RTICLE 44:70

ASSISTED LIVING CENTERS

Chapter

CHAPTER 44:70:04

MANAGEMENT AND ADMINISTRATION

Section

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44:70:04:14. Optional services. A facility shall meet the following requirements:

(1) A facility may not admit or retain residents who require more than intermittent nursing care or rehabilitation services;

(2) If a facility does not have a licensed nurse to administer medications, to supervise resident care at all times, and to admit or retain residents who require administration of medications, the facility shall employ or contract with a licensed nurse who reviews and documents resident care and condition at least weekly. A facility that employs a licensed nurse who is on the premises at least 40 hours per week is not required to review and document

resident care and condition weekly, but shall document resident's individual needs that have been identified. A registered nurse or registered pharmacist shall provide medication administration training pursuant to § 20:48:04:01 to any unlicensed assistive personnel employed by the facility who will be administering medications. Each licensed practical nurse who reviews resident care and condition shall be in compliance with requirements for supervision pursuant to SDCL 36-9-4. Any unlicensed assistive personnel shall receive ongoing resident specific training for medication administration and annual training in all aspects of medication administration occurring at the facility;

(3) A facility that admits or retains a resident with cognitive impairment shall have the resident's physician, physician assistant, or nurse practitioner determine and document if services offered by the facility continue to enhance the resident's functioning in activities of daily living. The physician, physician assistant, or nurse practitioner shall identify if other disabilities and illnesses are impacting the resident's cognitive and mental functioning. The facility shall be approved for medication administration. Each staff member shall attend in-service training specified in § 44:70:04:04 with completion of subdivision (8) within one month after employment. The facility shall be equipped with exit alarms installed in compliance with subdivision 44:70:02:17(5);

(4) A facility that admits or retains residents with physical impairments that prevent them from walking independently shall provide a call system in accordance with subdivision 44:70:02:17(3);

(5) A facility that admits or retains a resident not capable of self-preservation shall meet **NFPA 101 Life Safety Code**, 2009 edition, health care occupancy standards in chapter 18 or 19 or equip the facility with complete automatic sprinkler protection;

(6) A facility that admits or retains residents dependent on supplemental oxygen shall train staff regarding oxygen safety, proper administration of oxygen, and shall practice safe oxygen handling procedures;

(7) A facility that admits or retains residents requiring a therapeutic diet, excluding low sodium diets, shall employ or contract a dietitian. The dietitian shall approve written menus and diet extensions, assess the resident's nutritional status and dietary needs, plan individual diets, and provide guidance to dietary staff in areas of preparation, service, and monitoring the resident's acceptance of the diet. The frequency of dietitian visits shall be at least quarterly or sooner determined by the resident's dietary need and the facility's ability to implement the diet correctly;

(8) A facility that admits or retains a resident that has elected hospice shall have the resident's physician order identifying the terminal illness. The facility shall provide the department within 48 hours of election the name of the resident that has elected hospice, the date hospice was elected, and the name of the hospice agency serving the patient. The facility shall also notify the department within 48 hours of a hospice patient discharge, transfer, death, or when the resident is no longer capable of self-preservation. The facility shall be approved for medication administration and have an unlicensed assistive personnel on duty if a hospice patient

resides in the facility. The facility shall be equipped with an automatic sprinkler system if a hospice patient becomes incapable of self-preservation. At least two staff shall be on duty at all times if the hospice resident care needs require additional staffing or the resident is not capable of self-preservation, except when the hospice plan of care provides for adequate 24 hour beside care, which can be provided by either family members on hospice staff during their intermittent visits. The facility shall include family members or hospice staff on a staffing schedule. Each staff member shall attend training within 30 days of employment and annually specific to the care for terminally ill residents. Only a Medicare certified hospice provider may be permitted to serve a resident who has elected hospice. The facility and hospice agency shall enter into a written agreement that delineates responsibilities. Each staff member shall complete the following training that shall include a competency evaluation by the facility nurse, nursing consultant, or hospice agency nurse:

(a) Ambulation;

(b) Changing an occupied bed;

(c) Position resident on side in bed;

(d) Toileting using a bedpan;

(e) Partial bed bath;

(f) Transfer using a gait belt;

(g) Urinary emptying drainage bag;

(h) Hospice history and philosophy;

(i) Ethical and privacy considerations;

(j) Definitions of team roles and eligibility;

(k) Communication techniques;

(l) Spiritual care services;

(m) Bereavement and grief explorations; and

(n) Alternative therapies;

(9) A facility that admits or retains any resident who requires dining assistance shall develop a nutrition and hydration assistance program. Any staff member providing dining assistance shall be a certified nurse aide or shall have completed an approved nutrition and hydration dining assistance program. A nutrition and hydration assistance program curriculum shall be approved by the department. The curriculum shall include instruction from both a licensed speech-language pathologist and a registered dietician. The program shall consist of a minimum of 10 hours of training and clinical experience. Any dining assistant shall work under the supervision of a licensed nurse. A resident shall be assessed by nursing staff or registered nurse consultant before participating in a nutrition and hydration assistance program. Only those residents who have no complicated feeding problems may be allowed to participate. A resident that has difficulty swallowing, recurrent lung aspirations, or tube feeding may not participate. A dietician shall document any special nutritional needs and instructions on the resident's care plan. If a facility has an approved nutrition and hydration assistance program, the facility shall have a licensed nurse to work the day shift at least 32 hours a week. A licensed nurse shall be on call at all times. The facility shall be approved for therapeutic diet. If a facility has an approved nutrition and hydration assistance program, the facility is exempt from the requirement of subsection 44:70:01:05(6)(d);

(10) A facility that admits or retains any resident who requires one or two staff for up to total assistance with completing activities of daily living (ADL) or assistance to turn or raise in bed and to transfer resident shall meet all the provisions of this subsection. Each direct care staff shall complete an approved certified nurse aide training program pursuant to chapter 44:04:18 or equivalent program approved by the department before assisting a resident. If a resident requires one or two staff for up to total assistance with completing ADLs listed in subsection 44:70:01:05(6)(c), or assistance to turn or raise in bed and to transfer the resident, the facility shall conduct and document a nursing assessment as to the resident's need of total assistance. A facility shall complete and document an assessment on each new resident upon admission, upon a significant change in the resident's condition, and at least semi-annually. If a resident requires one to two staff for up to total assistance with ADLs or assistance to turn or raise in bed and to be transferred, the facility shall have a licensed nurse to work the day shift at least 32 hours a week. A licensed nurse shall be on call at all times. The facility shall be approved for cognitive impairment and to administer medications. A facility licensed for this option is not eligible for a staffing exception as allowed under § 44:70:03:02.01. At least one certified nurse aide shall be on duty in each secure unit at any time a resident is present. If a mechanical lift is used, it shall be operated by at least two staff members. If a facility has been approved to provide a resident total assistance with ADLs or to turn or raise a resident in bed and to transfer a resident, the facility is exempt from the requirements of subsections 44:70:01:05(6)(a), (b), and (c).

A facility that intends to offer services identified in subdivisions (2) to (~~8~~ 10), inclusive, of this section shall comply with the additional requirements and request and receive approval printed on a new license from the department, prior to providing the additional services.

Source: SL 1975, ch 16, § 1; 6 SDR 93, effective July 1, 1980; 14 SDR 81, effective December 10, 1987; 22 SDR 70, effective November 19, 1995; 24 SDR 90, effective January 4, 1998; 26 SDR 96, effective January 23, 2000; 27 SDR 59, effective December 17, 2000; 28 SDR 83, effective December 16, 2001; 29 SDR 81, effective December 11, 2002; transferred from § 44:04:04:12.01, 38 SDR 115, effective January 9, 2012.

General Authority: SDCL 34-12-13(5) and (14).

Law Implemented: SDCL 34-12-13(5) and (14).