

Regulatory Staffing Requirements for Residential Care

Section 13

Staffing

- 13.1 General requirements.** Minimum staffing shall be adequate to implement service plans, as well as to provide a safe setting. The Department reserves the right to require additional personnel or to modify the requirements of this section due to the level of supervision and care required by the residents, the size of the facility, and distinct parts or distribution of residents throughout the physical plant. It is further required that all regular staff have in-service training at least annually, in areas related to the specific needs of the residents served.
- 13.2 Staff requirements in facilities with ten (10) or fewer beds.**
- 13.2.1** Facilities with ten (10) or fewer beds are required to have, at a minimum, one (1) responsible adult who is at least eighteen (18) years of age, present at all times whenever residents are present, to perform resident care and provide supervision of residents. This person shall possess the good health and judgment determined necessary by the Department to carry out assigned duties. The Department may require an examination and submission of a written report from a duly authorized licensed practitioner or psychologist licensed to practice in Maine.
- 13.2.2** The name, address and telephone number of all persons, other than the owner or administrator, who provide care and supervision of residents shall be available to the Department upon request.
- 13.3 Minimum requirements for more than ten (10) beds.**
- 13.3.1** There shall be at least two (2) responsible adults awake, on duty and readily available at all times, able to act effectively in the event of an emergency, except as provided in Section 13.3.2. If less than two (2) resident care staff are required by Section 13.4, a staff person serving in another capacity may be considered as the second person as long as the on-duty requirement is fulfilled.
- 13.3.1** For purposes of Section 13.3.1, resident care includes the functions of direct resident care and supervision, activities, housekeeping, laundry and social services. It excludes administration, maintenance and dietary service. If persons performing these functions also perform resident care, the hours assigned to each function shall be shown on the weekly time schedule. The Department may allow direct dietary time to be included in resident care ratios when residents are involved in food preparation and serving as part of a service plan and are supervised by staff. Approval shall be requested by the facility in writing. Resident care staff may assist in setting tables, serving meals and clearing the dining tables.
- 13.3.2** Only persons who are eighteen (18) years of age or older, except for a CNA who is sixteen (16) or older, shall perform resident care duties, and be counted toward staffing requirements for resident care.

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13.3.3 The Department has the right to require that one (1) or more staff members receive training or be retrained when necessary, to correct or prevent any violation of these regulations.

13.3.4 Weekly time schedules shall be posted and shall include each employee's name, job function/title, hours of work and days of each week. All employees, including the administrator, must be listed on the time schedule. When an employee has more than one function, the breakdown of hours shall be noted. Time schedules shall reflect the actual days/hours worked by all employees in the time period of the schedule and shall be made available to the Department's authorized representatives.

13.4 **Minimum resident care staff to occupied bed ratios.** A minimum resident care staff to occupied bed ratio shall be maintained at all times. In facilities with more than ten (10) beds, the ratio shall be 1:12 from seven a.m. to three p.m. (7:00 a.m. to 3:00 p.m.), 1:18 from three p.m. to eleven p.m. (3:00 p.m. to 11:00 p.m.) and 1:30 from eleven p.m. to seven a.m. (11:00 p.m. to 7:00 a.m.). For facilities of ten (10) or fewer beds, reference is made to Section 13.2.

13.5 **Employee records.** Facilities must maintain individual records on all related and unrelated employees. Records shall contain the initial date of employment, date of birth, home address and telephone number, experience and qualifications, social security number, copy of current occupational license (if applicable), references and reference check information, job description, record of participation in in-service, orientation or other training programs, results of annual personnel evaluations, disciplinary actions, illness and injury records and date of and reason for termination. Records may be computerized.

13.6 **Staff training, education and qualifications.**

13.6.1 Within one hundred twenty (120) days of hiring, all staff, other than CNA's and licensed professional staff whose job responsibilities include direct service to residents for at least twenty (20) hours per week, shall successfully complete a certification course approved by the Department.

13.6.2 Additional training specific to a facility's programs may be identified and required by the Department for any staff.

13.6.3 Any person working in the facility who is not a resident must demonstrate the following:

13.6.3.1 Conduct which demonstrates an understanding of, and compliance with, residents' rights;

13.6.3.2 The ability and willingness to comply with all applicable laws and regulations;

13.6.3.3 The ability to provide safe and compassionate services; and

13.6.3.4 A history of honest and lawful conduct.

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- 13.7 Shared staffing.** Staff may be shared with other levels of assisted housing programs and nursing facilities on the same premises as long as there is a clear, documented audit trail and the staffing in the facility remains adequate to meet the needs of residents. Staffing to be shared may be based upon the average number of hours used per week or month within the facility.
- 13.8 Nursing services.** Nursing services may be provided directly by, or under the supervision of, registered nurses or licensed practical nurses employed by the facility or by contract with home health agencies or other persons permitted by law to provide nursing care, subject to the limitations in Section 9.2. Delegation of nursing care must be in accordance with the Nurse Practice Act. *[Class III]*
- 13.9 Registered nurse services.** Each facility shall retain a registered nurse, either on staff (other than the Administrator) or on a contractual basis, to provide the following services:
- 13.9.1** Observe residents' signs and symptoms;
 - 13.9.2** Review resident records for completeness and accuracy;
 - 13.9.3** Review medication records;
 - 13.9.4** Review medication administration practices and procedures;
 - 13.9.5** Review therapeutic diets;
 - 13.9.6** Recommend staff training; and
 - 13.9.7** Undertake other reviews or make other recommendations as necessary.

These services will be provided on the following timetable:

For facilities licensed for 7-10 residents - a minimum of quarterly
For facilities licensed for 11-25 residents - a minimum of every sixty (60) calendar days
For facilities licensed for 26-40 residents - a minimum of monthly
For facilities licensed over 40 residents - a minimum of weekly

When the R.N. is not on staff (e.g., hired on a contractual basis) a written report with specific recommendations in each area shall be provided to the administrator within one (1) month.

- 13.10 Pharmacist consultant services.** Each facility of more than ten (10) beds shall retain the services of a pharmacist consultant no less than quarterly to:
- 13.10.1** Review written policies and procedures for pharmaceutical services;
 - 13.10.2** Review medication areas for labeling, storage, temperature, expired medications, locked compartment, access to keys and availability and completeness of a first aid kit;

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13.10.3 Review to ensure that only approved drugs and biologicals are used in the facility;

13.10.4 Review medication records and initial and date the records when reviewed;

13.10.5 Review adherence to stop orders; and

13.10.6 Review staff performance in carrying out pharmaceutical policies and procedures.

The pharmacist consultant shall provide the administrator with a timely written report of findings, with specific recommendations in each of the areas reviewed.

13.11 Qualified consultant dietitian. The Department reserves the right to require the facility to obtain the services of a qualified consultant dietitian in the event that serious or multiple deficiencies in dietary service are noted.

This document has been reviewed with me and I understand the regulations concerning staffing in residential care facilities.

Signed

Date