

200 NURSING SERVICES

The following requirements must be met:(3-17-22)

01. Director of Nursing Services (DNS). A licensed registered nurse currently licensed by the state of

Section 200 Page 27

Idaho and qualified by training and experience is designated DNS in each SNF and is responsible and accountable for the following:(3-17-22)

a. Participating in the development and implementation of resident care policies;(3-17-22)

b. Developing and/or maintaining goals and objectives of nursing service, standards of nursing practice, and nursing policy and procedures manuals;(3-17-22)

c. Assisting in the screening and selection of prospective residents in terms of their needs, and the services available in the facility;(3-17-22)

d. Observing and evaluating the condition of each resident and developing a written, individualized patient care plan that is based upon an assessment of the needs of each resident, and that is kept current through review and revision;(3-17-22)

e. Recommending to the administrator the numbers and categories of nursing and auxiliary personnel to be employed and participating in their recruitment, selection, training, supervision, evaluation, counseling, discipline, and termination when necessary. Developing written job descriptions for all nursing and auxiliary personnel;(3-17-22)

f. Planning and coordinating orientation programs for new nursing and auxiliary personnel, as well as a formal, coordinated in-service education program for all nursing personnel;(3-17-22)

g. Preparing daily work schedule for nursing and auxiliary personnel that includes names of employees, professional designation, hours worked, and daily patient census; and(3-17-22)

h. Coordinating the nursing service with related resident care services;(3-17-22)

02. Minimum Staffing Requirements. That minimum staffing requirements include the following:(3-17-22)

a. A Director of Nursing Services (DNS) works full time on the day shift but the shift may be varied for management purposes. If the DNS is temporarily responsible for administration of the facility, there is a licensed registered nurse (RN) assistant to direct patient care. The DNS is required for all facilities five (5) days per week.(3-17-22)

i. The DNS in facilities with an average occupancy rate of sixty (60) residents or more has strictly nursing administrative duties.(3-17-22)

ii.The DNS. in facilities with an average occupancy rate of fifty-nine (59) residents or less may, in addition to administrative responsibilities, serve as the supervising nurse.(3-17-22)

b.A supervising nurse, licensed registered nurse, or a licensed practical nurse, and who meets the requirements designated by the Idaho Board of Nursing to assume responsibilities as a charge nurse and meets the definition in Subsection 002.35.(3-17-22)

c.A charge nurse, a licensed registered, or a licensed practical nurse, and who meets the requirements designated by the Idaho Board of Nursing to assume responsibilities as a charge nurse in accordance with the definition in Subsection 002.07. A charge nurse is on duty as follows:(3-17-22)

i.In SNFs with an average occupancy rate of fifty-nine (59) residents or less a licensed registered nurse is on duty eight (8) hours of each day and no less than a licensed practical nurse is on duty for each of the other two (2) shifts.(3-17-22)

ii.In SNFs with an average occupancy rate of sixty (60) to eighty-nine (89) residents a licensed registered nurse is on duty for each a.m. shift (approximately 7:00 a.m. - 3:00 p.m.) and p.m. shift (approximately 3:00 p.m. to 11:00 p.m.) and no less than a licensed practical nurse on the night shift.(3-17-22)

Section 200 Page 28

iii.In SNFs with an average occupancy rate of ninety (90) or more residents a licensed registered nurse is on duty at all times.(3-17-22)

iv.In those facilities authorized to utilize a licensed practical nurse as charge nurse, the facility must make documented arrangements for a licensed registered nurse to be on call for these shifts to provide professional nursing support.(3-17-22)

d.Nursing hours per resident per day are provided to meet the total needs of the residents. The minimum staffing is as follows:(3-17-22)

i.Skilled Nursing Facilities with a census of fifty-nine (59) or less residents provide two and four-tenths (2.4) hours per resident per day. Hours do not include the DNS but the supervising nurse on each shift may be counted in the calculations of the two and four-tenths (2.4) hours per resident per day.(3-17-22)

ii.Skilled Nursing Facilities with a census of sixty (60) or more residents provide two and four-tenths (2.4) hours per resident per day. Hours do not include the DNS or supervising nurse.(3-17-22)

iv. Skilled Nursing Facilities are considered in compliance with the minimum staffing ratios if, on Monday of each week, the total hours worked by nursing personnel for the previous seven (7) days equal or exceed the minimum staffing ratio for the same period when averaged on a daily basis and the facility has received prior approval from the Licensing Agency to calculate nursing hours in this manner.(3-17-22)

e. Combined Hospital and Skilled Nursing Facility. In a combined facility the DNS may serve both the hospital and long term care unit with supervising and charge nurses as required under Subsection 200.02.b. and 200.02.c. In a combined facility of less than forty-one (41) beds, the supervising or charge nurse may be an LPN. Combined beds (forty-one (41) or less) represent the total number of acute care (hospital) and long term care (nursing home) beds.(3-17-22)

f. Waiver of Licensed Registered Nurse as Supervising or Charge Nurse. In the event that a facility is unable to hire licensed registered nursing personnel to meet these regulation requirements, a licensed practical nurse will satisfy the requirements so long as:(3-17-22)

i. The facility continues to seek a licensed registered nurse at a compensation level at least equal to that prevailing in the community;(3-17-22)

ii. A documented record of efforts to secure employment of licensed registered nursing personnel is maintained in the facility;(3-17-22)

iii. The facility maintains at least forty (40) hours a week R.N. coverage.(3-17-22)

g. There is at least two (2) nursing personnel on duty on each shift to ensure resident safety in the event of accidents, fires, or other disasters.(3-17-22)

h. Nursing care is given only by licensed staff, nursing personnel, and auxiliary nursing personnel.(3-17-22)

03. Resident Care. That nursing staff must document on the resident medical record, any assessments of the resident, any interventions taken, effect of interventions, significant changes and observations, and the administration of medications, treatments, and any other services provided, and entries made at the time the action occurs with signature, date and time. At a minimum, a monthly summary of the resident's condition and reactions to care must be written by a licensed nursing staff person.(3-17-22)

04. Medication Administration. Medications must be provided to residents by licensed nursing staff

Section 200 Page 29

or certified medication assistants (MA-C) per established written procedures that includes at least the following:(4-6-23)

a. Administered per physician's, dentist's, or nurse practitioner's written orders;(4-6-23)

b. The resident is identified prior to administering the medication;(3-17-22)

- c. Medications are administered as soon as possible after preparation;(3-17-22)
- d. Medications are administered only if properly identified;(3-17-22)
- e. Medications are administered by the person preparing the medication for delivery to the resident (exception: Unit dose);(3-17-22)
- f. Residents are observed for reactions to medications and if a reaction occurs, it is immediately reported to the charge nurse and attending physician;(3-17-22)
- g. Each resident's medication is properly recorded on their individual medication record by the person administering the medication. The record includes:(3-17-22)
 - i. Method of administration;(3-17-22)
 - ii. Name and dosage of the medication;(3-17-22)
 - iii. Date and time of administration;(3-17-22)
 - iv. Site of injections;(3-17-22)
 - v. Name or initial (that has elsewhere been identified) of person administering the medication;(3-17-22)
- vi. Medications omitted;(3-17-22)
- vii. Medication errors (that are reported to the charge nurse and attending physician.)(3-17-22)

05. Tuberculosis Control. To assure the control of tuberculosis in the facility, there is a planned, organized program of prevention through written and implemented procedures that are consistent with current accepted practices and includes:(4-6-23)

- a. The results of a T.B. skin test is established for each resident upon admission. If the status is not known upon admission, a T.B. skin test is done as soon as possible, but no longer than thirty (30) days after admission.(3-17-22)
- b. If the T.B. skin test is negative, the test does not have to be repeated.(3-17-22)
- c. If the T.B. skin test is positive, if determined upon admission or following the test conducted after admission, the resident receives a chest x-ray. A chest x-ray conducted thirty (30) days prior to admission is acceptable.(3-17-22)
- d. When a chest x-ray is indicated and the resident's condition presents a transportation problem to the x-ray machine, a Sputum culture for m. tuberculosis is acceptable instead of a chest x-ray until the resident's next visit for any purpose to a place where x-ray is available.(3-17-22)
- e. Annual T.B. skin testing and/or chest x-rays are not required.(3-17-22)
- f. If a case of T.B. is found in the facility, all residents and employees are retested.(3-17-22)