

# Basic Care Facility Interpretive Guidelines

ND Department of Health  
Division of Health Facilities  
Revised May 2018

## B900

### 33-03-24.1-09. Governing Body.

## B910

1. **The governing body is legally responsible for the quality of resident services; for resident health, safety, and security; and to ensure the overall operation of the facility is in compliance with all applicable federal, state, and local laws.**

### Interpretive Guidelines

The basic care must have a designated governing body that demonstrates its oversight for the overall operation of the facility.

### Survey Procedures and Probes

- Is there evidence the governing body is responsible for the quality of resident services?
- Is there evidence the governing body is responsible for the resident health, safety, and security?
- Is there evidence the facility is in compliance with federal, state, and local laws?

## B920

2. **The governing body is responsible for approval and implementation of effective resident care and administrative policies and procedures for the operation of the facility. These policies and procedures must be in writing, signed, dated, reviewed annually, and revised as necessary, and shall address:**

### Interpretive Guidelines

- Policies and procedures must be reviewed annually by appropriate staff identified by the governing body.
- Policies and procedures must be revised as needed.
- The annual review and the revisions must be signed and dated.
- Policies and procedures must be implemented to ensure effective resident care.

### **Survey Procedures and Probes**

- Have the resident care and administrative policies and revisions been approved by appropriate staff identified by the governing body?
- Are the policies and procedures for resident care issues available to staff?

#### **B921**

- a. All services provided by the facility to meet the needs of the resident, including admission, transfer, discharge, discharge planning and referral services.**

#### **Interpretive Guidelines**

- The facility must develop policies and procedures to address resident care issues.
- Policy/Procedures must include services provided to the residents and the way in which they are provided, i.e. directly, through arrangement, or agreement, etc.
- The facility must develop policies and procedures for admission, transfer, discharge, discharge planning and referral services.

### **Survey Procedures and Probes**

- Review the policy and procedure manuals to ensure there are policies and procedures for required topics.
- Review resident records for sampled residents. Are there policies and procedures to address the needs of the residents?
- Review records to determine if discharge planning is being done.
- Review records to determine if referral services are available and utilized if needed.

#### **B922**

- b. Protocols developed by appropriately licensed professionals for use in the event of serious health threatening conditions, emergencies, or temporary illnesses. These protocols must include provisions for:**
  - (1) Designation of a licensed health care practitioner for each resident and arrangements to secure the services of another licensed health care practitioner if the resident's designated licensed health care practitioner is not available.**
  - (2) Notification of an appropriately licensed professional in the event of an illness or injury of a resident.**

#### **Interpretive Guidelines**

The facility must develop policies and procedures to address what protocols are to be followed in the event of serious health threatening condition, emergencies, or temporary

illnesses. These policies and procedures must be developed by appropriate licensed professionals. The facility must develop policies and procedures to address how the facility will obtain the service of another physician or licensed health care practitioner if the resident's health care practitioner is not available. Each resident must have a designated health care practitioner. The facility must have a policy and procedure regarding the notification of an appropriately licensed professional (RN consultant or health care practitioner) in the event of an illness or injury of a resident.

### **Survey Procedures and Probes**

- Has a licensed professional developed protocols for serious health threatening conditions, emergencies, or temporary illnesses?
- Review resident records to determine:
  1. Does each resident have a licensed health care practitioner?
  2. Who is notified if that person is not available?
  3. When a resident is ill or has an injury is a licensed professional notified?

### **B 923**

- c. **Provisions for pharmacy and medication services developed in consultation with a registered pharmacist, including:**
  - (1) **Assisting residents in obtaining individually prescribed medications from a pharmacist of the resident's choice.**
  - (2) **Disposing of medications that are no longer used or are outdated, consistent with applicable federal and state laws.**
  - (3) **Allowing the resident to be totally responsible for the resident's own medication upon resident request and based on the assessment of the resident's capabilities with respect to this function by an appropriately licensed professional.**

### **Interpretive Guidelines**

The pharmacy and medication services policies and procedures must be developed in consultation with a registered pharmacist.

### **Survey Procedures and Probes**

- Are pharmacy and medication services policies and procedures developed with a registered pharmacist?
- Interview residents to determine if they chose the pharmacy from which they want to receive their medications. Choices may be limited depending on the availability of services in the community.
- Interview staff to determine how the facility destroys medications that are outdated.
- Interview staff and residents to determine if residents are allowed to self administer medication.

- Review resident records to determine if a licensed professional has assessed the resident's capabilities to self administer medications.

## **B924**

- d. Infection control practices, including provision of a sanitary environment and an active program for the prevention, investigation, management, and control of infections and communicable diseases in residents and staff members.**

### **Interpretive Guidelines**

The facility must have an ongoing infection control program. The facility policies and procedures must include prevention, investigation, management, and control of infections.

### **Survey Procedures and Probes**

- Observe resident care, interview staff, observe the environment and review records to determine:
  - (1) *If hand hygiene and the use of gloves (when indicated) is in accordance with current standards of practice?*
  - (2) *Are linens handled, processed, transported, and stored to prevent contamination and the transmission of infection?*
  - (3) Is the environment sanitary?
  - (4) Are there policies and procedures written regarding the infection control program?
  - (5) Does the facility have an infection control program?
  - (6) Does the facility prevent, investigate, and control infections and communicable diseases?

## **B925**

- e. Prohibition of resident abuse, neglect, and misappropriation of resident property, including investigation, reporting, and follow-up action.**

### **Interpretive Guidelines**

The facility must have policies and procedures to prevent abuse, neglect, and misappropriation of resident property. The policies and procedures must include investigation, reporting, and follow-up action.

### **Survey Procedures and Probes**

- Review records, interview staff and residents to determine:
  - (1) Does the facility investigate, report, and take follow-up action for alleged violations?

## **B926**

- f. Reporting to the department significant medication administration errors by a facility staff member which results in a negative outcome to a resident or a pattern of medication errors.**

### **Interpretive Guidelines**

The facility must have a system for reporting to the department when a significant medication error results in a negative outcome to a resident. A significant medication error is one that requires medical attention (emergency room or hospitalization) and/or harms a resident. If a medication assistant I or II (staff member) makes three medication errors within a rolling 12 month period, the third error requires a report to the department.

### **Survey Procedures and Probes**

- Does the facility have policies and procedures for reporting to the department when a significant medication error results in a negative outcome for a resident?
- Does the facility have policies and procedures for reporting to the department a staff member who makes a third medication error within 12 months?

## **B927**

- g. A process for handling complaints made by residents or on behalf of residents.**

### **Interpretive Guidelines**

The facility must have a system for handling complaints made by residents or on behalf of residents.

### **Survey Procedures and Probes**

- Does the facility have policies and procedures for handling complaints/grievances?
- Interview residents and staff to determine if the facility has a process for handling complaints by residents or complaints made on behalf of a resident.
- Are resident's familiar with the process, and have complaints been resolved to the resident's satisfaction.

## **B928**

- h. Resident Rights which comply with North Dakota Century Code chapter 50-10.2**

### **Interpretive Guidelines**

- The facility must have policies and procedures to comply with resident rights requirements identified in the North Dakota Century Code chapter 50-10.2.

### **Survey Procedures and Probes**

- Are residents treated with dignity and respect? Provided privacy?
- Are residents provided with Resident Rights information upon admission and annually?
- Interview residents and staff regarding resident rights.
- Do the facility policies and procedures include the resident rights requirements?

### **B929**

- i. Personnel policies to include checking state registries and licensure boards prior to employment for findings of inappropriate conduct, employment, disciplinary actions, and termination.**

### **Interpretive Guidelines**

- The facility must have policies and procedures which include checking state registries and licensure boards prior to employment.

### **Survey Procedures and Probes**

- Check employee records to determine if the facility checks with the appropriate licensure board (example: North Dakota Board of Nursing or another licensure board) prior to employment.
- Does the facility check the state registry for certified nursing assistants?

### **B930**

- j. Personnel records to include job descriptions, verification of credentials where applicable, and records of training and education.**

### **Interpretive Guidelines**

The facility personnel records must include a copy of the job description, verification of the employees credentials, and a record of the employees training and education.

### **Survey Procedures and Probes**

- Review employee records to determine if the record includes:
  - (1) Job description
  - (2) Verification of credentials when applicable

(3) Training and education

**B940**

- 3. If the facility provides any clinical laboratory testing services to an individual, regardless of the frequency or the complexity of the testing the governing body is responsible to obtain and maintain compliance with the applicable parts of the clinical laboratory improvement amendments of 1988, 42 CFR part 493.**

**Interpretive Guidelines**

The facility must obtain and maintain a CLIA certificate, if laboratory tests are performed by facility staff (example: blood glucose testing or fecal occult blood).

**Survey Procedures and Probes**

- Interview staff to determine if the facility does any laboratory testing.
- Obtain a copy of the CLIA waiver if laboratory testing is done.

**B950**

- 4. The governing body shall appoint an administrator to be in charge of the general administration of the facility. Provisions must be made for a staff member to be identified in writing to be responsible for the onsite operation of the facility in the absence of the administrator.**

**Interpretive Guidelines**

The governing body must appoint an administrator to be in charge of the facility. In the absence of the administrator, a staff member must be identified, in writing, as the person responsible for the operation of the facility.

**Survey Procedures and Probes**

- Determine who is in charge of the general administration of the facility.
- Interview the administrator to determine who is responsible for the operation of the facility when the administrator is absent.
- Review the policy regarding administration and who is responsible for the operation of the facility when the administrator is absent. The policy must reflect accountability 24 hours a day- seven days per week. May be addressed by on-call schedule/designation.

## **B960**

- 5. The governing body shall ensure sufficient trained and competent staff are employed to meet the residents' needs. Staff must be in the facility awake, and prepared to assist residents twenty-four hours a day.**

### **Interpretive Guidelines**

There must be sufficient trained and competent staff available to meet the needs of the residents 24 hours a day.

### **Survey Procedures and Probes**

- Review staffing schedule.
- Interview residents to determine if their needs are met twenty-four hours per day. Ask if trained staff are prepared to assist them day or night.

### **33-03-24.1-10. Fire Safety.**

The fire safety provisions located in section 33-03-24.2-08 apply to this chapter.

**History:** Effective January 1, 1995; amended effective July 1, 1996; October 1, 1998; July 1, 2015.

**General Authority:** NDCC 23-09.3-19

**Law Implemented:** NDCC 18-01-03.2, 23-09.3-09

## **B1100**

### **33-03.24.1-11 Education Programs**

- 1. The facility shall design, implement, and document educational programs to orient new employees and develop and improve employees' skills to carry out their job responsibilities.**

### **Interpretive Guidelines**

A staff orientation program must exist. Each department should have an orientation program for job responsibilities in that department and facility wide policies and procedures. The facility is responsible to maintain a record of staff orientation. If the facility provides special care services (tube feeding, pressure sore care, oxygen, etc...), staff need to be trained to meet resident needs.



### **Survey Procedures and Probes**

- Observe staff as they provide care for the sampled residents. Are staff trained and knowledgeable when providing care?
- Interview staff about their orientation/training. Did the orientation/training include sufficient information to adequately perform their job?
- Review files for training/orientation if concerns are identified.

### **B1120**

- 2. On an annual basis, all employees shall receive in-service training in at least the following:**
  - a.) Fire and accident prevention and safety.**
  - b.) Mental and physical health needs of the residents, including behavior problems.**
  - c.) Prevention and control of infections, including universal precautions.**
  - d.) Resident Rights.**

### **Interpretive Guidelines**

Annual is defined as 12 months from the previous in-service of the same topic. Records of in-service training should be kept for all staff members. The record should include: a.) date of training and b.) agenda or synopsis of training and the name of the presenter.

### **Survey Procedures and Probes**

- Review in-service training records.
- Do the in-services relate to the four required categories?
- Do the in-services relate to the special care services required to meet the residents needs?

### **B1130**

- 3. The administrator shall attend at least twelve continuing education hours per year relating to care and services for residents.**

### **Survey Procedures and Probes**

- Review the administrator's continuing education records if concerns are identified.
- Is the continuing education pertinent to resident care and services?

### **B1140**

- 4. The staff responsible for food preparation shall attend a minimum of two dietary educational programs per year.**

## **Interpretive Guidelines**

Staff responsible for food preparation is defined as anyone who prepares food, serves food, or plans food preparation. Educational programs should incorporate topics such as food safety, food preparation, therapeutic diets, etc.

### **Survey Procedures and Probes**

- Review dietary staff education records if concerns are identified.
- One staff member who has attended dietary related educational programs can train other staff members.

## **B1150**

- 5. The staff responsible for activities shall attend a minimum of two activity-related educational programs per year.**

## **Interpretive Guidelines**

Staff responsible for activities includes staff who plan activities as well as staff that assist with activities. Educational programs should incorporate topics relevant to meeting the activity needs of the residents.

### **Survey Procedures and Probes**

- Review activity staff education records if concerns are identified.
- One staff member who has attended activity related educational programs can train other staff members.

## **B1200**

### **33-03-24.1-12 Resident Assessments and Care Plans**

## **B1210**

- 1. An assessment is required for each resident within fourteen days of admission and as determined by an appropriately licensed professional thereafter, but no less frequently than quarterly.**

## **Interpretive Guidelines**

A licensed professional can be anyone who is licensed, if their practice act indicates the licensed professional can complete assessments. An assessment must be completed on each resident within fourteen days of admission and at least quarterly.

## **Survey Procedures and Probes**

- Review the assessments of sampled residents to ensure the assessment are completed within the required time frames by a licensed professional.

### **B1220**

- 2. The assessment must be completed in writing by an appropriately licensed professional. The assessment must include:**
  - a. A review of health, psychosocial, functional, nutritional, and activity status.**
  - b. Personal care and other needs.**
  - c. Health needs.**
  - d. The capability of self-preservation.**
  - e. Specific social and activity interests.**

## **Interpretive Guidelines**

The assessment must include a review of the health status (diagnoses, special care needs, overall well being etc...) The assessment must include a review of the psychosocial status (psychological, emotional, and social needs etc...) The assessment must include a review of the functional status (how the resident is able to care for herself/himself/move about the facility.) The assessment must include a summary of activities the resident attended for the quarter. Nutritional status means dietary needs such as therapeutic diet, hydration, weight concerns, etc. The assessment must include the personal care needed by the resident to meet his/her needs. The assessment must include how the health needs of the resident were met by the facility staff or professional staff in the community. The assessment must include the resident's capability to evacuate the facility in the event of a fire, disaster, or other emergency without staff intervention. The assessment must include the resident's social and activity interests; such as family in the community, organizations where the resident was a member, church affiliation, hobbies, etc.

## **Survey Procedures and Probes**

- Review the initial and quarterly assessments for the sampled residents to ensure all required areas are addressed.
- Does the assessment address all aspects of the resident?

### **B1230**

- 3. A care plan, based on the assessment and input from the resident or person with legal status to act on behalf of the resident, must be developed within twenty one days of the admission date and consistently implemented in response to individual resident needs and strengths.**

## **Interpretive Guidelines**

A plan of care must be developed for each resident within twenty-one days of admission. The care plan must be developed based on the information gathered from the assessment and with input from the resident or the person with the legal responsibility to act on behalf of the resident. The care plan should identify the strengths and needs of the resident and how the staff should meet those needs. Staff must consistently follow the care plan.

### **Survey Procedures and Probes**

- Review care plans for sampled residents.
- Does the care plan accurately reflect the resident's problems/needs/strengths?
- Is the care plan consistent with the assessment and documented resident observations?
- Does the care plan identify staff interventions for resident problems/needs?
- Do staff follow the care plan?

## **B1240**

- 4. The care plan must be updated as needed, but no less than quarterly.**

## **Interpretive Guidelines**

The resident's care plan must be updated with new interventions when there is a need to change the care provided to the resident. Care plans must be updated at least quarterly. Care plan changes must be dated, and discontinued problems and interventions on the care plan should be clearly identified.

### **Survey Procedures and Probes**

- Has the care plan been updated to reflect the current status of the resident?
- Are care plan changes/updates clearly identified and dated.

## **B1300**

### **33-03-24.1-13 Resident Records**

## **B1310**

- 1. The facility shall provide secure maintenance and storage of all resident records.**

## **Interpretive Guidelines**

Resident records need to be kept in a secure area away from public access. Resident records need to be kept safe from loss and destruction.

### **Survey Procedures and Probes**

- Observe the location of the resident records.
- Are the resident records stored to maintain resident's confidentiality?
- Are the resident's records stored to prevent loss and destruction?

### **B1320**

#### **2. Resident records must include:**

**a. The resident's name, social security number, marital status, age, sex, previous address, religion, personal licensed health care practitioner, dentist, designated representative or other responsible person.**

#### **Interpretive Guidelines (a)**

- The resident record must be updated as needed to reflect the current information.
- b. The licensed health care practitioner's orders and report of an examination of the resident's current health status.**

#### **Interpretive Guidelines (b)**

- "Licensed health care practitioner" means an individual who is licensed or certified to provide medical, medically related, or advanced registered nursing care.
- The resident record must contain licensed health care practitioner orders. This includes telephone orders.
- Reports of examinations by a licensed health care practitioner which addresses the resident's current health status must be included in the resident's record.

**c. An admission note.**

#### **Interpretive Guidelines (c)**

- Resident records must include an admission note with pertinent information. This information should include the date and time of admission, where the resident was admitted from, and the resident's status at the time of admission.

**d. A copy of an initial and current assessment and care plan.**

### **Interpretive Guidelines (d)**

Resident records must include the initial resident assessment and care plan; and the most current resident assessment and care plan.

#### **e. Documentation of resident observations by authorized staff.**

### **Interpretive Guidelines (e)**

Documentation of resident observations must accurately reflect the status of the resident. This would include observations related to health, social service, activity, etc... The frequency of documentation of resident observations is determined by the status of the resident's condition. Examples include: Changes in a resident's medical condition must be documented; observation of treatment area (improvement or lack of improvement) must be documented.

### **Survey Procedures and Probes (e)**

- Do resident observations describe the current status of the resident?
- Does documentation clearly explain significant events in a resident's life? For example: accidents, hospitalizations, traumatic events, behavior, etc.

#### **f. Documentation of death, including cause and disposition of the resident's personal effects, money, or valuables deposited with the facility.**

### **Interpretive Guidelines (f)**

The facility must document the cause of the resident's death. The facility must document how the personal belongings of the resident were disposed of.

#### **g. A quarterly progress note documenting the resident's current health condition, level of functioning, activity involvement, nutritional status, psychosocial interactions, and needs.**

### **Interpretive Guidelines (g)**

Resident records must include quarterly progress notes which include the resident's current health condition, functional ability, involvement in activities, nutritional status, psychosocial interactions, and needs.

#### **h. Documentation of review of prescribed diets.**

### **Interpretive Guidelines (h)**

- Resident records must document a review of the resident's prescribed diet by a qualified health professional.

- i. Transfer forms that are completed, signed, and sent with the resident when transferred to another facility.**

#### **Interpretive Guidelines (i)**

- Resident records must include copies of completed transfer forms. This includes transfers to the emergency room, hospital, and to other health care facilities.
- Transfer forms must be signed and sent with the resident.

- j. A medication administration record documenting medication administration consistent with applicable state laws, rules and practice acts.**

#### **Interpretive Guidelines (j)**

The facility must have a system/method for recording medications when they are administered. The medication record must include the name of the medication, dosage, route of administration, time given and the initials of the person administering the medication. The full signature of the staff administering the medications must appear on the medication administration record or on another form in the resident record which identifies the initials of staff. Medications must be administered consistent with all applicable state laws, rules, and practice acts.

#### **Survey Procedures and Probes (j)**

- Review sampled residents' medication administration records.
- The medication record should accurately reflect the physician order.

- k. Documentation of an annual medication regimen review.**

#### **Interpretive Guidelines (k)**

Resident records must include an annual medication regimen review completed by a licensed healthcare practitioner or a pharmacist.

#### **Survey Procedures and Probes (k)**

- Review the resident record for documentation of annual medication regimen review.

- l. A written report of any funds kept at a resident's request. Such record shall show deposits to and withdrawals from the fund.**

### **Interpretive Guidelines (l)**

Reports of funds must include deposit to and withdrawals from the fund.

### **Survey Procedures and Probes (l)**

- Does the resident record indicate if funds are kept for the resident?
- During resident interviews, determine if funds are kept for the resident.

**m. Documentation of a fire drill walk-through within five days of admission.**

### **Interpretive Guidelines (m)**

Resident records must include evidence of a fire drill walk-through within five days of admission.

### **Survey Procedures and Probes (m)**

- Interview sampled residents, who have been admitted to the facility during the past year, regarding what they have been told to do in case of a fire.
- Review records of sampled residents admitted during the past year to determine if a fire drill walk-through was done within 5 days of admission.

**n. All agreements or contracts entered into between the facility and the resident or legal representative.**

### **Interpretive Guidelines (n)**

Resident records must include an admission agreement.

### **Survey Procedures and Probes (n)**

- Review sampled resident's records to determine if an admission agreement is signed and in the record.
- Copies of other agreements or contracts should be in the record.

**o. A discharge note.**

### **Interpretive Guidelines (o)**

Resident records must include a discharge note when a resident is discharged from the facility.



### **Survey Procedures and Probes (o)**

- Review closed records to determine if a discharge note is in the record.

#### **B1330**

- 3. The facility shall maintain resident records for a period of not less than five years from the date of discharge or death.**

### **Survey Procedures and Probes**

- Does the facility maintain resident records at least five years after a resident is discharged or expires?

#### **B1400**

##### **33-03-24. 1-14 Personal Care Services**

**The facility shall provide personal care services to assist the resident to attain and maintain their highest level of functioning consistent with the resident assessments and care plans. These services must include assistance with:**

#### **Interpretive Guidelines**

“Personal care” means assistance with activities of daily living and instrumental activities of daily living and general supervision of physical or mental well-being.

#### **B1410**

- 1. Activities of daily living and instrumental activities of daily living and observation and documentation of changes in physical, mental, and emotional functioning as needed.**

#### **Interpretive Guidelines**

“Activities of daily living” means those personal, functional activities required by an individual for continued well-being, mobility, toileting, and behavior management. “Instrumental activities of daily living” includes preparing meals, shopping, managing money, housework, laundry, transportation, use of telephone, and mobility outside the basic care facility.

### **Survey Procedures and Probes**

- Review resident records for residents who receive assistance with activities of daily living (ADL’s).
- Make observations of resident care for residents who need assistance with ADLs.
- Interview residents to determine if ADL and IADL needs are met.

## **B1420**

**2. Arrangements to seek health care when the resident shows signs or describes symptoms of an illness or abnormality for which treatment may be indicated.**

### **Interpretive Guidelines**

The RN consultant or licensed healthcare professional must be consulted when the resident experiences signs or symptoms of an illness or abnormality (i.e.: fall in which an injury occurs, fracture, persistent diarrhea, abnormal symptoms, etc.) for which treatment may be indicated.

### **Survey Procedures and Probes**

- Review the medical records of sampled residents
- Does the documentation indicate residents received treatment for their illness or abnormality?

## **B1430**

**3. Arrangements for appropriate transfer and transport as needed.**

### **Interpretive Guidelines**

Facility staff is responsible to make arrangements for appropriate transfer and transportation as needed for necessary appointments.

### **Survey Procedures and Probes**

- Is the facility providing transportation or arranging for transportation?

## **B1440**

**4. Functional aids or equipment, such as glasses, or hearing aids, canes, crutches, walkers, or wheelchairs.**

### **Interpretive Guidelines**

The facility must assist residents to assure that functional aids or equipment are accessible when needed by the resident.

### **Survey Procedures and Probes**

- If the resident needs functional aids/equipment, does the facility provide for the need or do they refer the resident to an agency that can provide the needed equipment?
- If the resident has functional aids/equipment, does the facility maintain or arrange outside services to assist with the maintenance of the functional aids/equipment?

### **B1450**

#### **5. Clothing and other personal effects as well as maintenance of personal living quarters.**

### **Survey Procedures and Probes**

- Does the facility provide assistance with clothing and other personal effects of the resident or does it arrange for an outside agency to provide assistance with these items if the resident is unable?
- Maintenance of personal living quarters: Does the facility have policies and procedures to identify how they will maintain the resident's personal space? For example, if a resident has a refrigerator, microwave, humidifier, etc. who will clean these items?

### **B1500**

#### **33-03-24.1-15. Pharmacy and medication administrative programs.**

### **B1510**

#### **1. The facility shall provide assistance to the resident in obtaining necessary medication and medical supplies.**

### **Survey Procedures and Probes**

- Interview staff to determine how medications and medical supplies are obtained.

### **B1520**

#### **2. The facility shall provide a secure area for medication storage consistent with Chapter 61-03-02.**

### **Interpretive Guidelines**

Chapter 61-03-02. is the consulting pharmacist regulations for long term care facilities (skilled, intermediate, and basic care). Medications must be stored to prevent access by unauthorized individuals.

### **Survey Procedures and Probes**

- Where do residents store their medications? Is the medication stored securely?

### **B1530**

#### **3. Medication administration services must be available for residents.**

### **Interpretive Guidelines**

The facility is responsible to develop a system to provide medication administration for residents.

### **Survey Procedures and Probes**

- Review facility policies and procedures to determine if medication administration services are available.

### **B1540**

- 4. All medications used by residents which are administered or supervised by staff must be:**
  - a. Properly recorded by staff at the time of administration.**
  - b. Kept and stored in original containers labeled consistently with state laws.**
  - c. Properly administered.**

### **Interpretive Guidelines**

When staff administer medications or supervise medication administration, the staff person must document the medication and dose given at the time it is administered. Medication must be stored in the original container. The label on the container must meet North Dakota Board of Pharmacy requirements (Chapter 61-03-02). Medications must be administered as ordered by the licensed health practitioner?

### **Survey Procedures and Probes**

- Observe medication administration.
- Do staff properly record the medication at the time of administration?

- Are the medications stored in original containers?
- Are medications properly administered?
  - a. In accordance with the licensed health practitioner order?
  - b. Manufacturers specifications?
  - c. Acceptable professional standards?
  - d. Medications must be administered to the right resident, with the right medications, in the right dose, at the right time, and in the right route (oral, injection, inhaler, etc.).

## **B1550**

**5. The resident’s licensed health care practitioner, another licensed health care professional consistent with applicable state practice acts, or a consulting pharmacist shall review the medication regimen of each resident as needed, but at least annually.**

### **Interpretive Guidelines**

“Licensed health care practitioner” means an individual who is licensed or certified to provide medical, medically related, or advanced registered nursing care.

### **Survey Procedures and Probes**

- Review the resident record.
- Has the resident’s medication regimen been reviewed at least annually by a licensed health care practitioner or a pharmacist?

## **B1560**

**6. A medication record need not be kept for those residents for whom authorization has been given by a licensed health care professional to keep their medication in their rooms and to be fully responsible for taking the medication in the correct dosage and at the proper times.**

### **Interpretive Guidelines**

“Licensed health care practitioner” means an individual who is licensed or certified to provide medical, medically related, or advanced registered nursing care. The facility is not required to keep a medication administration record for a resident who has an order from a licensed health care professional to self administer medication and the facility has determined the resident is capable of safely doing so.

## **Survey Procedures and Probes**

- Review the resident record.
- Has a licensed health care professional authorized self-administration of medication by the resident?
- Has the facility assessed the capabilities of the resident to self administer the medication in the correct dose at the proper time?

### **B1600**

#### **33-03-24. 1-16. Social Services**

**Social Services must be available to meet the needs of the residents either by the facility directly or arranged by the facility through an appropriate agency offering social services.**

#### **Interpretive Guidelines**

“Social Services” means services provided to assist residents in maintaining or improving their ability to deal with physical, mental, and psychosocial issues. It is the responsibility of the facility to identify the social service needs of the residents and assure that the needs are met. The following are examples of social service responsibilities, however this does not include all social service needs:

- Making arrangements for obtaining needed equipment/clothing.
- Maintaining contact with family.
- Assisting residents with financial and legal matters.
- Discharge planning services.
- Provision of counseling services.
- Assisting residents to determine how they would like to make decisions about their health care, or involving others in the decision process.
- Meeting the needs of residents who are grieving.
- Finding options that meet their physical and emotional needs.

Referral agencies should be identified and available to address social service needs the facility is unable to meet.

## **Survey Procedures and Probes**

- Interview residents to determine if their social service needs are met.
- Review resident records to determine if social service issues are identified and services are provided.

**B1700****33-03-24.1-17. Nursing services.**

**Nursing services must be available to meet the needs of the residents either by the facility directly or arranged by the facility through an appropriate individual or agency providing nursing services.**

**Interpretive Guidelines**

Nursing services are services to assist the resident with health needs. If the facility admits residents with medical/health needs, the facility must meet those needs. Nursing services must be provided either directly by the facility or arranged by the facility. If the facility makes arrangements for nursing services to be provided by another agency, the basic care facility retains primary responsibility for the resident.

**Survey Procedures and Probes**

- Review the resident records for sampled residents.
- Are the medical/health needs of the resident met in accordance with acceptable professional standards?

**B1800****33-03-24.1-18 Dietary Services**

**The facility must meet the dietary needs of the residents and provide dietary services in conformance with the North Dakota sanitary requirements for food establishments. Dietary services must include:**

**Interpretive Guidelines**

The facility must follow the “North Dakota Requirements for Food and Beverage Establishments” (Chapter 33-33-04).

**Survey Procedures and Probes**

- Conduct a tour of the dietary department to determine compliance with “North Dakota Requirements for Food and Beverage Establishments”.
- Observe food storage, preparation and serving of a meal(s) to determine compliance.

**B1810**

- 1. A minimum of three meals each day. Meals must be nutritious and well balanced in accordance with the recommended dietary allowances of the food**

**and nutrition board of the national research council, national academy of sciences.**

### **Survey Procedures and Probes**

- Review menus for the week of survey.
- Who writes/approves the menus?
- Determine if menus meet the recommended dietary allowances of the food and nutrition board of the national research council.

### **B1820**

- 2. No more than a 14 hour span may exist between an evening meal and breakfast.**

### **Interpretive Guidelines**

Example: If the evening meal is served at 5:30 p.m., breakfast cannot be served later than 7:30 a.m.

### **Survey Procedures and Probes**

- Obtain a schedule of meals served.
- Observe meals to determine that no longer than a fourteen hour span exists between the evening meal and breakfast.
- Is a substantial snack provided in the evening/hs if the meal span exceeds 14 hrs.

### **B1830**

- 3. Snacks between meals and in the evening. These snacks must be listed on the daily menu. Vending machines may not be the only source of snacks.**

### **Interpretive Guidelines**

Snacks must be listed on the daily menu. Snacks must be served between meals and in the evening.

### **Survey Procedures and Probes**

- Obtain a schedule of meals and snacks served.
- Are snacks served between meals and in the evening?
- Are the snacks included on the daily menu? Is there a specific food item listed as the snack?



## **B1840**

- 4. Provisions for prescribed diets, if the facility accepts or retains individuals in need of such diets.**
  - a. The facility shall provide for preparation and serving of prescribed diets.**
  - b. Menus for prescribed diets must be planned and reviewed as needed by a professional consistent with North Dakota Century Code chapter 43-44.**

### **Survey Procedure and Probes**

- Observe if meals are consistent with the planned menu and resident care plan in the amounts, types, and consistency of foods served.
- Are there planned menus for all diets ordered by the licensed health practitioner?
- Is there an order by a licensed health practitioner for the prescribed diet?
- Are there recipes for all diets? Does the facility follow recipes while cooking?
- Review records for sampled residents to determine diet ordered.
- Observe meal(s) to determine if the facility is serving foods, in the required amounts as identified on the menus.
- Is food being served as planned? Does the facility provide a substitute of similar nutritive value if the planned menu is changed or if the resident does not like the food served?

## **B1850**

- 5. Menus of food served must be kept for at least three months.**

### **Interpretive Guidelines**

The facility must keep menus of food served for at least three months.

### **Survey Procedures and Probes**

- Interview the dietary manager to determine how long the facility keeps the menus of food served. Are the menus kept at least three months?
- Review substitutions made/served in lieu of planned menu. Were substitutions comparable in nutritional value and were RDA's met?

## **B1860**

- 6. Preparation of food by methods that will conserve nutritive value and enhance flavor and appearance, and be served at the proper temperatures and in a form to meet individual needs.**

## **Interpretive Guidelines**

The nutritive value of food should not be compromised because of prolonged food storage, light, air exposure, prolonged cooking in a large volume of water, prolonged holding on a steam table. Methods of storage and preparation should cause minimum loss of nutrients. Foods must be served at the proper temperature. Cold foods must be served cold, and hot foods must be served hot. Foods must be served in a form to meet individual needs. Examples include pureed diet, mechanical soft diet, ground meat, etc. Refer to ND Requirements for Food Beverage Establishments.

### **Survey Procedures and Probes**

- Observe meal(s) preparation and the serving of a meal(s).
- Interview residents to determine if food is served at the correct temperature (hot foods are served hot and cold foods are served cold).
- If a resident complains of food taste or temperature, the surveyor should request a test tray.
- The surveyor may take temperatures at the point of service as needed.
- Interview residents to determine if foods are served in a form which meets the residents' needs, such as mechanically altered diets.
- If mechanically altered diets are served, observe the preparation of such foods to ensure the nutritional value of the food is not compromised, and adequate amounts are served.

### **B1870**

- 7. Meals must be served to all residents in a dining room, except for residents with a temporary illness.**

### **Survey Procedures and Probes**

- Observe meals(s) to determine if all residents are served in a dining room.
- Interview residents and staff to determine if meal trays are served outside of the dining room for residents with a temporary illness.

### **B1900**

#### **33-03-24.1-19 Activity Services**

**There must be a planned and meaningful activity program to meet the needs and interests of the residents and encourage self-care and continuity of normal activities. This program must:**

## **B1910**

- 1. Be developed based on the activity needs and interests of each resident identified through the initial and ongoing assessments.**

### **Interpretive Guidelines**

Activities may include in room and out of room activities based on the individual needs and interests of each resident. Activities may include individual and group activities based on the residents' interests.

### **Survey Procedures and Probes**

- During individual interviews, ask residents if they are able to give input regarding what activities are conducted in the facility.
- Does the facility address the needs of special populations: dementia residents, developmentally disabled, the young resident etc.
- Does the facility assist the resident in obtaining individual activity/hobby supplies.
- Are the residents given the opportunity to participate in community social religious etc. functions/activities.

## **B1920**

- 2. Develop and post a monthly group activity calendar, based on the individual interests identified, which lists social, recreational, and other events available to residents.**

### **Survey Procedures and Probes**

- Is the monthly group activity calendar posted?
- Does the activity calendar include a variety of activities?
- During resident interview ask the resident if the activities are of interest.

## **B1930**

- 3. Activities must be available and provided to meet the needs of all residents during the day, in the evening, and on the weekend.**

### **Survey Procedures and Probes**

- Review the activity calendar for activities during day, night, and weekend hours.
- During individual interviews, ask residents if they are satisfied with the frequency of activities.
- During individual interviews, ask residents if they have an opportunity to give input to the type, time and frequency of activities.

## **B1940**

- 4. Assist residents with arrangements to participate in social, recreational, religious, or other activities within the facility and the community in accordance with individual interests and capabilities.**

### **Survey Procedures and Probes**

- Does the facility provide assistance to residents to attend activities, if needed. (remind, direct, or provide physical assistance)?
- Does the facility provide transportation or arrange transportation for residents to attend activities outside of the facility?

## **B2000**

### **33-03-24.1-20. Housekeeping and Laundry Services**

The facility shall maintain the interior and exterior of the facility in a safe, clean, and orderly manner and provide sanitary laundry services, including personal laundry services, for residents.

### **Interpretive Guidelines**

The facility must provide laundry services including personal laundry services directly or through a contract with an outside agency. The facility can charge for laundry services for private pay individuals, provided this is a part of the facility policy. The resident must be informed of the charge for this service. If the resident is Medicaid eligible, the resident cannot be charged for personal laundry services.

### **Survey Procedures and Probes**

- Is the facility safe? Is there anything that could cause an accident or would potentially harm a resident?
- Is the facility clean?
- Is the facility uncluttered and well maintained?
- Interview residents to determine if laundry services are available and if there is a charge for the service.

## **B2100**

### **33-03-24.1-20. Adult day care services.**

## **B2110**

- 1. A facility must obtain approval from the department to provide adult day care services.**

### **Survey Procedures and Probes**

- Does the facility provide adult day services?
- Review the facility file prior to the survey to determine if the facility has approval to provide adult day services.

#### **B2120**

- 2. Use of existing space and equipment to deliver adult day care services is acceptable if this does not diminish the services provided to the residents of the facility and their needs being met.**

### **Interpretive Guideline**

A facility can provide adult day care services if the services do not result in the needs of the residents of the facility not being met.

### **Survey Procedures and Probes**

- Do the adult day care services affect the services of the residents who live at the facility?

#### **B2130**

- 3. Medications and treatments must be administered only by order of a licensed physician.**

### **Survey Procedures and Probes**

- Does the facility have physician orders for medications and treatments?

#### **B2140**

- 4. Records must be maintained of services provided to individuals participating in adult day care services.**

### **Survey Procedures and Probes**

- Does the facility maintain a record for the adult day care individuals?

#### **B2150**

- 5. An area allowing privacy for adult day care individuals must be developed to allow for rest periods.**

### **Survey Procedures and Probes**

- Does the facility provide a private area for adult day care individuals to rest?

**History:** Effective January 1, 1995.

**General Authority:** NDCC 23-09.3-09, 28-32-02(1)

**Law Implemented:** NDCC 23-09.3-04

### **33-03-24.1-22 General building requirements.**

Repealed effective July 1, 2015.

### **B2300**

#### **33-03-24.1-23. Optional end-of-life services.**

### **B2301**

**A facility that intends to retain residents who require end-of-life care must comply with the requirements of this section, apply on an application specified by the department, and receive written approval from the department prior to providing the services. The facility must meet the following requirements:**

- 1. A facility may not retain residents who require more than intermittent nursing care unless the resident requires and elects to receive end-of-life care from a licensed and Medicare-certified hospice agency and the facility is licensed to provide end-of-life care.**

### **Survey Procedures and Probes**

- Ask for the name of all residents requiring more than intermittent nursing care.
- Review the medical record for proof of the resident's election of end-of-life care.
- Is the hospice agency providing the care licensed and Medicare certified?
- Is the facility licensed to provide end-of-life care?

### **B2302**

- 2. A facility providing end-of-life care must employ or contract with a registered nurse to supervise resident care to meet the needs of the residents at all times, either directly or indirectly. The facility must employ a licensed nurse who is on the premises at least forty hours per week to identify and respond to resident needs, care plan accordingly, provide oversight related to care, and review and document the resident's individual needs and care provided.**

### **Survey Procedures and Probes**

- Is a registered nurse available at all times, either directly or indirectly when the facility has a resident on end-of-life care?
- Request the schedule to verify a licensed nurse is on the premises at least forty hours per week.
- Ask what services the licensed nurse provides for the resident on end-of-life care.

### **B2303**

- 3. Individuals in need of end-of-life care who require skilled nursing care or are not capable of self-preservation may not be admitted.**

### **Survey Procedures and Probes**

- How does the facility screen prospective residents, who are in need of end-of-life care, to determine they do not require skilled nursing care or are capable of self-preservation before accepting the resident for admission to the facility?
- Determine when residents were started on end-of-life care. Review their needs/self-preservation capability at the time of admission.

### **B2304**

- 4. The facility and the licensed and Medicare-certified hospice agency shall enter into an agreement that delineates responsibilities, with the licensed and Medicare-certified hospice agency retaining the professional management responsibility for the hospice service.**

### **Survey Procedures and Probes**

- Request the agreement/contract between the facility and the hospice agency for review.
- Does the agreement list the responsibilities of both the facility and the hospice agency?
- Does the hospice agency retain the professional management for the hospice service?

### **B2305**

- 5. The facility and licensed and Medicare-certified hospice agency in consultation with the resident shall develop and implement an interdisciplinary care plan that identifies how the resident's needs are met and includes the following:**
  - a. What service are to be provided;**

- b. Who will provide the services, the facility or hospice agency;**
- c. How the services will be provided;**
- d. Delineation of the care and services that are provided with the signature of the person who provided the care and services; and**
- e. A list of the current medications or biologicals the resident receives and now is authorized to administer the medications.**

### **Survey Procedures and Probes**

- Review the resident's interdisciplinary care plan.
- Does it identify how the resident's needs are met and what service are provided?
- Who provides the services, and how are they provided?
- Does it specify the role of facility staff and hospice agency staff in the care plan process?
- Are care and services provided by staff documented and signed by the person providing the care?
- Is there a list of current medications and who is authorized to administer them?

### **B2306**

- 6. The facility shall notify the department within forty-eight hours of election that the resident has elected hospice, the date the hospice was elected, and the name of the hospice agency serving the resident.**

### **Survey Procedures and Probes**

- Ask for proof the department was notified of a resident's hospice election within 48 hours of election. Does the notice also contain the name of the hospice agency?

### **B2307**

- 7. The facility shall notify the department within forty-eight hours of the hospice resident's discharge, transfer, death, or when the resident is no longer capable of self-preservation.**

### **Survey Procedures and Probes**

- Ask for proof the department was notified of a hospice resident's discharge, transfer, death, or is no longer capable of self-preservation within 48 hours of change.



## **B2308**

- 8. A facility that retains a resident requiring end-of-life care that is not capable of self-preservation shall be equipped with an approved automatic sprinkler system designed to comply with the national fire protection association standard 13 or 13R, or shall meet the national fire protection association 101 Life Safety Code, 2012 edition, health care occupancy requirements.**

### **Survey Procedures and Probes**

- Check the recent Life Safety Code survey to ensure the facility has an approved automatic sprinkler system or meets the NFPA 101 health care occupancy requirements.

## **B2309**

- 9. Facility evacuation or E scores shall be completed at a minimum of weekly and when there is a significant change in the resident's capability for self evacuation when a resident is receiving end-of -life care. Facility staffing must be adjusted consistent with the E scores to maintain a slow evacuation capability. Hospice staff, family members, volunteers, or other nonfacility staff cannot replace required facility staff.**

### **Survey Procedures and Probes**

- Verify the facility completes E scores at least weekly and with a significant change in the hospice resident's capability for self-evacuation.
- Has the facility adjusted staffing to maintain a slow evacuation capability?

## **B2310**

- 10. A facility approved to provide end-of-life care shall ensure training and competency evaluation is completed for all nursing and personal care staff members specific to the care and services necessary to meet the needs of the terminally ill resident, and the hospice philosophy and services. The training and competency evaluation may be completed, and documented, by the facility registered nurse, a registered nurse consultant, or a hospice agency nurse. Nursing and personal care staff members shall complete the above training and competency evaluation:**
  - a. Prior to facility approval from the department to provide end-of-life care;**
  - b. Within thirty days of employment; and**
  - c. Annually.**

### **Survey Procedures and Probes**

- Review the personnel records of nursing and personal care staff for proof of training and competency evaluation prior to approval to provide end-of-life care, within 30 days of employment, and annually.
- Verify a facility registered nurse, registered nurse consultant, or hospice agency nurse provided the training and evaluation.
- Verify the training included care and services specific to the needs of the terminally ill resident, and the hospice philosophy and services.

### **B2311**

- 11. A facility that intends to retain residents who require end-of -life care shall comply with the additional requirements in this section and request and receive approval on a printed new license from the department, prior to providing end-of-life care to residents.**

### **Survey Procedures and Probes**

- Request to see the facility's license from the department to provide end-of-life care.
- Verify the facility received the license prior to providing services.

### **B2312**

- 12. The facility approved and licensed to retain residents in need of end-of-life care remains responsible for the appropriate delivery of end-of-life care in coordination with the licensed and Medicare-certified hospice agency. If the facility is unable, or becomes unable, to meet the needs of the resident requiring end-of-life care, the resident rescinds election of the hospice benefit, or the facility is unable to comply with these requirements, the facility shall promptly make arrangements to discharge or transfer the resident to a safe and appropriate placement consistent with the level of care required to meet the resident's needs.**

### **Survey Procedures and Probes**

- Review records of residents on hospice services (current or closed record) to ensure the facility discharges or transfers the resident promptly to a facility able to meet the level of care required, when the facility can no longer meet the needs for end-of-life care.