

This document contains interpretive guidelines for state regulations. Only those regulations with published guidelines are included. Please note that these guidelines are interpretative guidance for determining compliance and are not used as a basis for citing non-compliance.

§ 201.13(g) Issuance of License

The facility shall have on file the most recent inspection reports, relating to the health and safety of residents, indicating compliance with applicable State and local statutes and regulations. Upon request, the facility shall make the most recent report available to interested persons.

Interpretive Guideline: The inspection reports in this subsection refer to reports which are required by the local fire codes for the local department of health.

§ 201.18(b)(2) Management

(b) The governing body shall adopt and enforce rules relative to:

(1) The health care and safety of the residents.

(2) Protection of personal and property rights of the residents, while in the facility, and upon discharge or after death.

Interpretive Guideline: This is not meant to invalidate the resident's right to proceed with a legal remedy if this should occur.

Policies should provide for the disposition of personal effects upon discharge and after the death of a resident.

§ 201.19 Personnel policies and procedures.

Personnel records shall be kept current and available for each employe and contain sufficient information to support placement in the position to which assigned.

Interpretive Guideline: Information in personnel records should include:

Job description

Educational background

Employment history

Copy of current license, certification or accreditation, if applicable to employee

Record of specific training for the job assignment if any

Verification of employee health status

Performance evaluations

Orientation records

§ 201.20(b) Staff Development

An employe shall receive appropriate orientation to the facility, its policies and to the position and duties. The orientation shall include training on the prevention of resident abuse and the reporting of the abuse.

Interpretive Guideline: The facility should develop a formal orientation program to introduce each employee to the policies and practices of the facility.

A staff person should be designated as responsible for employee orientation.

A checklist system may be developed which includes essential duties such as bed making, etc. The person responsible for orientation should check and initial each task when the employee has demonstrated proficiency in the task.

§ 201.24(a) Admission policy

The resident may be permitted to name a responsible person. The resident is not required to name a responsible person if the resident is capable of managing the resident's own affairs.

Interpretive Guideline: If the responsible person agrees to be the resident's financial guarantor, such agreement shall be evidenced by a separate written document.

It is recommended that the document be placed in the resident's file.

Cross Reference: Subsection 201.3 Definitions, Responsible person; Subsection 201.29(l).

§ 201.24(d) Admission Policy

A resident with a disease in the communicable stage may not be admitted to the facility unless it is deemed advisable by the attending physician—medical director, if applicable—and administrator and unless the facility has the capability to care for the needs of the resident.

Interpretive Guideline: If the facility complies with the regulations, the facility is capable of caring for a resident with a communicable disease.

The intent of the regulation is not to prohibit the facility from admitting a resident with a communicable disease if the admission is approved in accordance with the regulation.

If the facility does admit a resident with a communicable disease in a communicable state, the facility should have established protocol for the care of the resident.

The protocol should be established with the advice of the infection control committee and monitored by the medical director.

§ 201.25 Discharge Policy

There shall be a centralized coordinated discharge plan for each resident to ensure that the resident has a program of continuing care after discharge from the facility. The discharge plan shall be in accordance with each resident's needs.

Interpretive Guideline: There must be an individual discharge plan for each resident.

Each resident, regardless of prognosis, should have a discharge program which provides for periodic evaluation of the resident's needs and which assures placement in an appropriate level of care.

The primary goal of discharge planning is continuous and comprehensive care of the resident.

Discharge planning must be an orderly, systematic, and coordinated effort among the facility, the resource to which the resident may be discharged, and the resident and the family.

Discharge planning is a service and process that, with resident participation, identifies and evaluates the resident's needs and assists him or her in moving from one environment to another.

Discharge planning includes preparing the resident for the next level of care and arranging for placement in the appropriate care environment.

Discharge planning procedures cover provisions for the following:

identifying and evaluating resident's functional status and needs on a continuing basis;

Initiating referrals;

Providing discharge information at the time of discharge or transfer to assure the continuity of care.

§ 201.26 Power of attorney

Power of attorney may not be assumed for a resident by the licensee, owner/operator, members of the governing body, an employe or anyone having a financial interest in the facility unless ordered by a court of competent jurisdiction.

Interpretive Guideline: No resident may be required to execute a power of attorney. If a resident has executed a power of attorney delegating the rights and responsibilities specified in §201.29(i), such rights and responsibilities rest with the holder of the power, in accordance with its terms. See 201.29(l)

§ 201.29(i) Resident rights.

(i) The resident shall be encouraged and assisted throughout the period of stay to exercise rights as a resident and as a citizen and may voice grievances and recommend changes in policies and services to the facility staff or to outside representatives of the resident's choice. The resident or resident's responsible person shall be made aware of the Department's Hot Line (800) 254-5164, the telephone number of the Long-Term Care Ombudsman Program located within the Local Area Agency on Aging, and the telephone number of the local Legal

Services Program to which the resident may address grievances. A facility is required to post this information in a prominent location and in a large print easy to read format.

Interpretive Guideline: One way in which the facility can demonstrate that it has met the requirements of this regulation is to establish a residents' council. The use of the residents' council would allow the resident to exercise his or her rights as a resident, to voice grievances, and to recommend changes in policies and services.

Other ways in which the facility can assist the resident are by identifying and obtaining services from Community and Legal Agencies, assisting with the registration of voters and the furnishing of absentee ballots, etc.

§ 201.29(j) Resident rights.

(j) The resident shall be treated with consideration, respect and full recognition of dignity and individuality, including privacy in treatment and in care for the necessary personal and social needs.

Interpretive Guideline: To protect the resident's privacy and dignity, the staff should observe the following courtesies:

Use curtains while the resident is being bathed, dressed, undressed and toileted;

Make sure bathroom doors are closed while the bathroom is in use;

Do not enter rooms without knocking except in an emergency;

Permit married couples to room together unless medically contraindicated;

Provide easy access to telephones which are situated to assure privacy;

Deliver mail unopened unless the resident requests assistance;

Move the resident in a forward motion when being transported in a chair.

Unacceptable staff practices include:

Inappropriate resident clothing (substitution of resident gowns for underwear);

Bathing residents who are on the toilet;

Labeling resident clothing inappropriately, for example, printing a resident's name on an area of clothing which is visible to other persons.

§ 201.29(l)(1) Resident rights.

(l) The resident's rights devolve to the resident's responsible person as follows:

When the resident is adjudicated incapacitated by a court.

Interpretive Guideline: When a resident has been adjudicated incompetent, the facility should obtain a copy of the Court Order for the resident's record. See § 201.26 Power of Attorney

§ 201.30(a) Access requirements.

The facility may limit access to a resident when the interdisciplinary care team has determined it may be a detriment to the care and well-being of the resident in the facility. The facility may not restrict the right of the resident to have legal representation or to visit with the representatives of the Department of Aging Ombudsman Program. A facility may not question an attorney representing the resident or representatives of the Department, or the Department of Aging Ombudsman Program, as to the reason for visiting or otherwise communicating with the resident.

Interpretive Guideline: The facility may not limit the Department of Aging Ombudsman's or Legal Services Representative's access to the facility.

The facility may encourage all visitors to sign in.

The facility may post signs at the information desk requesting visitors to sign in.

The facility should have a policy which states that all persons who enter the facility after visiting hours must identify themselves to the person in charge.

§ 201.30(b) Access requirements

A person entering a facility who has not been invited by a resident or a resident's responsible persons shall promptly advise the administrator or other available agent of the facility of that person's presence. The person may not enter the living area of a resident without identifying himself to the resident and without receiving the resident's permission to enter.

Interpretive Guideline: The administrator of the facility or his/her designee *may prohibit a person* from entering a facility if the administrator has reason to believe that the visitor's conduct may be detrimental to the resident.

The administrator or designee may prohibit a *person from entering a facility if the administrator has reason to believe that the visitor's conduct will be disruptive to the services provided by the facility.*

If a visitor is prohibited from entering the facility, the administrator should document the circumstances of the incident.

§ 205.4(a) Building plans.

There may be no new construction of a facility without the Department's approval of final plans. There may be no alterations or additions to an existing building or conversion of a building or facility made prior to the Department's approval of final plans.

Interpretive Guideline: In section 201.3, an alteration is defined as any addition, modification, or modernization in the structure or change in the use of the building.

An alteration is a structural or functional change. For example, changing the size of a room is considered an alteration, but adding screens to a window is not.

Cross reference: Subsection 201.3

§ 205.25(b) Kitchen.

A service pantry shall be provided for each nursing unit. The pantry shall contain a refrigerator, device for heating food, sink, counter and cabinets. For existing facilities, a service pantry shall be provided for a nursing unit unless the kitchen is sufficiently close for practical needs and has been approved by the Department.

Interpretive Guideline: Examples for devices for heating foods are as follows:

Hot plates

Microwave ovens

Convection ovens

§ 207.2(b) Administrator's responsibility.

(b) Nursing personnel may not be assigned housekeeping duties that are normally assigned to housekeeping personnel.

Interpretive Guideline: All employees should have job descriptions which delineate their duties.

It is permissible for a job description of a nursing staff member to include other duties, e.g., a member of the nursing staff may be responsible for services which are related to resident care, such as wiping the top a resident's bedside stand.

The nurse may not be routinely required to do routine cleaning chores which are not directly related to resident care.

Examples of duties unrelated to resident care would be mopping of the dining room floor, running the dishwasher, or doing the laundry on the night shift.

§ 211.3(a) Oral and telephone orders.

A physician's oral and telephone orders shall be given to a registered nurse, physician or other individual authorized by appropriate statutes and the State Boards in the Bureau of Professional and Occupational Affairs and shall immediately be recorded on the resident's clinical record by the person receiving the order. The entry shall be signed and dated by the person receiving the order. Written orders may be by fax.

Interpretive Guideline: All licensed professionals should refer to the respective professional and vocational standards. Facility policies should include guidelines that meet the professional standards. (Refer to § 211.3(e))

§ 211.5(c) Clinical records.

(c) Records shall be retained for a minimum of 7 years following a resident's discharge or death.

Interpretive Guideline: Resident records must be maintained for 3 years within the long term care facility.

Resident records may be placed in a central file at another location if easily retrievable within one business day.

§ 211.8(c) Use of restraints.

(c) Physical restraints shall be removed at least 10 minutes out of every 2 hours during the normal waking hours to allow the resident an opportunity to move and exercise. Except during the usual sleeping hours, the resident's position shall be changed at least every 2 hours. During sleeping hours, the position shall be changed as indicated by the resident's needs.

Interpretive Guideline: Facilities should have a written policy which addresses the method of documenting the use of restraints.

Facilities may use a chart restraint sheet that shows everytime a restraint is applied or removed.

Facilities may also chart the use of restraints on every shift. This means that the person who is responsible for the release of the restraints shall document at the close of the shift that the restraints were released for ten minutes every two hours.

§ 211.8(e) Use of restraints.

(e) The physician shall document the reason for the initial restraint order and shall review the continued need for the use of the restraint order by evaluating the resident. If the order is to be continued, the order shall be renewed by the physician in accordance with the resident's total program of care.

Interpretive Guideline: The care plan should address the type of restraint, the reason for application, and the duration for the use of the restraint.

The nursing notes should address any unusual occurrences pertaining to the resident and the restraint.

The monthly summary should address the frequency of use and document the need and use of restraints.

§ 211.9(b) Pharmacy services.

(b) Medications shall be administered by authorized persons as indicated in § 201.3 (relating to definitions).

Interpretive Guideline: Medication and suppositories may not be administered by nurse aides.

Nurse aides are not authorized to give any medication.

§ 211.9(e) Pharmacy services.

(e) Each resident shall have a written physician's order for each medication received. This includes both proprietary and nonproprietary medications.

Interpretive Guideline: The facility may not develop a list of standing orders which are routinely administered to all residents.

Routine orders, however, are acceptable if they are individualized, signed, and dated by the physician.

§ 211.9(l)(1) Pharmacy services.

(l) A facility shall have at least one emergency medication kit. The kit used in the facility shall be governed by the following:

The facility shall have written policies and procedures pertaining to the use, content, storage and refill of the kits.

Interpretive Guideline: Policies and procedures for the use, content and refill shall be developed by the Quality Assurance Committee.

Important considerations for inclusion in the policy and procedures are the designated practioner responsible for the control of the kit (this may be the Medical Director), the methods of procurement, organization, content and labeling of medications and a definition of the accountability system for monitoring and replacement of drugs and equipment.

§ 211.10(a) Resident care policies.

Resident care policies shall be available to admitting physicians, sponsoring agencies, residents and the public, shall reflect an awareness of, and provision for, meeting the total medical and psychosocial needs of residents. The needs include admission, transfer and discharge planning.

Interpretive Guideline: The establishment and enforcement of policies ensures that specific duties or functions are performed accurately and uniformly.

It is suggested that the policy shall reflect that the primary commitment is to the resident and that the policies and procedures of the facility are to insure that the residents receive the best possible care in a healthy, safe and comfortable environment.

§ 211.11(b) Resident care plan.

The individual responsible for the coordination and implementation of the resident care plan shall be part of the interdisciplinary team.

Interpretive Guideline: The long term care surveyors expect that the resident care plan will be initiated within 7 days of admission.

§ 211.11(d) Resident care plan.

(d) The resident care plan shall be available for use by personnel caring for the resident.

Interpretive Guideline: It is not necessary for each discipline to be assigned to address a need.

Assessments made initially and routinely may involve other disciplines as resident needs arise.

The care plan is a working tool that provides a profile of the needs of an individual resident.

Needs may be prioritized, but each must have a goal and an approach to meeting that goal.

Realistic target dates should be established to meet goals.

§ 211.11(e) Resident care plan.

(e) The resident, when able, shall participate in the development and review of the care plan.

Interpretive Guideline: The surveyors expect to see that the facility made a good faith effort to involve the resident in care planning.

Almost all residents who are not comatose should be able to participate in their care planning to some extent.

The resident's participation, or lack of participation, should be documented in the care planning interview, the nurse's notes and the social worker's progress notes.

§ 211.12(b) Nursing services.

There shall be a full-time director of nursing services who shall be a qualified licensed registered nurse.

Interpretive Guideline: The Director of Nursing (DON)/Director of Nursing Services (DNS) must be a registered nurse licensed to practice nursing in Pennsylvania.

The (DON) (DNS) must work a minimum of 35 hours involving a minimum of 4 days per week.

The (DON)(DNS) must meet the educational and/or experiential requirements in § 201.3.

§ 211.12(f) Nursing services.

(f) In addition to the director of nursing services, the following daily professional staff shall be available.

Interpretive Guideline: The Department requires that an acceptable standard of care be maintained through compliance with minimum staffing requirements.

When the staffing requirements are not met, the Department expects that good faith efforts be made to obtain the required staffing.

Good faith will be demonstrated by the offering of competitive salaries, the use of personnel agencies, and newspaper ads.

§ 211.12(g) Nursing services.

(g) There shall be at least one nursing staff employe on duty per 20 residents.

Interpretive Guideline: The requirement of one nursing staff employe on duty per 20 patients shall be strictly construed.

Facility-wide requirements of residents and staff: 1 staff for 20 residents.

Resident Census: 1-20 = 1 nursing staff

21-40 = 2 nursing staff

41-60 = 3 nursing staff

61-80 = 4 nursing staff

“On duty” means to be physically present and to personally provide nursing care when needed. For example, an RN who is on duty must be physically present to render professional nursing care when needed.

When computing staff time, a person is considered to be on duty during lunch and break time.

§ 211.12(h) Nursing services.

(h) At least two nursing service personnel shall be on duty.

Interpretive Guideline: At least two nursing services personnel shall be on duty.

Private duty nurses should not be counted as part of the staffing pattern.

Residents who have a private duty nurse 24 hours per day should not be included in the resident census when computing hours of general nursing care.

§ 211.12(j) Nursing services.

(j) Nursing personnel shall be provided on each resident floor.

Interpretive Guideline: “On each resident floor” requires that there must be nursing personnel physically present on the resident floor when residents are on the floor.

On an 11-7 shift, there must be nursing staff on each floor even though the residents are sleeping.

If all residents from a floor are gathered in an activity area on another floor, it is not necessary to have nursing staff on the vacant floor at that time.

§ 211.12(k) Nursing services.

(k) Weekly time schedules shall be maintained and shall indicate the number and classification of nursing personnel, including relief personnel, who worked on each tour of duty on each nursing unit.

Interpretive Guideline: A nursing employee cannot be assigned simultaneously to both a personal care and a long term care unit.

An employee can spend a specified number of hours on one unit and the remainder of the day on the other unit.

§ 211.12(l) Nursing services.

(l) The Department may require an increase in the number of nursing personnel from the minimum requirements if specific situations in the facility—including, but not limited to, the physical or mental condition of residents, quality of nursing care administered, the location of residents, the location of the nursing station and location of the facility—indicate the departures as necessary for the welfare, health and safety of the residents.

Interpretive Guideline: When a review of resident needs indicates that (a) a high percentage of the resident population require assistance with ambulation, toileting, bathing and feeding and the resident needs are not being met; or (b) the resident population includes a high percentage of critically ill residents and the resident needs are not met; or (c) when a survey detects numerous deficiencies in care and services; the Department may require an increase in the number of nursing personnel.