the secretary. The applicant shall complete, sign and date the application.

3.1.d. The applicant shall submit a disclosure and application for approval, completed on forms provided by the secretary.

3.1.e. The secretary may, at his or her discretion, deny the application, if the facility is the subject of enforcement action by the

¹ Owners and administrators should note that the various types of legal representatives do not necessarily have the lawful authority to act on behalf of the resident in all matters that may require action by a legal representative. For example, a conservator may have responsibility for financial affairs, but not personal affairs, such as medical care.

department or has a history of noncompliance.

3.1.f. Prior to occupancy, the applicant shall submit architectural plans for an alzheimer's/dementia special care unit, including any new additions or renovations, to the secretary and state fire marshal for approval.

3.2. Inspections

3.2.a. The secretary, during the facility's state licensure surveys, shall evaluate compliance with this rule and verify the accuracy of the facility's disclosure statement.

3.2.b. The secretary shall conduct complaint investigations regarding the alzheimer's/dementia special care unit or program in accordance with the applicable state licensing provisions for the facility.

3.3. Non-Compliance

3.3.a. In the event an alzheimer's/dementia special care unit or program fails to comply with the standards of this rule, the secretary shall cite noncompliance and enforce penalties in accordance with the applicable state licensing provisions of the facility and this rule.

3.3.b. Any facility that fails to maintain substantial compliance with this rule is prohibited from advertising, marketing or promoting the facility as providing specialized alzheimer's or dementia care services.

§64-85-4. Human Resources.

4.1. Qualifications, Orientation and Training

4.1.a. A designated staff member shall be responsible for the coordination of the alzheimer's/dementia special care unit or program. The coordinator shall:

4.1.a.1. Coordinate as needed outside psychiatric and psychosocial services to assist with behavior modification plans;

4.1.a.2. Advocate for resident rights;

4.1.a.3. Ensure individualized interventions are provided to allow residents to express feelings resulting from the disease process, lost roles and life status;

4.1.a.4. Obtain and utilize a listing of community resources available to residents and family members, including alzheimer's networks; and

4.1.a.5. Offer monthly educational and family support group meetings.

4.1.b. The coordinator shall meet the minimum qualifications which include:

4.1.b.1. A license or degree as a health related professional;

4.1.b.2. A minimum of one year working directly with dementia or Alzheimer's care patients; and

4.1.b.3. Completion of at least a thirty (30) hour training course by a nationally recognized alzheimer's/dementia care giving resource or association, or have comparable training and experience.

4.1.c. All assigned staff members shall complete a minimum of thirty (30) hours of training on the care of residents with alzheimer's disease and related dementia. Staff shall have a minimum of fifteen (15) hours of documented training prior to supervised direct hands on resident care. An additional fifteen (15) hours of training shall be completed prior to unsupervised direct care. Supervision shall be provided by a staff person who has completed the entire training. Training shall include at a minimum:

4.1.c.1. The facility's philosophy and resident care policies;

4.1.c.2. The nature, stages, and treatment of alzheimer's disease and related dementia;

4.1.c.3. Positive therapeutic interventions and activities;

4.1.c.4. Communication techniques;

4.1.c.5. Behavior management;

4.1.c.6. Medication management;

4.1.c.7. Therapeutic environmental modifications;

4.1.c.8. Individualized comprehensive assessments and care plans;

4.1.c.9. The role of the family and their need for support;

4.1.c.10. Staff burnout prevention; and

4.1.c.11. Abuse prevention.

4.1.d. The facility shall provide a minimum of eight (8) hours of documented annual training to all staff on the topics in subdivision 4.1.c. of this subsection.

4.1.e. The facility shall maintain and utilize an orientation manual and policies and procedures specific to the alzheimer's/dementia special care unit or program.

4.2. Staffing Requirements

4.2.a. The alzheimer's/dementia special care unit or program shall provide sufficient numbers of direct care staff to provide care and services during all hours of operation to meet the physical, mental and psychosocial needs and to promote the highest practicable level of well-being of each resident.

4.2.b. The alzheimer's/dementia special care unit or program shall provide staffing at no less than an average of two and twenty-five one-hundredths (2.25) hours of direct care personnel time per resident per day, or during the hours of operation, or as required by the facility's state licensure rule if more demanding.

4.2.b.1. When the resident census is greater than five (5) residents, a minimum of two (2) direct care personnel shall be present.

4.2.b.2. "Available" or "on call" staff shall not be calculated into the minimum staffing hours required.

4.2.c. A licensed nurse shall be available on-site if any resident requires nursing procedures, including as needed (PRN) injections, or as required by the facility's state licensure rule, if more restrictive.

4.2.d. Direct care staff shall not have housekeeping, laundry, food preparation or maintenance duties as their primary responsibilities. The unlicensed direct care staff included in the minimum staffing shall not be responsible for medication administration during the day or evening shift, including staff in a facility that participates in 64CSR60 "Medication Administration By Unlicensed Personnel".

4.2.e. The secretary may require staffing above the minimum requirement specified in this subsection if necessary to meet the resident's needs.

§64-85-5. Admission, Transfer and Discharge.

5.1. Each facility shall have a written policy of pre-admission screening, admission, transfer and discharge procedures, including an explanation of the level of care the facility is licensed to provide and the conditions that may necessitate a resident's transfer or discharge.

5.2. Admission criteria shall include a signed and dated physician's diagnosis of alzheimer's disease or related dementia, a description of any behavioral, personality and physical symptoms, medical history, physical exam, and treatment plan.

5.3. The facility shall base admission decisions on the facility's ability to meet the individual's needs, state licensure limitations on the facility's level of care, and the availability of licensed nursing staff to provide care.

5.4. Prior to admission, the facility shall provide a copy and an explanation of the disclosure statement to the resident and/or the resident's legal representative. The facility shall maintain a copy of this disclosure, signed and dated by the resident and/or legal representative, in the resident's record.

§64-85-6. Assessments and Plans of Care.

6.1. Within three (3) days of admission, the unit coordinator, with input from at least the resident and/or the resident's legal representative, shall review the immediate care needs of the resident and establish a preliminary care plan.

6.2. Within seven (7) days of admission, an interdisciplinary team including the unit coordinator, a social worker, the activities director, direct care staff and a registered nurse and other professional disciplines as appropriate, shall complete an initial assessment of a new resident which includes at a minimum: a social history; family supports; level of activities of daily living functioning; cognitive level; behavioral impairment; and nutritional status, including weight and nutritional requirements.

6.3. Within twenty-one (21) days of admission the interdisciplinary team and the resident and/or the resident's legal representative, shall develop a written individualized care plan, signed by each member of the alzheimer's/dementia special care unit or program staff, the resident and/or the resident's legal representative which shall:

6.3.a. Reflect the resident as a person, with family history and interests;

6.3.b. Accurately describe specific needs, choices, problems and any inappropriate behaviors;

6.3.c. Describe specific desired outcomes and specific interventions to be used to achieve the desired outcomes;

6.3.d. Support the individual toward as much independence as possible;

6.3.e. Include opportunities for resident choice and self management; and

6.3.f. Contain the job titles of staff who are to be primarily responsible for implementing the care plan.

6.4. The facility shall make a copy of the

care plan available to all staff to ensure consistent implementation.

6.5. The facility shall provide resident care in accordance with the care plan.

6.6. The interdisciplinary team shall review, evaluate for effectiveness and revise the resident's assessment and care plan at least quarterly or more frequently as indicated by the changing needs of the resident.

§64-85-7. Behavior Management.

7.1. The alzheimer's/dementia special care unit or program shall conduct and document an ongoing evaluation of any resident with behaviors, which are persistent and constitute sources of distress or dysfunction to the resident, or present a danger to the resident or other individuals. The evaluation shall determine the following:

7.1.a. A baseline of the intensity, duration, and frequency of the behavior;

7.1.b. Antecedent behaviors and activities;

7.1.c. Recent changes or risk factors in the resident's life;

7.1.d. Environment factors such as time of day, staff involved, noise, levels etc.;

7.1.e. The resident's medical status;

7.1.f. Staffing patterns at times of inappropriate behavior;

7.1.g. Alternative, structured activities or behaviors that have been successful or unsuccessful in the past; and

7.1.h. The effectiveness of behavioral management approaches.

7.2. The facility shall implement a less restrictive, systematic, non-medication behavioral management approach to assist a resident prior to obtaining orders for psychotropic or behavioral modifying medications.

7.3. The facility shall ensure that any resident receiving a psychotropic or behavioral modifying medication shall:

7.3.a. Have that medication administered in a dose based on the age recommendations of the individual;

7.3.b. Have a diagnosed and documented condition justifying the use of the medication;

7.3.c. Receive daily monitoring for any side effects or adverse reaction to the medication;

7.3.d. Have adverse findings reported to the resident's physician immediately; and

7.3.e. Have periodic dose reductions in the medication in an attempt to discontinue the medication unless the physician has determined that a dose reduction is contraindicated, based on the resident's condition.

7.4. A registered professional nurse or other appropriate licensed health care professional shall evaluate all residents receiving psychotropic or behavioral modifying medications monthly to assess the resident's functional level, identify potential adverse effects of the medication and consult with the resident's physician to determine if the medication should be continued.

7.5. The resident's physician shall document in the resident's medical record every six (6) months a reassessment and determination for the continued use of the medications and reasons a dose reduction would be contraindicated.

§64-85-8. Social Services.

8.1. A licensed social worker or licensed professional counselor shall be responsible for providing the alzheimer's/dementia special care unit or program with the following services:

8.1.a. A comprehensive social assessment of each resident which includes the following:

8.1.a.1. The resident's preferred name;

8.1.a.2. The resident's past places of residence;

8.1.a.3. The resident's family support system, with names and telephone numbers;

8.1.a.4. The resident's past employment status, career history, and educational level;

8.1.a.5. The resident's place of birth;

8.1.a.6. The resident's childhood history (i.e. rural or city, religion, lifestyle, culture);

8.1.a.7. Languages spoken;

8.1.a.8. Names of the resident's parents, children, siblings and legal representative;

8.1.a.9. Names of the resident's pets; and

8.1.a.10. The resident's adult daily routines (i.e. hour of rising and sleep, habits, etc.); and

8.1.b. Participation in resident interdisciplinary care planning.

§64-85-9. Activities.

9.1. The alzheimer's/dementia special care unit and program shall provide activities appropriate to the needs of the individual residents. The residents' routine should be developed and structured seven (7) days per week and incorporate the possible need for therapeutic programming twenty four (24) hours per day in an alzheimer's/dementia special care unit and during the hours of operation of the alzheimer's/dementia special care program.

9.2. The activities program shall be directed by a person who is a therapeutic recreation specialist, occupational therapist, or activities

professional who has:

9.2.a. Two years of experience in a social or recreational program in the past five years, one of which was full-time in a resident activities program in a health care setting;

9.2.b. Demonstrated the ability to provide for an ongoing program of activities designed to meet the residents needs;

9.2.c. Completed a training course approved by the state; and

9.2.d. Completed the training required in subdivision 4.1.c. of this rule.

9.3. At least one employee per shift shall be responsible for activities programming with the assistance, participation and coordination of all direct care staff.

9.4. Activities programming shall:

9.4.a. Be provided to large and small groups, and on an individual basis;

9.4.b. Be geared toward long term memory rather than short term memory;

9.4.c. Provide multiple short activities to work with short attention spans;

9.4.d. Provide experiences with animals, nature, and children;

9.4.e. Provide opportunities for physical, social and emotional outlets;

9.4.f. Provide activities that create a feeling of usefulness; and

9.4.g. Be appropriate and meaningful for each resident, by respecting his or her cognitive level, beliefs, culture, values, and life experience.

9.5. Planned and spontaneous group and individual activities shall be provided in the following areas at least daily:

9.5.a. Gross motor activities (i.e. exercise, dancing, gardening, cooking, etc.);

9.5.b. Self care activities (i.e. dressing, personal hygiene, grooming, etc.);

9.5.c. Social activities (i.e. spiritual, intellectual, games, music, etc.); and

9.5.d. Sensory and memory enhancement activities (i.e. auditory, scent, taste, and tactile stimulation, and reminiscing, etc.)

9.6. The alzheimer's/dementia special care unit or program shall offer the following activities at least weekly at a minimum and within specified time periods:

9.6.a. Crafts (i.e. decorations, pictures, painting, etc.); and

9.6.b. Outdoor activities, as weather permits (i.e. walking outdoors, field trips, etc.)

9.7. The alzheimer's/dementia special care unit or program shall offer the following activities at least monthly:

9.7.a. Seasonal and holiday activities

§64-85-10. Physical Environment.

10.1. The alzheimer's/dementia special care unit and alzheimer's/dementia special care program site shall be designed to accommodate residents with dementia in a non-institutional home-like environment. The design and environment shall assist residents in their activities of daily living; enhance their quality of life, reduce tension, agitation, and problem behaviors, and promote their safety.

10.2. In addition to the physical design standards required for the facility's license, an alzheimer's/dementia special care unit and program site shall have the following:

10.2.a. A floor plan design with limited access to the designated area so that visitors and staff do not pass through the unit to get to other areas of the facility;

10.2.b. A multipurpose room for dining, group and individual activities and family visits which complies with the facility's applicable

licensing requirements for common space;

10.2.c. Security measures to provide for the safety of wandering residents that are as unobtrusive as possible;

10.2.d. High visual contrasts between floors and walls, and doorways and walls in resident use areas. Except for fire exits, door and access ways may be designed to minimize contrast to obscure or conceal areas the residents should not enter;

10.2.e. Non-reflective floors, walls and ceilings which minimize glare;

10.2.f. Evenly distributed lighting which minimizes glare and shadows and is designed to meet specific needs of the residents;

10.2.g. A monitoring or nurses' station, which includes a communication system such as a telephone or two-way voice actuated call system to the main staff station of the facility, and space for charting and storage for resident records; and

10.2.h. Secured outdoor space and walkways which allow residents to ambulate but prevent undetected egress.

10.2.h.1. Outdoor areas shall have fencing or barriers that prevent elopement and do not have features that pose a threat to resident safety.

10.2.h.2. Walkways shall meet the accessibility requirements of the Americans with Disabilities Act (ADA) structural building codes.

10.3. The alzheimer's/dementia special care unit and alzheimer's/dementia special care program (as applicable) shall:

10.3.a. Provide freedom of movement for the residents to common areas, and to their personal spaces, and shall not lock residents out of or inside their rooms;

10.3.b. Provide plates and eating utensils which provide visual contrast between them and the table and that maximize the independence of the individual residents;

10.3.c. Provide comfortable chairs, in the common use area, including chairs that allow for gently rocking or gliding;

10.3.d. Encourage and assist residents to decorate and furnish their rooms in accordance with their personal preferences;

10.3.e. Individually identify resident's rooms to assist residents in recognizing their room based on each resident's cognitive level;

10.3.f. Keep corridors and common use areas free of objects which may cause falls;

10.3.g. Be free of toxic plants; and

10.3.h. Only use public address systems in the unit (if one exists) for emergencies

10.4. The alzheimer's/dementia special care unit or program shall develop policies and procedures to deal with residents who may wander so as to prevent egress and shall include actions to be taken in case a resident elopes.

10.5. If locking devices are used on exit doors, the locking devices shall be electronic and release when the following occurs:

10.5.a. The fire alarm or sprinkler system is activated;

10.5.b. Power to the facility fails; and

10.5.c. A key button or key pad located at the exits for routine use by staff for service is passed.

10.6. If key pads are used to lock and unlock exits:

10.6.a. Directions for their operations shall be posted on the outside of the door to allow individuals access to the unit; and

10.6.b. Staff shall be trained in the methods of releasing the locking device.

10.7. All locking devices and keypad locks shall meet all applicable fire safety requirements.

§64-85-11. Penalties.

11.1. Civil Penalties.

11.1.a. For violations of this rule, the secretary shall administer the civil penalties in the West Virginia Code and rules applicable to the facility.

11.1.b. Upon completion of a report of inspection, the secretary shall determine what, if any, civil penalties are to be imposed pursuant to the West Virginia Code and this rule, and any rule applicable to the primary facility and issue citations. The secretary shall assess supplemental penalties for a facility's failure to correct continuing violations: Provided, that where supplemental penalties have been assessed for continued failure to correct a violation of a non-life threatening nature, the secretary shall, prior to issuing a written citation, notify the licensee or non-licensed operator by registered or certified mail, return receipt requested, that civil penalties will be imposed on a date to be specified by the secretary unless the corrective actions specified by the secretary are implemented in an acceptable manner.

11.1.c. The secretary shall issue all citations in writing and shall include at least the following:

11.1.c.1. The penalty;

11.1.c.2. A description of the nature of the violation, fully stating the specific statutory or rule provision and the manner in which the licensee or non-licensed operator violated that statutory provision or provision of the rule; and

11.1.c.3. The basis upon which the secretary assessed the penalty and selected the amount of civil money penalty, as well as the basis for the calculations.

11.1.d. The name of any resident jeopardized by the violation shall not be specified in the citation.

11.1.e. Each day a violation continues after the date by which correction was required

by an approved plan of correction, or if an approved plan of correction was not submitted, the date on which the plan was due constitutes a separate violation.

11.1.f. In both determining to assess a civil penalty and in fixing the amount of civil penalty to be imposed for violations, the secretary shall consider the gravity of the violation, which shall include:

11.1.f.1. The degree of substantial probability that death or serious physical harm will result and, if applicable, did result from the violation;

11.1.f.2. The severity of serious physical harm most likely to result, and if applicable, that did result from the violation; and

11.1.f.3. The extent to which the provisions of the applicable statutes or rules were violated.

11.1.g. If a licensee or a non-licensed operator does not plan to contest a citation which imposes a penalty, he or she shall submit to the secretary, within ten (10) business days after the issuance of the citation, the total sum of the penalty assessed.

11.1.h. If a licensee or a non-licensed operator desires to contest a citation which imposes a penalty or the date specified for correction of a violation, he or she shall, within ten (10) business days after service of the citation or specification of time in which violations are to be corrected, serve upon the secretary, either personally or by registered or certified mail, the licensee's or non-licensed operator's written notice pursuant to West Virginia Department of Health and Human Resources Administrative Rules, Rules of Procedure for Contested Case Hearings and Declaratory Rulings, 64CSR1.

11.1.i. The assessments for penalties and for costs of legal action taken under the relevant W.Va. Code for the facility shall have monthly interest assessed at two percent (2%) on the last day of each month in which occurs the thirtieth (30th) day after receipt of notice of the assessment or after the month in which occurs the thirtieth (30th) day after receipt of the

secretary's final order following a hearing, whichever is later.

11.1.i.1. All assessments against a facility that are unpaid shall be added to the facility's licensure fee and may be filed as a lien against the property of the licensee or operator of the facility.

11.1.j. The secretary shall, in a civil judicial proceeding, recover any unpaid assessment which : (a) has not been contested under the applicable statute or rule within thirty (30) days of receipt of notice of the assessment; (b) has been affirmed under the applicable statute or rule and not appealed within thirty (30) days of receipt of the secretary's final order; or (c) has been affirmed on judicial review, as provided in the applicable statute or rule.

11.1.j.1. All money collected by assessments of civil penalties or interest shall be paid into a special resident benefit account and shall be applied by the secretary only for the protection of the health or property of residents of facilities operated within the State of West Virginia, including: payment for costs of relocation of residents to other facilities; operation of a home pending correction of deficiencies or closure; and reimbursement of residents for personal funds lost.

11.2. Suspension or Revocation of the License.

11.2.a. The secretary may suspend or revoke the current license of the alzheimer's/dementia unit or program, if he or she finds evidence of one (1) or more of the following:

11.2.a.1. The facility failed to provide to prospective patients or their legal representatives, in writing, the form of care or treatment specific to alzheimer's residents that contains the information set forth on W. Va. Code §16-5R-4(c)(1-6);

11.2.a.2. The facility continued to advertise, market, or otherwise promote the facility as a specialized alzheimer's/dementia care unit or program after receiving notice that

the unit or program does not meet department standards.

11.2.a.3. The facility failed to be in substantial compliance with the standards set forth in this rule or the rule applicable to the primary facility.

11.2.b. The secretary shall consider all available evidence at the time of the determination, including the history of the facility, unit or program and the applicant in complying with this rule, notices of violations which have been issued to the facility and the applicant, findings of surveys and inspections, and any evidence provided by the facility, unit or program, residents, law enforcement officials, and other interested individuals.

11.3. Ban on New Admissions. Reduction in Bed Capacity.

11.3.a. In addition to all other actions and penalties specified in this rule, the secretary may ban new admissions by order until further notice by the secretary or reduce the bed capacity of a unit or both, when on the basis of inspection he or she determines that:

11.3.a.1. There is an immediate and serious threat to one or more residents;

11.3.a.2. There are poor care outcomes resulting in an avoidable decline in a resident's condition; or

11.3.a.3. There has been a decline in the functional abilities of one or more residents resulting from neglect or abuse; and

11.3.a.4. An admission ban or reduction in bed capacity or both would place the facility, unit or program in a position to render adequate care.

11.3.b. The secretary shall notify a licensee of an admissions ban or reduction in bed capacity or both, stating the terms of the order, the reasons for the order and the date set for compliance with the order.

11.3.c. In addition to all other actions and penalties specified by law and this rule, the

secretary may revoke a license which has been obtained through the use of fraud and subterfuge.

§64-85-12. Administrative Due Process.

12.1. Administrative due process and remedies for actions taken under this rule, are set forth in the West Virginia Department of Health and Human Resources Administrative Rules, Rules of Procedure for Contested Case Hearings and Declaratory Rulings, 64CSR1 and W. Va. Code §§ 29A-4-1, et seq. and 29A-5-1, et seq.

**TITLE 21
LEGISLATIVE RULE
WEST VIRGINIA NURSING HOME ADMINISTRATORS
LICENSING BOARD**

**SERIES 1
NURSING HOME ADMINISTRATORS**

§21-1-1. General.

1.1. Scope. -- This rule establishes the requirements for licensing as a Nursing Home Administrator.

1.2. Authority. -- W. Va. Code §30-25-7.

1.3. Filing Date. -- March 31, 2008.

1.4. Effective Date. -- March 31, 2008.

§21-1-2. Definitions.

Whenever used in this Rule, unless the context or subject matter requires a different meaning, the following terms have their respective meanings:

2.1. "Applicant" means the person who submits an application for a license or permit pursuant to this Rule;

2.2. "Board" means the West Virginia Nursing Home Administrators Licensing Board as created in W. Va. Code §30-25-2;

2.3. "Examination" means both the national test and the state test that applicants are required to pass, unless specified otherwise;

2.4. "License" means the document issued by the Board which authorizes a person to perform the functions of a nursing home administrator as defined and directed in this Rule;

2.5. "Nursing Home Administrator-in-Training" (AIT) means an individual registered with the Board, under subsection 4.3. of this Rule;

2.6. "Practice of Nursing Home Administration" means that performance of any

act or the making of any decision involved in the planning, organizing, directing and/or control of the operation of a nursing home;

2.7. "Reexamination" is a process whereby the applicant may petition the Board to retake either the National and/or State examination if the applicant has not passed the licensure exams;

2.8. "Violation" means a failure to comply with W. Va. Code §§ 30-1-1 et seq. or any provision of this Rule.

2.9. "Emeritus Status" means a retired nursing home administrator duly recognized by the Board to have at least twenty (20) years of practice, with the last ten (10) years of practice being consecutive years in West Virginia;

2.10. "Code of Ethics" means the code of ethics developed by the American College of Health Care Administrators (ACHCA), Alexandria, Virginia (1989) and recommended by the National Association of Boards (NAB), Washington, D.C.; and

2.11. "Professional misconduct or unprofessional conduct" means any conduct by a licensed nursing home administrator (NHA) or permittee, including, but not limited to, any of the following:

2.11.a. obtaining a license or emergency permit by means of fraud, deceit or intentional misrepresentation;

2.11.b. engaging in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities;

2.11.c. failing to exercise a professional regard for the safety, health and life of the patient;

2.11.d. discriminating in respect to patients, employers, or staff on account of race, religion, color, national origin or sex; and

2.11.e. failing to comply with the Code of Ethics.

§21-1-3. Examinations.

3.1. Scheduling of examinations and reexaminations.

3.1.1. Applicants for examination shall meet all pre-requirements for taking the examinations as specified in this rule. Upon Board approval, applicants may apply to test on line for the NAB National Examination through the National Association of Boards of Examiners of Long Term Care Administrators website – www.nabweb.org. All costs or fees charged by the testing agency for the national examination are not covered in the initial application fee. An applicant shall pay all testing fees directly to the testing agency.

3.1.2. Upon Board approval, applicants may sit for the WV State Examination. This examination is administered once a month. The initial application fee covers an applicant’s first time taking the examination, Fifty Dollars (\$50.00) is charged for each additional testing. Applicants shall contact the Board office to schedule the examination.

3.1.3. Applicants may take the national and state examination up to four (4) times within one year from the date they receive Board approval. If an applicant fails either examination for the fourth time, the applicant shall appear before the Board and present evidence of further education before the Board may consider that person eligible for reexamination.

3.1.4. The Board shall keep a record stating in detail the results of the examination for each applicant as a permanent record.

3.2. Pre-examination requirements:

3.2.1. The pre-examination requirements in this section do not apply to any

person licensed as a nursing home administrator prior to May 10, 1986, who has maintained continuous licensure since that time.

3.2.2. The Board shall not admit or permit any person to take an examination for licensure as a nursing home administrator unless that person has submitted thirty (30) days prior to the examination day, an application for Board approval. The Board shall consider the application an application for licensure and also for examination and qualification. The application shall be in writing on forms provided by the Board and shall furnish evidence satisfactory to the Board that the applicant is:

3.2.2.a. over twenty-one (21) years of age; and

3.2.2.b. suitable and fit to be licensed and to practice as a nursing home administrator. A licensed physician shall submit evidence of the applicant's fitness and suitability directly to the Board on forms provided by the Board and shall include, among other things, evidence of the:

3.2.2.b(1) Absence of physical impairments to perform the duties of a nursing home administrator, which include good health and freedom from contagious disease; and

3.2.2.b(2) Absence of any mental impairment that would appear to the Board to be likely to interfere with the performance of the duties of a nursing home administrator.

3.2.3. The Board shall obtain letters of satisfactory performance covering at least the calendar year preceding the date of application relating to the applicants ability to:

3.2.3.a. Understand and communicate general and technical information necessary to the administration and operation of a nursing home (i.e., applicable health and safety rules);

3.2.3.b. Assume responsibilities for the administration of a nursing home as evidenced by prior accredited activities and evaluations of prior services; and

3.2.3.c. relate the physical, psychological, spiritual, emotional and social needs of ill and/or aged individuals to the nursing home administration and create the compassionate climate necessary to meet the needs of the patients in the nursing home.

3.2.4. In addition to the completion of high school or secondary school education, the applicant shall have successfully completed a course of study in and been awarded a baccalaureate degree in:

3.2.4.a. nursing home administration, hospital administration, or other related field as determined by the Board. The applicant shall also have at least (1000) hours experience in an administrative position in a long term care setting. Related health administration fields include nursing, medicine, osteopathy, social work with a concentration in gerontology, psychology, etc. When an applicant has an approved degree, he or she shall verify with the Board that a minimum of twelve (12) college hours were earned in subjects specifically designated as health care management and/or health care administration. Verification allows the Board the flexibility to consider waiver of the Administrator-In-Training (AIT) program prior to approval of the applicant to take the national and state examinations leading to licensure as a Nursing Home Administrator. If the applicant fails to produce documentation satisfactory to the Board, he or she shall complete an Administrator-In-Training (AIT) program as specified in subsection 4.3. of this rule; or

3.2.4.b. a non-health administration field. The applicant shall also complete a one (1) year Administrator-In-Training (AIT) program as specified in subsection 4.3. of this rule. The Board may waive the Administrator-In-Training (AIT) program and approve the applicant to take the national and state examinations if:

3.2.4.c. the applicant possesses a baccalaureate degree in a non-related health care field (i.e., secondary education, accounting, marketing, etc.) but has worked in long-term care in the role of an assistant administrator or an equivalent position such as Director of

Nursing, Assistant Director of Nursing, or Social Services Director , for a period of three (3) years.

3.2.5. The applicant may not acquire his or her (1000) hour administrative work experience specified in subsection 3.2 of this section, by working on an emergency permit or by participation in an Administrator-In-Training Program.

3.2.6. The Board shall not permit an applicant for examination who has been convicted of a felony by any court in West Virginia, or by any court of the United States, to take the licensure examination. The Board shall request a criminal identification Bureau Report from the West Virginia State Police, on all applicants for Administrator licensing.

3.2.7. The Board considers the pre-examination requirements for licensure set forth in this section as minimal and shall not waive them.

3.2.8. The Board may designate a time and place at which an applicant may be required to present himself or herself for inquiry as to his or her suitability for licensure.

3.3. Disqualification: Reexamination.

3.3.1. An applicant for examination who does not meet pre-examination requirements shall be given written notification by the Board by certified mail return receipt requested, of his or her disqualification and the reasons for the disqualification and of his or her right to a hearing within thirty (30) days.

3.3.2. An applicant for examination who does not meet pre-examination requirements may petition the Board in writing for a hearing and a review of his or her application within thirty (30) days of receipt of the notification of disqualification.

3.3.3. Where an applicant for examination has not met pre-examination requirements, he or she may submit a new application for qualification for examination. The applicant shall meet the requirements for

licensing that are in force at the time of the reapplication.

3.4. Subjects for national examination.

3.4.1. Every applicant for licensure as a nursing home administrator, after meeting the requirements for qualification for licensure and examination shall successfully pass a written national examination which may include, but not be limited to;

3.4.1.a. Resident Care and Quality of Life

3.4.1.a.1. The applicant shall have a working knowledge of:

3.4.1.a.1.A. nursing services to maximize a resident's quality of life;

3.4.1.a.1.B. social service programs to maximize a resident's quality of life;

3.4.1.a.1.C. food service programs which meet the nutritional needs of residents, to maximize a resident's quality of life;

3.4.1.a.1.D. medical services to meet resident medical care needs, to maximize a resident's quality of life;

3.4.1.a.1.E. therapeutic recreational and activity programs to meet the needs, wants, and interests of residents, to maximize a resident's quality of life;

3.4.1.a.1.F. medical records programs to meet documentation requirements;

3.4.1.a.1.G. pharmaceutical programs to support medical care for residents to maximize a resident's quality of life; and

3.4.1.a.1.H. rehabilitation programs to maximize a resident's optimal level of functioning

3.4.1.b. Human Resources

3.4.1.b.1. The applicant shall have a working knowledge of:

3.4.1.b.1.A. the process of communication between management and all staff;

3.4.1.b.1.B. the recruitment, evaluation, and retention of individuals to provide resident's care and services;

3.4.1.b.1.C. personnel policies, which are planned, implemented, and evaluated to comply with governmental entities, laws, rules and regulations; and

3.4.1.b.1.D. employee health and safety programs.

3.4.1.c. Finance

3.4.1.c.1. The applicant shall have a working knowledge of:

3.4.1.c.1.A. the budget process for facilities to allocate fiscal resources;

3.4.1.c.1.B. systems to monitor financial performance; and

3.4.1.c.1.C. financial audits and reporting systems.

3.4.1.d. Physical Environment and Atmosphere

3.4.1.d.1. The applicant shall have a working knowledge of:

3.4.1.d.1.A. systems for maintaining and improving buildings, grounds and equipment;

3.4.1.d.1.B. programs that provide a clean, attractive, and home-like environment for residents, staff and visitors;

3.4.1.d.1.C. environmental safety programs that ensure the health, welfare, and safety of residents, staff, and visitors; and

3.4.1.d.1.D. emergency programs to protect the safety and welfare of residents, staff, and property.

3.4.1.e. Leadership and Management

3.4.1.e.1. The applicant shall have a working knowledge of:

3.4.1.e.1.A. policies and procedures which maintain compliance with directives of governing entities;

3.4.1.e.1.B. the need to observe, monitor, and evaluate outcomes of all facility programs, policies, and procedures, to ensure effectiveness

3.4.1.e.1.C. the need to monitor and evaluate resident satisfaction with quality of care and quality of life, through communications with the resident, the resident's representatives or family, staff, volunteers, and governing entities to, maximize the resident's quality of life;

3.4.1.e.1.D. the need to implement, monitor and ensure the integration of resident rights with all aspects of operation;

3.4.1.e.1.E. the need to plan, implement and evaluate risk management programs;

3.4.1.e.1.F. the need to plan, implement and evaluate programs which inform residents and the community of the services offered; and

3.4.1.e.1.G. the need to plan, implement and promote integration between a facility and other community resources (e.g., educational institutions, hospitals, vendors).

3.5. Subjects for State examination.

3.5.1. Every applicant for licensure as a nursing home administrator after meeting the requirements for qualification for licensure and examination shall successfully pass a written

state examination which may include, but not be limited to, the following subjects:

3.5.1.a. Physical Equipment and Facilities;

3.5.1.b. Facility Governance and Management;

3.5.1.c. General Health and Safety;

3.5.1.d. General Residents Rights, Policies and Procedures;

3.5.1.e. Medical and Dental Service;

3.5.1.f. Nursing Service;

3.5.1.g. Dietetic Service;

3.5.1.h. Pharmaceutical Service;

3.5.1.i. Social Services and Activities; and

3.5.1.j. Plans for Care and Medical Records.

§21-1-4. Education, Training and Experience.

4.1. Registration of licensed and/or accredited education institutions and courses of study.

4.1.1. A licensed or accredited educational institution offering any courses of study for the purpose of qualifying applicants for licensure as a nursing home administrator shall first submit the courses of study to the Board for approval. In order for a course of study to be approved, it shall cover those subjects contained on the written national examination as provided for in subsection 3.4. of this rule.

4.2. Registration of continuing education programs.

4.2.1. Every licensed administrator shall obtain annually, at least twenty (20) clock hours of continuing education, through programs approved by the Board or by the National

Association of Boards of Examiners of Long Term Care Administrators National Continuing Education Review Service (NCERS).

4.2.1.a. Emeritus Status Administrators shall obtain annually at least ten (10) clock hours of continuing education approved as provided in subsection 4.2.1. of this rule.

4.2.2. A Licensee seeking continuing education hours for completion of a college course in health care administration may submit to the Board the syllabus of the completed course along with a copy of the official transcript verifying the final grade received. The Board may approve One (1) credited college course hour, to be applied as ten (10) continuing education hours.

4.3. Practical training and experience one (1) year Administrator-In-Training (AIT) Program.

4.3.1. An applicant has the option of acquiring his or her Administrator-In-Training Program under this rule or under the Board's approved program sponsored by the WV Chapter off the American College of Health Care Administrators (WV ACHCA).

4.3.2. Prior to entering the one (1) year nursing home Administrator-in-Training (AIT) program for the purpose of obtaining practical training and experience, the applicant shall apply for the Administrator-in-Training (AIT) permit on a form prescribed by the Board, and submit a fee of Six Hundred Dollars (\$600.00) payable by certified check or money order to the Board.

4.3.3. The Board shall not approve an application for an Administrator-in-Training (AIT) permit unless the applicant submits evidence satisfactory to the Board that he or she meets all preexamination requirements under this rule and that:

4.3.3.a. the training will be under the full-time supervision of a fully licensed nursing home administrator who has been licensed for at least three (3) years and licensed and practicing in West Virginia for at least the preceding year. The nursing home administrator

must be approved by the Board as a preceptor, and accept the responsibility of training the applicant;

4.3.3.b. the training is of a grade and character satisfactory to the Board;

4.3.3.c. the training is to be obtained in a duly licensed nursing home which has been approved by the Board;

4.3.3.d. the training is to be served during eight (8) consecutive hours daily, except for regular days off, with a minimum of forty (40) hours weekly;

4.3.3.e. the trainee agreement form provided by the Board is signed by the nursing home Administrator-in-Training (AIT) and the preceptor and submitted to the Board for approval; and

4.3.3.f. the nursing home Administrator-in-Training (AIT) has no outside employment during training hours or thereafter unless the employment is known of and approved by the preceptor.

4.3.4. Progress report

4.3.4.a. Every preceptor of every Administrator-in-Training (AIT) shall file quarterly forms provided by the Board and shall set forth an accurate record of the duties performed by the Administrator-in-Training (AIT) during the period covered by the report.

4.3.4.b. Every report filed by the preceptor of the nursing home Administrator-in-Training (AIT) shall be approved and signed by the preceptor and by the Administrator-in-Training (AIT).

4.3.4.c. If a preceptor of a nursing home Administrator-in-Training (AIT) fails to file quarterly reports for a period of two (2) years from the date of issuance of the in-training permit, the Board shall consider that the Administrator-in-Training (AIT) has abandoned his or her practical training and experience. In the event the Administrator-in-Training (AIT) thereafter seeks to qualify for a nursing home administrator license, the Board shall consider

him or her as a new applicant, with no portion of training completed. The applicant shall meet the requirements for qualification for training, examination, and licensure that exist at the time of the new application.

4.3.4.d. A nursing home Administrator-in-Training (AIT) may take two (2) weeks leave for compulsory military training, vacation or sick leave each year without loss of credit for his or her required practical training and experience.

4.3.4.e. If an Administrator-in-Training (AIT) discontinues his or her training, the Preceptor and the Administrator-in-Training (AIT) shall report the discontinuance of the Administrator-in-Training Program to the Board, within 30 days after the discontinuance.

4.3.4.f. A change of preceptor of the nursing home Administrator-in-Training (AIT) in any nursing home shall be reported to the Board in writing by the preceptor and the Administrator-in-Training (AIT) within ten (10) days after the change of the supervision. The new administrator of the nursing home, if willing to continue the training program of the Administrator-in-Training (AIT), shall obtain Board approval for preceptorship.

4.3.4.g. The Board shall allow any person who was a duly authorized nursing home Administrator-in-Training (AIT) whose training and experience is interrupted by service in the Armed Forces of the United States, to resume his or her training and experience at any time within one (1) year after the date of his or her honorable discharge from active service.

4.3.4.h.. The period for the training program as an Administrator-in-Training (AIT) shall last for a period of not more than one (1) year and shall be under the supervision of a preceptor who has been approved by the Board.

4.3.4.i. Alternating and rotating shifts of eight (8) working hours may be approved by the Board as being acceptable upon request by the Administrator-in-Training (AIT); provided, that at least fifty percent (50%) of the training hours will be served between the hours of 7:00 a.m. and 10:00 p.m. in regular steady,

full time employment under the personal supervision of the nursing home administrator preceptor at the nursing home in which the nursing home Administrator-in-Training (AIT) is employed; and

4.3.4.j. the preceptor will provide full-time supervision for the Administrator-in-Training (AIT) and the supervision is provided in the nursing home where the trainee is employed.

4.3.4.k. In the event that the Board determines that a preceptor has failed to provide the Administrator-in-Training (AIT) with the opportunity to adequately train himself or herself under the proper supervision in the administrative and operating functions of the nursing home, the Board shall cancel the preceptor's authorization to serve as preceptor, for a period of time prescribed by the Board.

4.3.4.l. When the preceptor's authorization is cancelled, the Administrator-In-Training (AIT)'s program shall be suspended or a partial program shall be accepted until such time as the Administrator-in-Training (AIT) locates another preceptor who is approved by the Board; after which time the Administrator-in-Training (AIT)'s training shall continue.

4.3.4.m. After an applicant for licensure completes the Administrator-in-Training (AIT) program, and before he or she sits for the licensing examination, the Board may appoint a committee to determine if the applicant has received training consistent with the guidelines established by the Board.

4.3.4.n. After completion of the Administrator-In-Training (AIT) Program, the Administrator-In-Training (AIT) shall pay all additional fees referred to in subdivision 3.1.3. of this rule.

§21-1-5. Licenses.

5.1. Qualifications for licenses

5.1.1. To be eligible for a license as a nursing home administrator an applicant shall:

5.1.1.a. meet all pre-examination requirements as set forth in subsection 3.2. of this Rule, as well as meet requirements of all other applicable Rules; and

5.1.1.b. pass the national and state examinations prescribed by the Board in the subject of nursing home administration.

5.2. Application for and issuance of license, renewal of licenses and display.

5.2.1. Any applicant for a nursing home administrator license shall submit an application, on forms prescribed by the Board containing information the Board may determine reasonable under this Rule, and pay the Board a license fee of Six Hundred Dollars (\$600.00) in the form of a certified check or money order. The Board shall return the fee, minus any costs incurred by the Board (i.e. processing fee), if it denies a license to the applicant.

5.2.2. An applicant for emeritus administrator status shall submit an application on the forms prescribed by the Board and pay the Board a fee equivalent to one third (1/3) of the renewal fee for other licenses in the form of a certified check or money order.

5.2.3. Whenever the Board finds that an applicant meets all of the requirements of this Rule for a license as a nursing home administrator, it shall immediately issue a license to the applicant. If the Board finds the applicant does not meet the requirements, the Board shall contact the applicant in writing and give reasons for the denial of the license.

5.2.4. The license is valid for a period ending on June 30 each year and may be renewed without formal examination upon timely application for renewal on a form prescribed by the Board and payment to the Board of the renewal fee of Three Hundred Dollars (\$300.00) in the form of a certified check or money order. The Board may deny an application for renewal for any reason which would justify the denial of an original application for a license, or for failure to provide written verification of satisfactory attendance and completion of relevant continuing education as specified in subsection 4.2. of this rule.

5.2.5. The nursing home administrator license certificate shall be conspicuously displayed by the licensee at each nursing home for which he or she is the administrator.

5.2.6. Only a person who has qualified as a licensed nursing home administrator and who hold a valid current license certificate pursuant to the provisions of this Rule may use the title "Nursing Home Administrator" and the abbreviation of "N.H.A." after his or her name. No other person shall use or shall be designated by this title or this abbreviation or any other words, letters, etc., to, indicate he or she is licensed as a nursing home administrator.

5.2.7. A person who is a holder of an emergency permit or of an Administrator-in-Training (AIT) permit shall not be considered as meeting the requirements for licensure as a nursing home administrator and, therefore, may not use the title "Nursing Home Administrator" or the abbreviation of "N.H.A."

5.2.8. No person shall be or act as a nursing home administrator, except as provided by W. Va. Code §30-25-9, unless they hold a current valid license or permit issued pursuant to this Rule;

5.2.9. A listing of West Virginia's Nursing Home Administrators is available from the Board for a fee of \$50.00.

5.2.10. Every person holding a license or permit from this Board shall report to the Board any known or observed violation of W. Va. Code §30-25-8 et seq., or the Board's rules. Any person holding a license or permit issued by the Board (including self-reporting) shall report such occurrence within thirty (30) days.

5.3. License Restrictions

5.3.1. The following restrictions apply to licensed nursing home administrators:

5.3.1.a. A licensed nursing home administrator shall not direct more than two (2) nursing homes at one time. An administrator may direct two (2) nursing homes which are within reasonable proximity. For the purposes

of this section, reasonable proximity is defined as thirty (30) minutes driving time. An administrator may not direct more than a total of one hundred twenty (120) beds.

5.3.1.b. the administrator of two (2) nursing homes shall average not less than twenty (20) hours per week at each nursing home. The administrator shall have a competent and experienced assistant at each nursing home. The nursing home administrator shall document each period of service. The documentation shall be available to the Board upon request;

5.3.1.c. a nursing home administrator who is a registered professional nurse cannot serve the same nursing home both as a director of nursing services and administrator unless the nursing home has a licensed capacity of thirty (30) beds or less;

5.3.1.d. any administrator who is also director of nursing services or who has any other dual capacity in any other nursing home regardless of whether or not the second home is within reasonable proximity shall obtain prior Board approval to serve in that dual capacity;

5.3.1.e. the nursing home administrator, upon receipt of a license, is responsible for any nursing home which he or she administers, while meeting all applicable state and federal laws and rules and regulations; and

5.3.1.f. any emeritus status administrator, upon approval of the Board, shall be permitted the privilege of limited practice not to exceed an average of forty (40) hours per week for up to six (6) cumulative months per year.

5.4. Emergency permit

5.4.1. If a licensed nursing home administrator dies or is unable to continue as the administrator for an unexpected cause, the owner or governing body or other appropriate person in charge of the nursing home involved may designate an acting authority as administrator. The Board may issue an emergency permit to the acting administrator if

it finds the appointment will not endanger the safety of the occupants of the nursing home.

5.4.2. An emergency permit is valid for a maximum of six (6) months and is not renewable.

5.4.3. The fee for an emergency permit is Three Hundred Dollars (\$300.00) and shall be submitted in the form of a certified check or money order, and is non-refundable.

5.5. Temporary Permit.

5.5.1. The Board may issue a temporary permit for a period of ninety (90) days, to an applicant for a reciprocity license who has accepted employment in the State of West Virginia, but who must wait for the Board to meet to act on his or her application. The temporary permit may be renewed at the discretion of the Board.

5.5.2. The fee for a temporary permit is Three Hundred Dollars (\$300.00) and shall be submitted in the form of a certified check or money order, and is non-refundable.

5.6. Lost, mutilated or destroyed licenses

5.6.1. Upon receipt of satisfactory evidence that a license has been lost, mutilated or destroyed, the Board shall issue a duplicate license upon payment of a fee of Five Dollars (\$5.00).

5.7. Return of license

5.7.1. The administrator shall return the license certificate and/or duplicate copies to the Board immediately upon revocation of the license or request by the Board.

§21-1-6. Suspension or Revocation, Hearing and Judicial Review.

6.1. Suspension or revocation of license or permits.

6.1.1. The Board may at any time upon its own motion and shall upon verified written complaint of any person, conduct an investigation to determine whether there are any

grounds for the suspension or revocation of a license or permit issued pursuant to this Rule.

6.1.2. The Board shall suspend or revoke any license or permit when it finds the licensee or holder of a temporary permit has:

6.1.2.a. obtained a license or permit by means of fraud or deceit;

6.1.2.b. failed or refused to comply with the provisions of this Rule, or with the provisions of W. Va. Code §16-5C-1, et seq.; or

6.1.2.c. failed or refused to comply with the expectations contained in the Code of Ethics of the American College of Health Care Administrators, (1989).

6.1.3. When the Board suspends or revokes a license of a licensee, it shall notify the Office of Health Facility Licensure and Certification (OHFLAC) of its actions.

6.2. Complaints and hearing procedures

6.2.1. Complaints

6.2.1.a. Any person, public officer, association or the Board may register a complaint against any licensee, Administrator-in-Training (AIT) or holder of an emergency or temporary permit for any of the reasons specified in subsection 6.1. of this Rule. The complaint, submitted to the Board shall be in writing and duly verified.

6.2.2. Preliminary hearings.

6.2.2.a. The Board, or any person or persons appointed by it, may hold a preliminary hearing to determine whether a formal hearing on the charges is necessary. The Board shall give the person against whom the complaint has been registered, written notice of the date, time and place of the preliminary hearing.

6.2.2.b. The Board may dismiss the complaint and take no action on the complaint, by formal hearing or otherwise. In that event the Board shall file and make a part of its record the complaint and the order dismissing the complaint. If the Board does not dismiss the

complaint, it shall hold a formal hearing in accordance with subsection 6.3. of this Rule.

6.3. Procedures for hearing.

6.3.1. The Board may deny a license, renewal of a license or permit pursuant to W. Va. Code §§30-25-1 et seq and 30-1-1 et seq.

6.3.2. Whenever the Board denies an application for any original or renewal license or denies an application for an emergency permit it shall make and enter an order to that effect and serve a copy of the order on the applicant licensee, or permittee as the case may be, by certified mail, return receipt requested.. If the applicant desires to challenge the Board's order denying the application, the applicant shall request a hearing. The request shall be made in writing to the Board within twenty (20) days after receipt of the order. Whenever the Board determines that there is probable cause to believe a permit holder or licensee has violated W. Va. Code §30-25-1 et seq. or any provision of this rule the Board shall serve upon the licensee, by certified mail, return receipt requested, a copy of the notice of hearing. The notice of hearing shall provide the licensee with notice of the charges being brought against him or her.

6.3.3. All of the pertinent provisions of W. Va. Code §§29A-5-1, and §30-1-1 et seq., apply to and govern the hearing and the administrative procedures in connection with and following the hearing.

6.3.4. Upon conclusion of the hearing, the Board may revoke the license of the licensee, or an emergency or temporary permit, or take other disciplinary action or dismiss the charges.

6.3.5. An order of suspension made by the Board may contain provisions regarding reinstatement of the license or permit.

6.3.6. The Board, in its discretion, may direct a rehearing or take additional evidence, and may rescind or affirm the prior order after the rehearing, but nothing in this section precludes appropriate relief under and pursuant to the laws providing for the review of an

administrative determination by the courts of the state.

6.3.7. The order of the Board is final unless reversed, vacated or modified upon judicial review of the order in accordance with the provisions of subsection 6.4. of this Rule.

6.4. Judicial review; Appeal to Supreme Court of Appeals.

6.4.1. Any person adversely affected by an order of the Board rendered after a hearing held in accordance with the provisions of subsection 6.3. of this Rule, is entitled to judicial review of the decision. All of the pertinent provisions of W. Va. Code §29A-5-1, et seq. apply to and govern the judicial review.

6.4.2. The judgment of the circuit court is final unless reversed, vacated or modified on appeal to the Supreme Court of Appeals in accordance with the provisions of W. Va. Code §29A-6-1, et seq.

§21-1-7. Reciprocity.

7.1. The Board in its discretion, and subject to W. Va. Code §30-25-4 prescribing the qualifications for a nursing home administrator license, may grant a nursing home administrator license to an individual licensed in another state, who possesses the qualifications and meets the reasonable standards prescribed by the Board pursuant to W. Va. Code §30-25-7(a) and upon payment of a fee of Six Hundred Dollars (\$600.00).

7.1.1. Applicants who hold certification from the American College of Health Care Administrator's and are in good standing with the College, shall have their applications acted upon immediately upon receipt, therefore, expediting the reciprocity process.

7.1.2. Additionally, the following conditions shall be met:

7.1.2.a. the other state maintains a system and standard of qualification and examination for a nursing home administrator license, which is at least as great as those required in West Virginia;

7.1.2.b. the other state gives similar recognition and reciprocity to nursing home administrators licenses of West Virginia; and

7.1.2.c. the applicant for reciprocity holds a current license as a nursing home administrator which has not been revoked or suspended.

7.1.3. A nursing home administrator licensed in this state seeking reciprocity or endorsement into another state and requiring Board verification of licensure, shall submit a fee of one hundred dollars (\$100.00) to the Board for this verification.

§21-1-8. Restoration.

8.1. The Board may restore a license after revocation upon submission of evidence satisfactory to the Board that the applicant for the restoration of a license has removed the disability.

8.2. Restoration after lapse.

8.2.1. The Board may reinstate a license which has lapsed during the first year immediately following the expiration date of a valid permanent administrator license. The Nursing Home Administrator with a lapsed license shall submit a formal request as well as an application for licensure along with the proper fee and meet the requirements for continuing education hours.

8.2.2. The nursing home administrator seeking reinstatement shall pay a late charge for reinstatement of license, in addition to the licensure renewal fee.

8.2.2.a. The Board shall impose the following reinstatement fees:

8.2.2.a.1. July 1, through September 30th - one hundred dollars (\$100.00).

8.2.2.a.2. July 1, through December 31st - two hundred dollars (\$200.00).

8.2.2.a.3. July 1, through March 31st - three hundred dollars (\$300.00).

8.2.2.a.4. July 1, through June 30th - four hundred dollars (\$400.00).

8.2.3. After one (1) year from the expiration date of his or her license, the Board shall consider the nursing home administrator in question as a new applicant and the applicant is subject to all of the provisions of this Rule.

§21-1-9. Refunds.

9.1. The Board shall refund to all applicants that choose to withdraw from the application process their entire application fee minus any processing fee. Refunds are applicable to fees for the following:

9.1.a. An Administrator-in-Training (AIT) application;

9.1.b. A licensure examination application; and

9.1.c. A reciprocity application.