

11-5 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.

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

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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.

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(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.

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