

Wyoming Administrative Rules

**Health, Department of**

Aging Division

Chapter 11: Program Administration of Nursing Care Facilities

**Effective Date:** 07/01/2020 to Current

**Rule Type:** Current Rules & Regulations

**Reference Number:** 048.0003.11.07012020

## Chapter 11

### Program Administration of Nursing Care Facilities

**Section 1. Authority.** These rules are promulgated by the Department of Health pursuant to the Health Facilities Act at W.S. §9-2-1204 et seq. and the Wyoming Administrative Procedures Act at W.S. §16-3-101 et seq.

**Section 2. Purpose.** These rules have been adopted for the day-to-day operation of Nursing Care Facilities.

**Section 3. Severability.** If any portion of these rules is found to be invalid or unenforceable, the remainder shall continue in effect.

#### **Section 4. Definitions.**

(a) Except as otherwise specified, the terminology used in these rules is the standard terminology and has the standard meaning used in healthcare, including nursing care facilities.

(b) The following definitions shall apply in the interpretation and enforcement of these Rules.

(i) “Certified Occupational Therapist Assistant (COTA)” means a person licensed in Wyoming to assist in the practice of occupational therapy, and who works under the supervision of a Registered Occupational Therapist.

(ii) “Chief Administrative Officer” means the Director, Department of Health per W.S. §9-2-101(e), or the designated licensure representative.

(iii) “CNA” means a person who is certified to practice as a Certified Nursing Assistant by the Wyoming Board of Nursing.

(iv) “Complaint” means a formal allegation of injustice or perceived harm referred to an outside party or agency.

(v) “Complaint Investigations” means those investigations required to be performed by the Long Term Care Ombudsman as established in W.S. §9-2-1301 through 1309 or by the State Survey Agency as per the Agreement between the Secretary of the U.S. Department of Health and Human Services and the State of Wyoming dated June 18, 1985.

(vi) “Consultant Dietitian” means a dietitian who provides dietary consultation on a frequent and regularly scheduled basis.

(vii) “Dietitian” means a person who is registered by the American Dietetic Association and provides nutritional and dietary services.

(viii) “Dietetic Service Supervisor” means an individual who has at least a high school education or equivalent and has completed courses in food service supervision, but is not a Registered Dietitian.

(ix) “Facility” means a Nursing Care Facility.

(x) “Governing Body” means the individual(s), group, or corporation that has the ultimate authority and responsibility for establishing resident care policies, personnel policies, and shall designate a Wyoming licensed Nursing Home Administrator for the Nursing Care Facility.

(xi) “Grievance” means a concern of inequitable or inaccurate action that is handled through the facility’s internal grievance procedure.

(xii) “Health Care Services” includes but is not limited to nursing, physical therapy, speech pathology, occupational therapy, respiratory therapy, social work, certified nurse assistant services, and dietary services. All staff shall be certified, licensed or registered in accordance with Wyoming State Statutes.

(xiii) “License” means the authority granted by the Licensing Division to operate a Nursing Care Facility.

(xiv) “Licensee” means any person, association, partnership, or corporation holding a Wyoming Nursing Care Facility license.

(xv) “Licensing Division” means the Department of Health, Office of Health Quality.

(xvi) “Licensed Practical Nurse (LPN)” means a person who is licensed to practice as a Licensed Practical Nurse by the Wyoming Board of Nursing pursuant to W.S. §33-21-120.

(xvii) “Nosocomial Infection” means an infection acquired in the Nursing Care Facility.

(xviii) “Nursing Care Facility” means an institution which is a skilled nursing facility (SNF) or a nursing facility (NF) which is currently licensed and meets the requirements of these rules and regulations.

(xix) “Nursing Home Administrator” means a person who operates, manages, supervises, or is in charge of a Nursing Care Facility; and is licensed by the Wyoming Board of Nursing Home Administrators.

(xx) “Occupational Therapist” means a person who is licensed by the Wyoming Board of Occupational Therapy to practice as a Registered Occupational Therapist

pursuant to W.S. §33-40-102(a)(iv).

(xxi) “Ombudsman” means the Long Term Care Ombudsman as established in W.S. §9-2-1301 through 9-2-1309.

(xxii) “Pharmacist” means a person who is licensed by the Wyoming Board of Pharmacy to practice pharmacy.

(xxiii) “Physical Therapy Assistant” means a person who is licensed by the Wyoming Board of Physical Therapy to practice as a Physical Therapy Assistant pursuant to W.S. §33-25-101(a)(ii).

(xxiv) “Physical Therapy” means the evaluation, instruction or treatment of a human being to prevent, correct, alleviate or limit physical disability due to injury, disease or any other physical or mental condition by the utilization of physical measures and rehabilitative procedures including training in functional activities and the performance and interpretation of tests and measurements of body functions as an aid in the examination, evaluation or treatment of any human condition for the purpose of correcting or alleviating an individual physical or mental disability. Physical therapy is provided by a Physical Therapist or by a Physical Therapy Assistant under the supervision of a Physical Therapist.

(xxv) “Physical Therapist” means a person who is licensed to practice physical therapy in the State of Wyoming pursuant to W.S. §33-25-101(a)(v).

(xxvi) “Program Administration” means the rules and regulations promulgated by the Department of Health as developed by the Program Division for the day-to-day operation of a nursing care facility.

(xxvii) “Program Division” means the Department of Health, Aging Division.

(xxviii) “Registered Nurse (RN)” means a person who is a graduate of an approved school of professional nursing, who is currently licensed to practice as a Registered Nurse by the Wyoming Board of Nursing pursuant to W.S. §33-21-120 et. seq.

(xxix) “Respiratory Care” means the health specialty responsible for the treatment, management, diagnostic testing, control, and care of residents with deficiencies and abnormalities associated with the cardiopulmonary system.

(xxx) “Resident” means an individual residing in and receiving care in a Nursing Care Facility.

(xxxi) “Social Services” means those services provided according to the resident’s plan of care by a Social Worker, or by a Social Service Associate with appropriate supervision as required by the Wyoming Mental Health Professions Licensing Board.

(A) “Social Worker” means a person who is licensed to practice as a

Clinical Social Worker (LCSW) or certified to practice as a Social Worker (CSW) by the Wyoming Mental Health Professions Licensing Board.

(B) “Social Service Associate” means a person who has a degree in social work or closely related field and has at least one (1) year of social services experience in a health care setting; or,

(I) A person who has at least two (2) years of experience in social services in a health care setting and receives regular consultation from a social worker or recognized social service agency.

(xxxii) “Speech Language Pathologist” means a person who is licensed in the State of Wyoming to practice speech language pathology.

(xxxiii) “Speech Pathology” means the application of principles, methods, and procedures for the measurement, testing, evaluation, prediction, counseling, instruction, habilitation or rehabilitation related to the development and disorders of speech, voice, or language for the purpose of preventing, evaluating, modifying, or ameliorating such disorders and conditions in individuals or groups or individuals.

(xxxiv) “State Survey Agency” means the Department of Health, Office of Health Quality which has the primary responsibility to determine whether or not health care providers/suppliers meet federal certification standards to participate in the Medicaid and/or Medicare programs as per the Agreement between the Secretary of the U.S. Department of Health and Human Services and the State of Wyoming dated June 18, 1985.

(xxxv) “Survey” means an on-site evaluation conducted by the Survey Division or its designated representative to determine compliance with State rules and regulations for Nursing Care Facilities.

(xxxvi) “Survey Division” means the Department of Health, Office of Health Quality.

(xxxvii) “Therapy Service” includes physical therapy, occupational therapy, and speech language therapy.

## **Section 5. Organization and Administration.**

(a) Governing Body. The Nursing Care Facility shall have a governing body which has the legal authority and responsibility to operate the Nursing Care Facility. The governing body shall:

(i) Appoint a full-time, on premise, administrator qualified by education, training and experience as established by the Wyoming Board of Nursing Home Administrators.

(A) The administrator shall have a current license as a Wyoming

Licensed Nursing Home Administrator.

(ii) Temporary License. A temporary license may be granted by the Wyoming Board of Nursing Home Administrators:

(A) To fill a position of Nursing Home Administrator that unexpectedly becomes vacant;

(B) For a period not to exceed six (6) months;

(C) After consideration by the Board of Nursing Home Administrators on an individual basis; and

(D) To an individual who does not meet all the licensing requirements under the Act, but who is of good character and meets the educational requirements as stated.

(iii) A temporary license may be renewed for good cause for one (1) time if requested thirty (30) days prior to the termination of the initial temporary license.

(iv) The administrator of a hospital with a connecting nursing care wing can serve as the administrator and shall be licensed as a Wyoming Nursing Home Administrator.

(v) The administrator shall enforce the rules and regulations relative to the level of health care and safety of residents and for the protection of their personal and property rights.

(vi) The administrator shall plan, organize, and direct those responsibilities delegated to him by the governing body or its equivalent.

(vii) An employee of the facility shall be authorized in writing to act on the administrator's behalf during his/her absence.

(b) Personnel policies and procedures. The governing body or its equivalent, through the Nursing Home Administrator, shall be responsible for implementing and maintaining written personnel policies and procedures that support sound resident care and personnel practices.

(i) Personnel records for each employee shall be current and available and shall contain sufficient information to support placement in the position assigned.

(A) References from former employers and evidence of current certification, licensure, or registration.

(B) An evaluation of the employees work performance shall be done yearly.

(ii) Written employee policies shall be available covering job descriptions, functions and special procedures.

(iii) Written policies shall be in effect to ensure that newly hired and current employees do not spread a communicable disease that could be transmitted through usual job duties.

(iv) Written policies shall ensure a safe and sanitary environment for residents and personnel.

(A) Tuberculin testing shall be accomplished for each employee upon employment and before resident contact begins and annually thereafter.

(B) Employees having known positive skin tests shall provide a certificate of noninfectiousness from a physician, recommendations, if any, for treatment, and evidence that they have complied with such recommendations.

(C) Individuals providing documentation of negative skin tests administered within the last year need no physician follow-up at this time.

(D) Individuals never having had a skin test or who do not have written proof of skin test results, shall have an intradermal Mantoux using 5TU PPD. This shall be accomplished via the two (2) step procedure. If the first test is negative and the employee is asymptomatic, the employee may engage in resident contact prior to the results of the second skin test.

(I) A negative reaction requires no follow up by a physician at this time.

(II) A positive reaction (10mm induration using 5TU PPD) requires a referral to a physician for x-ray and certification of noninfectiousness and appropriate treatment if needed. Follow-up shall comply with the recommendations of the attending physician.

(E) If symptoms occur, a new certificate of noninfectiousness is required from the physician.

(c) Resident Care Policies. The Nursing Care Facility shall have written policies to govern nursing care and related medical or other services provided.

(i) The policies shall be available to admitting physicians, sponsoring agencies, residents and the public.

(ii) The policies shall reflect awareness of and provision for meeting the total

medical and psycho-social needs of the residents.

(iii) The policies shall include provisions to protect residents' personal and property rights.

(iv) Medical records and minutes of staff and committee meetings shall reflect that resident care is being rendered in accordance with the written resident care policies.

(v) The medical director or director of nursing shall be designated in writing to be responsible for the execution of resident care policies.

(A) If the director of nursing is delegated the responsibility for day-to-day execution of resident care policies, the medical director shall serve as the advisory physician from whom the director of nursing receives medical guidance.

(vi) Policies shall state if specialized rehabilitative services are provided by or available in the facility. Residents who require rehabilitative services not offered by the facility shall not be admitted.

(A) Specialized rehabilitative services include physical therapy, speech and hearing therapy and occupational therapy.

(vii) The facility shall have individualized means of resident identification other than the resident's medical record.

(viii) There shall be an administrative policy relative to resident smoking.

(ix) The individual in charge of the facility on each work shift shall have in his/her possession, or be able to immediately obtain, keys to all doors pertaining to resident care and safety.

(A) No resident shall be locked in his/her room.

(x) The facility shall cooperate in submitting periodic reports requested by the Licensing Division.

## **Section 6. Physical Environment.**

(a) The building(s) of the Nursing Care Facility shall be constructed, arranged and maintained to ensure the health and welfare of all residents.

(i) An employee shall be designated responsible for services and for the establishment of policies and procedures in each of the following areas:

(A) Plant maintenance;

(B) Laundry operations; and

(C) General housekeeping.

(ii) There shall be written rules and regulations governing the handling and storing of oxygen, and maintenance of oxygen equipment. Only labeled Medical Grade USP Oxygen shall be used.

(iii) Approved incineration facilities shall be provided and maintained or other approved procedures shall be used for disposal of resident wastes, as well as sanitary disposal of all other wastes.

(A) These facilities, location and methods shall be in accordance with recommendations of the Centers for Disease Control and Prevention, the National Institutes of Health and in compliance with air pollution standards.

(iv) The facility shall ensure hot water temperatures are adjusted for resident comfort and safety. The water temperature for showers and baths must not exceed 120 degrees Fahrenheit. Hand wash sinks must not exceed 110 degrees Fahrenheit.

(v) The water source of an emergency potable supply shall be identified and shall be sufficient in volume to meet facility needs.

(b) Sanitary Environment. The Nursing Care Facility shall establish policies and procedures for investigating, controlling and preventing infections.

(i) Policies, procedures, and techniques shall be regularly reviewed, particularly those concerning food service, laundry practices, and the disposal of environmental and resident wastes.

(ii) A facility policy shall be developed for reporting and monitoring employees with an infection that could be transmitted through usual job duties to residents, their food or laundry.

(iii) The facility shall report the required diseases/conditions to the Wyoming Department of Health, Epidemiology Unit as per W.S. §35-4-107. In addition, those conditions classified as nosocomial where two (2) or more persons, either residents or employees, are affected shall be reported immediately to the State Health Officer, the County Health Officer, and the Licensing Division. The Nursing Care Facility Administrator or his/her designated representative shall furnish all available pertinent information related to such disease or condition to the Licensing Division.

(iv) Inservice education shall be provided for all employees. This shall include the practice of aseptic techniques, such as: handwashing/universal precautions, proper grooming, masking and gowning procedures (for isolation), disinfection and sterilizing techniques, and the

handling and storage of resident care equipment and supplies plus decontamination methods.

(A) Continuing education shall be provided to all employees on the cause, effect, transmission, prevention and elimination of infections.

(v) Animals, birds, and other pets shall be allowed in the Nursing Care Facility with the approval of the resident council and:

(A) The pet has had an examination prior to entering the Nursing Care Facility and annually thereafter, or more frequently if required by the pet's health condition;

(B) The pet's vaccinations are current;

(C) The pet is not allowed in the residents' dining room during dining hours or in any food preparation area; and,

(D) Someone must be designated as the primary caretaker of the pet, other than a resident of the facility.

(E) Aquariums and enclosed aviaries are excluded from the above requirements provided they are properly secured and are maintained in an approved sanitary manner. Aquariums must be protected to prevent spillage or breakage.

(vi) Humidifiers and all oxygen equipment shall be maintained according to the manufacturer's recommendations and acceptable standards of practice.

(c) Dietary Facilities. Food shall be stored, prepared, distributed, and served under proper sanitary conditions.

(i) Non-dietary personnel shall be excluded from the dietary area and the traffic pattern shall be strictly controlled;

(ii) Employees shall not eat or use tobacco products in any food preparation area;

(iii) A written policy shall be developed and adhered to for the cleaning and sanitizing of all ice machines; and

(iv) Equipment and work areas shall be clean and orderly. Effective procedures for cleaning all equipment and work areas shall be followed consistently to safeguard residents' health.

(d) Laundry.

(i) All soiled linens shall be transported in closed bags. Isolation linen shall be handled according to current acceptable standards of practice.

(ii) There shall be separate carts (with a positive designation) or methods for transportation of clean and soiled linen. Carts for clean linen transport shall be labeled, cleaned and sanitized daily prior to such usage.

(e) General Facilities.

(i) Sewage disposal, when not on a municipal system, shall be approved by the Wyoming Department of Environmental Quality.

(ii) Water supply, when not on a municipal system, shall be approved by the Wyoming Department of Environmental Quality.

(iii) Measures shall be taken to prevent and control insects, rodents and other environmental hazards affecting the residents and the premises.

**Section 7. Housekeeping, Laundry, and Maintenance Services.**

(a) Housekeeping and Maintenance Services. Sufficient numbers of adequately trained housekeeping and maintenance personnel shall be available to maintain the interior and exterior of the facility in a safe, clean, orderly and attractive manner.

(i) Personnel shall follow approved practices and procedures and use approved products.

(ii) The facility shall be free from offensive odors, accumulations of dirt, rubbish, and dust.

(iii) Janitor closets shall be kept locked.

(iv) Floors shall be cleaned regularly by approved methods.

(A) Polishes on floors shall provide a nonslip finish; throw or scatter rugs shall be prohibited, unless they have been tested by the facility and found to be non-skid, and are safe for resident use.

(B) Household straw brooms shall be used only at entrances and exits of the building.

(C) Cleaning procedures shall include frequent water changes and the use of an approved chemical disinfectant for medical facilities.

(v) Deodorizers or aerosol air fresheners shall not be used except in extraordinary circumstances. Routine usage of these items shall be prohibited to cover up poor cleaning practices.

(vi) The grounds shall be kept free from refuse and litter. Areas around buildings, sidewalks, gardens and patios shall be kept clear of dense undergrowth.

(b) Linens. The facility shall have available at all times, a quantity of linens essential for the proper care and comfort of residents.

(i) Clean linens and clothing shall be stored in clean, dry, dust-free areas.

(ii) Soiled linens shall be stored in separate well-ventilated areas, and shall not be permitted to accumulate in the facility. Soiled linens and clothing shall be stored separately from non-soiled articles in suitable bags or containers.

(iii) Soiled linens shall not be sorted, laundered, rinsed, or stored in bathrooms, resident rooms, kitchens, food storage areas or general storage areas.

(iv) If linens are commercially laundered, approved methods shall be used by such laundry. Approved methods shall include controlled temperatures, rinse cycles, souring processes, ironing, and protection of the processed linens. Proof of this compliance shall be provided upon request by the Licensing Division.

(A) All linens shall be totally laundered in accordance with the recommendations of the National Institute of Laundering. (Permanent press linens shall be subjected to all requirements as listed in (iv).

(v) Resident clothing shall not be laundered with the facility's linen.

## **Section 8. Physician Services.**

(a) There shall be available to the facility, prior to or at the time of admission, resident information which includes current medical findings, diagnoses, and orders from a physician for the immediate care of the resident.

(i) If the resident information is not immediately available, the facility shall be responsible for contacting a physician to obtain temporary medical orders.

(b) Emergency Care of Residents. The facility shall arrange for necessary medical care in case of emergency.

(i) There shall be established procedures to be followed in an emergency, which cover immediate care of the resident, persons to be notified, and reports to be prepared.

(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.**

(a) The facility shall have sufficient nursing staff to meet the needs of the residents.

(i) 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:

(A) 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.

(B) 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.

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

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

(E) 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.

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

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

(A) 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.

(B) 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.

(C) 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.

(D) A person employed in the facility to give nursing care shall be at

least sixteen (16) years of age.

(iii) 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:

(A) Maintaining good body alignment and proper positioning of the bedfast resident, wheelchair resident and the resident in a chair;

(B) 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;

(C) 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

(D) Assisting residents to carry out the prescribed therapy regimen between visits of the physical, occupational, and speech therapists.

(iv) Dietary Supervision. Nursing personnel shall be aware of the dietary needs, food and fluid intake of residents.

(A) Nursing personnel shall determine that residents are served diets as prescribed.

(B) Residents needing help in eating shall be assisted promptly upon receipt of meals.

(C) Adaptive self-help devices shall be provided to contribute to the resident's independence in eating.

(D) Food and fluid intake of residents shall be observed and deviations from normal shall be reported to the charge nurse.

(E) Nursing personnel who participate in food delivery to residents and feeding of residents shall observe strict hygienic practices.

(v) Staff Development. There shall be a continuing staff development program for all nursing personnel in addition to a thorough job orientation for new personnel.

(A) 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.

(I) 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.

(B) 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.

(C) 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.

(D) 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.

(vi) Administration of Drugs. Drugs shall be administered in compliance with federal and state laws, and in accordance with accepted professional principles.

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

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

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

(D) 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.

(vii) 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.

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

(B) 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.

(C) 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.

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

(viii) Director of Nursing.

(A) Hospital - Nursing Wings.

(I) 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.

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

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

(I) 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.

(C) Free-standing Nursing Care Facilities.

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

(ix) Staffing.

(A) 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.

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

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

(C) 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.

(D) 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.

(x) Nursing Care Hours (minimum).

(A) 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.**

(a) 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.

(i) 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.

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

(A) 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.

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

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

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

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

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

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

**Section 11. Dietetic Services.**

(a) The facility shall provide dietetic services that meet the nutritional needs of residents according to the science of nutrition. The dietetic service shall operate with safe food handling practices from receipt through service in accordance with the most current edition of the FOOD CODE from the U. S. Department of Health and Human Services, Public Health Service, Food and Drug Administration.

(i) Dietary Supervision. Overall supervisory responsibility for the dietetic service shall be assigned to a full-time qualified dietetic supervisor.

(A) If the qualified supervisor is not a Registered Dietitian, she/he shall be a graduate of a dietetic technician program approved by the American Dietetic Association or a dietary managers' educational program approved by the Certifying Board for Dietary Managers. Training and experience in food service supervision and nutrition equivalent in content to the approved educational programs are acceptable.

(B) Visits of the consultant dietitian shall be scheduled to assure that the professional dietetic service needs of the facility are met. These visits shall be:

(I) For at least eight (8) hours every other week, so that adequate time is allowed for observation of more than one (1) meal per visit; or,

(II) For at least four (4) hours every week so that adequate time is allowed to observe the preparation and serving of food at meal time. The weekly visits shall be scheduled to allow for observation of different meals.

(III) Visits shall not be limited to evenings and weekends only.

(C) Reports of the consultant dietitian shall be made verbally and in writing to the Administrator or his/her designee. The reports shall be kept on file with notations made of actions taken by the facility. The report shall include dates, length of time on-site, functions performed and recommendations.

(D) The consultant or staff dietitian shall develop written plans and conduct or supervise inservice programs for dietary personnel on a monthly basis.

(E) The consultant or staff dietitian shall participate in the development of policies and procedures, as well as the development or approval of all menus.

(F) The consultant dietitian is to provide assistance and advice, as needed, regarding the dietary department budget.

(G) The consultant or staff dietitian shall maintain interdisciplinary communication and act as the dietetic service's chief liaison to the medical and nursing staffs.

(H) The dietetic supervisor shall be responsible for department orientation, training, scheduling, and work assignments for all dietetic service personnel.

(I) The dietetic supervisor shall be responsible for menu planning, ordering or recommending the purchase of supplies, monitoring the department budget, controlling costs, maintaining associated records, etc.

(J) The dietetic supervisor shall be responsible for the development of policies and procedures. These policies shall be maintained in a manual and reviewed at least annually. Reviews and revisions shall be dated and signed by the supervisor and the consultant or staff dietitian.

(K) If the dietetic supervisor also has responsibility for cooking, adequate time shall be allowed for supervisory management.

(ii) Hygiene of Dietary Department. Food service personnel shall be in good health and shall practice safe food handling techniques in accordance with the current edition of FOOD CODE published by the U. S. Department of Health and Human Services, Public Health Services, Food and Drug Administration.

(A) Personnel having a communicable disease that can be expected to be transmitted through food shall not be permitted to work until the disease is no longer communicable or medical clearance is received from a physician or an advanced practitioner.

## **Section 12. Specialized Rehabilitative Services.**

(a) Facilities admitting patients in need of specialized rehabilitative services shall provide such services by qualified personnel.

(i) Rehabilitative care initiated in the hospital shall be continued immediately upon admission to the facility.

(ii) The facility that does not employ qualified personnel to provide a specialized service shall have a written agreement with the outside resource.

(iii) Facilities that do not provide specialized rehabilitative services shall not admit or retain residents in need of specialized rehabilitative services.

(iv) A report on the resident's progress shall be communicated to the attending physician within two (2) weeks of the initiation of the specialized rehabilitative service.

(v) The resident's progress shall be reviewed regularly thereafter and the plan of rehabilitative care shall be reevaluated at least every thirty (30) days by the physician and

therapist.

(vi) Safe and adequate space and equipment shall be available if the facility provides specialized rehabilitative services.

### **Section 13. Pharmaceutical Services.**

(a) The Nursing Care Facility shall provide appropriate methods and procedures for the dispensing and administering of drugs and biologicals. Whether drugs and biologicals are obtained from community pharmacists or stocked by the facility, the facility shall be responsible for providing such drugs and biologicals for its residents and for ensuring that pharmaceutical services are provided in accordance with acceptable professional principles and appropriate federal, state and local laws.

(i) Supervision of Services. The pharmaceutical services shall be under the general supervision of a licensed pharmacist.

(A) The pharmacist, if not a full-time employee, shall devote a sufficient number of hours, based upon the needs of the facility, during regularly scheduled visits to carry out his/her responsibilities.

(ii) Pharmaceutical Services Committee.

(A) Pharmaceutical Services committee or its equivalent shall be responsible for developing policies and procedures for safe and effective drug therapy, distribution, control and use.

(I) The committee shall be comprised of at least the pharmacist, the director of nursing service, the administrator and one (1) physician.

(II) The committee shall oversee the pharmaceutical service in the facility, make recommendations for improvement and monitor the service to ensure accuracy and adequacy.

(III) The committee shall meet at least quarterly and document its activities, findings and recommendations.

(B) The pharmacist shall submit a written report at least quarterly to the pharmaceutical services committee on the status of the facility's pharmaceutical services and staff performance.

### **Section 14. Dental Services.**

(a) The facility shall have an advisory dentist who shall provide consultation, develop and participate in inservice education, and recommend policies concerning oral hygiene. Records

of in-service education meetings shall be in writing.

(b) Nursing personnel shall assist the resident to carry out the dentist's recommendations.

(c) All dental examinations and dental treatments shall be entered on a dental record and made a part of the resident's medical record.

(d) Oral hygiene shall be a part of each resident's care daily.

**Section 15. Social Services.**

(a) The medically related social and emotional needs of the resident shall be identified and services shall be provided to meet them, either by qualified staff (a social worker or social service associate), or through written procedures for referral to appropriate social agencies.

(i) Facilities shall offer social services regardless of the size of the facility.

(A) An individual on the facility staff shall be designated in writing to maintain liaison with social, health and community agencies.

(B) As appropriate, there shall be arrangements with qualified social workers or recognized social agencies for consultation and assistance on a regularly scheduled basis.

(ii) Current records and pertinent social data concerning personal and family problems medically related to the resident's illness and care shall be maintained in each resident's record by the social service personnel.

(A) Up-to-date progress notes of relevant psycho-social issues and interventions shall be maintained in each resident's record by social service personnel.

(iii) Policies and procedures shall be established for ensuring confidentiality of residents' social information.

(iv) There shall be space provided to ensure privacy for interviews by social service personnel with the resident.

(v) Provision shall be made for in-service training to facility staff directed toward understanding emotional problems and social needs of residents and the means of taking appropriate action in relation to them, and the necessity of confidentiality.

(vi) Arrangements shall be made promptly when financial assistance is indicated or personal finances are depleted, i.e., private paying residents no longer able to pay for care in the facility.

## **Section 16. Medical Records.**

(a) Maintenance of Clinical Records. The facility shall maintain a separate and complete medical record for each resident admitted with all entries kept current, dated and signed.

(i) The medical record shall include:

(A) Identification and summary sheet(s) including resident's name, social security number, marital status, age, sex, home address, and religion; name, address, and telephone number of referral agency (including hospital from which admitted), personal physician, dentist, and next of kin or other responsible person; admitting diagnoses, final diagnoses, category of care, condition on discharge and disposition, source of payment, and any other information needed to meet State requirements.

(B) Initial medical evaluation including medical history, physical examination and diagnosis.

(C) Authentication of hospital diagnoses, in the form of a hospital discharge summary, or a written report from the physician who attended the resident in the hospital, or a transfer form used under a transfer agreement.

(D) Physician's orders, including all medications, treatments, diet, rehabilitative and special medical procedures required for the safety and well-being of the resident.

(E) Physician's progress notes describing significant changes in the resident's condition, dictated or written at the time of each visit.

(F) Nurses' notes which shall include but not be limited to the following:

(I) Concise and accurate record of nursing care administered.

(II) Record of pertinent observation of the resident including psycho-social as well as physical manifestations.

(III) Name, dosage and time of administration of medications and treatments, route of administration except if by oral medication.

(IV) Record of type of restraint and time of application and removal. The time of application and removal shall be necessary for all restraints prescribed by the physician for the support and protection of the resident.

(G) Medication and treatment record including all medications,

treatments and special procedures performed for the safety and well-being of the resident.

- (I) Laboratory and x-ray reports.
- (II) Consultation reports.
- (III) Dental reports.
- (IV) Social service notes.
- (V) Resident care referral reports.
- (VI) Activity reports.

(b) Retention of Records.

(i) The facility shall have policies providing for the retention and safe-keeping of residents' medical records by the governing body for the required period of time in the event that the facility discontinues operation.

(ii) A copy of the resident's clinical record or an abstract thereof shall accompany the resident who is transferred to another facility.

(c) Staff Responsibility. An employee of the facility shall be assigned the responsibility for assuring that records are maintained, completed, and preserved if the facility does not have a full or part time medical record librarian.

(i) The designated individual shall be trained by and receive regular consultation from a person skilled in record maintenance and preservation.

**Section 17. Residents Activities.**

(a) Resident Activity Program. An on-going program of meaningful activities appropriate to the needs and interests of residents shall be provided.

(i) The program shall be designed to promote opportunities for residents to engage in normal pursuits, including religious activities of their choice, if any.

(ii) Activities shall be designed to promote the physical, social and mental well-being of each resident.

(iii) The facility shall make available adequate space and a variety of supplies and equipment to satisfy the individual interests of residents.

(iv) Residents shall not be required to participate in activities if they do not desire.

## **Section 18. Transfer Agreement.**

(a) Resident Transfer. The transfer agreement shall provide reasonable assurance that the transfer of residents will be effected between the hospital and the facility whenever such transfer is medically appropriate as determined by the attending physician.

(i) The agreement shall be with hospitals close enough to the facility to make the transfer of residents feasible.

(b) Where the transfer agreement specifies restrictions with respect to the types of services available in the hospital or the facility and/or the types of residents or health conditions that will not be accepted by the hospital or the facility, or includes any other criteria relating to the transfer of residents (such as priorities for persons on waiting lists), such restrictions or criteria shall be the same as those applied by the hospital or facility.

(c) Execution of Agreement. The transfer agreement shall be in writing and shall be signed by individuals authorized to execute such agreements on behalf of the facilities, or, in case the two (2) facilities are under common control, there shall be a written policy or order signed by the person or body which controls them.

(i) The terms of the transfer agreement shall be established jointly by both facilities when the hospital and the facility are not under common control.

(ii) Each facility participating in the agreement shall retain a current copy of the agreement.

(d) Specification of Responsibilities. The transfer agreement shall specify the responsibilities each facility assumes in the transfer of residents and information between the hospital and the facility.

(i) The agreement shall establish responsibility for notifying the other facility promptly of the impending transfer of a resident, arranging for appropriate and safe transportation, and arranging for the care of residents during the transfer.

## **Section 19. Grievances and Complaints.**

(a) Every resident in a Nursing Care Facility shall have the right to:

(i) Upon admission, review the Nursing Care Facility grievances and complaint process and receive updated information at six (6) month intervals.

(ii) Voice grievances and complaints on behalf of themselves or others without discrimination or reprisal.

(iii) Have available in a conspicuous place telephone numbers and addresses of

the Long-Term Care Ombudsman, Protection and Advocacy, the local Department of Family Services Adult Protection office, the Medicaid Fraud Control Unit, the Wyoming State Survey Agency, and the facility's grievance/complaint representative.

#### **Section 20. Grievance Investigations.**

(a) Each Nursing Care Facility shall establish a system of reviewing allegations of violations of residents' rights and develop internal operating procedures for reporting and resolution.

(i) In order to ensure that residents continue to be aware of these rights and responsibilities, a written copy is to be prominently posted in a location that is available to all residents.

(ii) Prompt efforts must be demonstrated by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents and the services provided by the facility.

#### **Section 21. Complaint Investigations.**

(a) Residents' unresolved grievances and/or complaints shall be referred to the Long-Term Care Ombudsman.

(b) The Office of the Ombudsman shall complete all complaint investigations within an appropriate time frame depending upon the seriousness of the allegations.

(c) Written reports of investigations and the status of resolutions completed by the Nursing Care Facility shall be provided by the Long-Term Care Ombudsman to the Licensing Division within thirty (30) days after the completion of the investigation.

Exception: Those complaints or problems reported directly to the State Survey Agency or referred by the Long-Term Care Ombudsman to the State Survey Agency shall be investigated by the State Survey Agency as per the Agreement between the Secretary of the U.S. Department of Health and Human Services and the State of Wyoming dated June 18, 1985.

#### **Section 22. Hearings.**

(a) The Program Division Administrator shall present the preliminary decisions and reasons to the parties concerned and provide an opportunity for resolution. Any request for a hearing by the facility shall adhere to the time frames of (b) below.

(b) Any Nursing Care Facility aggrieved by a decision of the Program Division may request a hearing by submitting a written request to the Program Division within ten (10) days of the date of the adverse action at 6101 Yellowstone Road, North Building, Room 259B, Cheyenne, WY 82002.

(c) In matters concerned with the spread of communicable disease, the Wyoming State Health Officer shall present the preliminary decisions and reasons to the parties concerned and provide an opportunity for a hearing. Any request for a hearing by the facility shall adhere to the time frames of (b) above.

(d) Hearings requested under the terms of these rules and regulations shall be held by the Program Division in accordance with the provisions of the Wyoming Administrative Procedures Act at W.S. §16-3-101 et. seq.

**Section 23. Licensure.** Shall be in accordance with the current Rules and Regulations for Licensure of Nursing Care Facilities adopted by the Department of Health.