

(ii) A list of physicians to be called in case the resident's physician or his designated substitute cannot be found shall be posted at every nursing station. Such roster shall include telephone numbers of the physicians.

Section 9. Nursing Services. The facility shall have sufficient nursing staff to meet the needs of the residents.

(a) Director of Nursing Services. The facility shall designate a Registered Nurse to be a full-time director of nursing services, and he/she shall have experience in areas such as nursing service administration, rehabilitation nursing, psychiatric or geriatric nursing. The director of nursing services shall be responsible for:

(i) Developing policies and procedures for the nursing department, participating in the implementation of resident care policies and bringing patient care problems requiring changes in policy to the attention of the administrator.

(ii) Recommending to the administrator the number and levels of nursing personnel to be employed, participating in their recruitment and selection, and recommending termination of employment when necessary.

(iii) Staffing, assigning, supervising and evaluating the performance of all levels of nursing personnel.

(iv) Participating in planning and budgeting for nursing service.

(v) Establishing written procedures to ensure that nursing personnel, for whom licensure or certification is required, have a valid and current license or certification to practice in Wyoming. Documentation shall be by a photostatic copy of each license or certificate.

(vi) Insuring daily nursing rounds are conducted to ensure each resident receives adequate care to meet his/her needs.

(b) Twenty-four (24) Hour Nursing Service.

(i) Duties assigned nursing personnel shall be consistent with their education, experience, licensure and/or certification. Nursing personnel includes Registered Nurses, Licensed Practical Nurses, and Certified Nursing Assistants.

(ii) Full-time or part-time members of the nursing staff shall be primarily engaged in providing nursing services and only in rare and exceptional circumstances shall be involved in food preparation, housekeeping, laundry or maintenance services. Proper infection control procedures shall be adhered to at all times.

(iii) Time schedules for each nursing station shall be planned in advance and shall indicate the name and classification of nursing personnel working on each unit for each tour of duty.

(iv) A person employed in the facility to give nursing care shall be at least sixteen (16) years of age.

(c) Restorative Nursing Care. There shall be an active program of restorative nursing care directed towards assisting each resident to achieve and maintain his/her highest level of self care and independence. This program shall include:

- (i) Maintaining good body alignment and proper positioning of the bedfast resident, wheelchair resident and the resident in a chair;
 - (ii) Encouraging and assisting dependent residents, as appropriate, to change position at least every two (2) hours, day and night, to stimulate circulation and prevent decubitus and deformities;
 - (iii) Making every effort to keep residents active and out of bed for reasonable periods of time, except when contraindicated by physician's orders, and encouraging residents to achieve independence in activities of daily living by teaching self care, transfer, and ambulation activities; and
 - (iv) Assisting residents to carry out the prescribed therapy regimen between visits of the physical, occupational, and speech therapists.
- (d) Dietary Supervision. Nursing personnel shall be aware of the dietary needs, food and fluid intake of residents.
- (i) Nursing personnel shall determine that residents are served diets as prescribed.
 - (ii) Residents needing help in eating shall be assisted promptly upon receipt of meals.
 - (iii) Adaptive self-help devices shall be provided to contribute to the resident's independence in eating.
 - (iv) Food and fluid intake of residents shall be observed and deviations from normal shall be reported to the charge nurse.
 - (v) Nursing personnel who participate in food delivery to residents and feeding of residents shall observe strict hygienic practices.
- (e) Staff Development. There shall be a continuing staff development program for all nursing personnel in addition to a thorough job orientation for new personnel.
- (i) Planned staff development shall be held at least monthly to review and evaluate the quality of nursing care, to teach nursing techniques and procedures, to discuss nursing problems and ways of improving nursing service, and to review and interpret administrative and nursing policies.
 - (A) Minutes of all meetings and a list of personnel attending shall be maintained in sufficient detail to document proceedings and actions, and shall be available to all staff members.
 - (ii) All nursing personnel shall be instructed and supervised in the care of emotionally challenged and cognitively impaired residents and trained to understand the social aspects of resident care.
 - (iii) Skill training shall include demonstration, practice and supervision of nursing procedures applicable in the individual facility. It shall also include restorative nursing procedures. Documentation shall be maintained on all skill training given to an employee and retained in his/her personnel files.
 - (iv) Orientation of new personnel shall include a review and practice of the procedures to be followed for evacuating residents in emergencies, and the policies and procedures of the facility. Documentation shall be maintained on all individuals and kept in their respective personnel file.
- (f) Administration of Drugs. Drugs shall be administered in compliance with federal and state laws, and in accordance with accepted professional principles.

(i) Drugs shall be administered only by licensed nursing personnel in accordance with the Wyoming Nurse Practice Act.

(ii) Drugs prescribed for one (1) resident shall not be administered to any other resident.

(iii) Current information on the clinical use of drugs shall be readily available at the nurses' station.

(iv) Drugs shall be released to residents upon discharge for temporary outside visits. A notation of such drugs taken with the resident shall be entered in the resident's clinical record.

(g) **Storage of Drugs and Biologicals.** Drugs and biologicals shall be stored in locked rooms, cabinets, or carts. Procedures for storing and disposing of medications at the nurses' station shall be established in consultation with the pharmacist.

(i) Drugs for external use and poisons shall be kept separate from other medications and under lock.

(ii) Antiseptics, disinfectants, and germicides shall be issued in containers that bear clear, legible, distinctive labels that identify the contents, strength and shall include instructions for use.

(iii) The refrigerator in which drugs and biologicals are stored shall not be accessible to residents, shall be used only for the storage of drugs and biologicals, and shall be in a locked refrigerator or a locked box in a refrigerator or in a protected area. The refrigerator shall be maintained at the proper temperature.

(iv) An emergency medical kit approved by the Pharmaceutical Committee shall be readily available.

(h) **Director of Nursing.**

(i) **Hospital - Nursing Wings.**

(A) A nursing wing with a total occupancy of sixty (60) residents or less shall be allowed to share the director of nursing with the hospital.

(I) The director of nursing shall not act in a charge nurse capacity except on rare occasions with extraordinary circumstances.

(ii) A nursing wing with a total occupancy of over sixty (60) residents shall be allowed to share the director of nursing with the hospital.

(A) An assistant or supervisor shall be employed for the nursing wing and shall not function as a charge nurse except on rare occasions with extraordinary circumstances. The assistant or supervisor shall be responsible to the hospital director of nursing.

(iii) **Free-standing Nursing Care Facilities.**

(A) The director of nursing shall not function as a charge nurse, in facilities over sixty (60) beds except in rare instances with extraordinary circumstances.

(i) **Staffing.**

(i) Each nursing station shall be staffed with a Registered Nurse or qualified Licensed Practical Nurse, who is the charge nurse on the day tour of duty seven (7) days a week.

(A) All other tours of duty shall be staffed with a Registered Nurse or a Licensed Practical Nurse.

(ii) Each nursing station shall be staffed separately and shall have a separate staffing pattern.

(iii) Each nursing station shall be staffed with sufficient non-licensed nursing personnel to give adequate nursing care to the residents twenty-four (24) hours a day, seven (7) days a week.

(iv) Each facility shall have awake and on duty sufficient nursing personnel for the night tour of duty. Additional staff may be needed, depending on condition of residents, and to assure resident safety in case of fire or disaster.

(j) Nursing Care Hours (minimum).

(i) Nursing care hours shall be two and one quarter (2.25) hours for each skilled resident in a Nursing Care Facility in each twenty-four (24) hour period, seven (7) days a week, and one and one half (1.50) for each resident who is not skilled in each twenty-four (24) hour period, seven (7) days a week.

Section 10. Discharge Planning. The facility shall maintain a centralized, coordinated program to ensure that each resident has a planned program of continuing care which meets the post discharge needs.

(a) The administrator shall delegate responsibility for discharge planning, in writing, to one (1) or more members of the facility's staff, with consultation, if necessary, or arrange for this service to be provided by a health, social or welfare agency.

(b) The facility shall have in operation an organized discharge planning program.

(i) This program shall include the resident, physician(s), nurses, social services personnel, dietitian, and therapists to identify problems and goals thus preparing the resident for the next level of care and arranging for placement in the appropriate care environment.

(c) The facility shall maintain written discharge planning procedures which describe:

(i) How the discharge coordinator will function, and his/her authority and relationship with the facility's staff.

(ii) The time period in which each resident's need for discharge planning is determined (preferably within seven (7) days after the day of admission).

(iii) The maximum time period after which a reevaluation of each resident's discharge plan is made.

(iv) Local resources available to the facility, the resident, and the attending physician to assist in developing and implementing individual discharge plans.

(v) Provisions for periodic review and reevaluation of the facility's discharge planning program.