

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Health Facilities and Emergency Medical Services Division

STANDARDS FOR HOSPITALS AND HEALTH FACILITIES

CHAPTER 5 - NURSING CARE FACILITIES

6 CCR 1011-1 Chapter 5

[Editor's Notes follow the text of the rules at the end of this CCR Document.]

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SECTION 1 - STATUTORY AUTHORITY AND APPLICABILITY

- 1.1 The statutory authority for the promulgation of these rules is set forth in Sections 25-1-107.5(2), 25-1-120, 25-1.5-103(1)(a), 25-1.5-118, 25-3-100.5, et seq., and 25-3-125, C.R.S.
- 1.2 A nursing care facility shall comply with all applicable federal and state statutes and regulations including, but not limited to, the following:
- A) This Chapter 5;
 - B) 6 CCR 1011-1, Chapter 2, General Licensure Standards;
 - C) 6 CCR 1010-2, Colorado Retail Food Establishments; and
 - D) 6 CCR 1007-2, Part 1, Regulations pertaining to Solid Waste Disposal Sites and Facilities, Section 13, Medical Waste.
- 1.3 This regulation incorporates by reference (as indicated within) material originally published elsewhere. Such incorporation, however, excludes later amendments to or editions of the referenced material. Pursuant to Section 24-4-103 (12.5), C.R.S., the Health Facilities and Emergency Medical Services Division of the Colorado Department of Public Health and Environment maintains copies of the incorporated texts in their entirety which shall be available for public inspection during regular business hours at:

Colorado Department of Public Health and Environment
Health Facilities and Emergency Medical Services Division
4300 Cherry Creek Drive South
Denver, Colorado 80246-1530
Phone: 303-692-2800

Certified copies of material will be provided by the division, at cost, upon request. Additionally, any material that has been incorporated by reference may be examined in any state publications depository library. Copies of the incorporated materials have been sent to the state publications depository and distribution center, and are available for interlibrary loan.

SECTION 2 - DEFINITIONS

"Advance Medical Directive" means a written instruction, as defined in Section 15-18.7-102 (2), C.R.S., concerning medical treatment decisions to be made on behalf of the resident who provided the instruction in the event that the individual becomes incapacitated.

"At-Risk Elder" means a person age 70 and older.

"Caregiver" means a parent, spouse, or other family member or friend of a resident who provides care to the resident.

"Communicable Disease" has the same meaning as set forth in Section 25-1.5-102 (1)(a)(IV), C.R.S.

"Compassionate Care Visit" means a visit with a friend or family member that is necessary to meet the physical or mental needs of a resident when the resident is exhibiting signs of physical or mental distress, including:

- A) End-of-life situations;

- B) Adjustment support after moving to a new facility or environment;
- C) Emotional support after the loss of a friend or family member;
- D) Physical support after eating or drinking issues, including weight loss or dehydration; or
- E) Social support after frequent crying, distress, or depression.

A compassionate care visit includes a visit from a clergy member or layperson offering religious or spiritual support or other persons requested by the resident for the purpose of a compassionate care visit.

“Department” means the Colorado Department of Public Health and Environment.

“Dementia Diseases and Related Disabilities” means a condition where mental ability declines and is severe enough to interfere with an individual’s ability to perform everyday tasks. Dementia diseases and related disabilities includes Alzheimer’s disease, mixed dementia, Lewy body dementia, vascular dementia, frontotemporal dementia, and other types of dementia, as set forth in Section 25-1-502 (2.5), C.R.S.

“Designated Facility” means an agency that has applied and been approved by the Department of Human Services to provide mental health services.

“Enforcement Activity” means the imposition of remedies such as civil money penalties; appointment of a receiver or temporary manager; conditional licensure; suspension or revocation of a license; a directed plan of correction; intermediate restrictions or conditions, including retaining a consultant, department monitoring or providing additional training to employees, owners or operators; or any other remedy provided by state or federal law or as authorized by federal survey, certification, and enforcement regulations and agreements for violations of federal or state law.

“Essential Caregiver” – Essential caregivers are not general visitors. These individuals meet an essential need for the resident by assisting with activities of daily living or positively influencing the behavior of the resident. The goal of such a designation is to help ensure residents continue to receive individualized, person-centered care. The plan of care should include services provided by the essential caregiver.

“Governing Body” means the individual, group of individuals or corporate entity that has ultimate authority and legal responsibility for the operation of the facility.

“Medical Director” means a physician who oversees the medical care and other designated care and services in the facility.

“Non-Physician Practitioner” means a physician assistant or advance practice nurse (i.e., nurse practitioner or clinical nurse specialist).

“Nursing Care Facility” means a licensed health care entity that is planned, organized, operated and maintained to provide supportive, restorative and preventative services to persons who, due to physical and/or mental disability, require continuous or regular inpatient nursing care.

“Patient or Resident with a Disability” means an individual who needs assistance to effectively communicate with health-care facility staff, make health-care decisions, or engage in activities of daily living due to a disability such as:

- A) A physical, intellectual, behavioral, or cognitive disability;
- B) Deafness, being hard of hearing, or other communication barriers;

- C) Blindness;
- D) Autism spectrum disorder; or
- E) Dementia.

“Placement Facility” means a public or private nursing care facility that has a written agreement with a designated facility to provide care and treatment to any individual undergoing mental health evaluation or treatment by the designated facility.

“Practitioner” means physician and non-physician practitioner.

“Resident Representative” means either an individual of the resident’s choice who has access to the resident’s personal health information and participates in discussions regarding the resident’s health care or a personal representative with legal standing including, but not limited to, power of attorney; medical power of attorney; legal guardian or health care surrogate appointed or designated in accordance with state law.

“Skilled Nursing Care Facility” means a nursing care facility that is federally certified by the Centers for Medicare and Medicaid Services.

“Telehealth” means a mode of delivery of health care services through telecommunication systems, including information, electronic, and communication technologies, to facilitate the assessment, diagnosis, consultation, treatment, education and care management of a resident’s health care when the resident and practitioner are located at different sites. Telehealth includes “telemedicine” as defined in Section 12-36-102.5(8), C.R.S.

SECTION 3 - GOVERNING BODY

3.1 DUTIES

- A) The governing body shall provide the necessary facilities, qualified personnel, and services to meet the total needs of the facility’s residents.
- B) The governing body shall appoint for the facility a full-time administrator with an active Colorado nursing home administrator license and delegate to that administrator the executive authority and full responsibility for day-to-day administration of the facility.
- C) The governing body shall be responsible for the performance of all persons providing services within the facility.

3.2 STRUCTURE

If the governing body includes more than one individual, the group shall be formally organized with a written constitution or articles of incorporation and by-laws; hold regular, periodic meetings; and maintain meeting records.

3.3 QUALITY ASSURANCE

The governing body shall ensure that the facility has a quality management program that evaluates the quality of resident care and safety and meets all the requirements set forth in 6 CCR 1011-1, Chapter 2, General Licensure Standards, Part 4.1. The facility shall have a committee that meets monthly to address the required quality management activities.

SECTION 4 - FACILITY ADMINISTRATION

4.1 ADMINISTRATOR

The facility shall employ an administrator who is responsible to the governing body for planning, organizing, developing and controlling the operations of the facility.

- A) The administrator shall have an active Colorado nursing home administrator license issued pursuant to 3 CCR 717-1.
- B) The administrator shall be responsible for, at a minimum, the following duties:
 - 1) Acting as a liaison among the governing body, medical staff and practitioners whose patients reside in the facility;
 - 2) Managing facility personnel and finances;
 - 3) Providing for appropriate resident care;
 - 4) Maintaining relationships with the community and with other health care facilities, organizations and services;
 - 5) Ensuring facility and staff compliance with all regulations; and
 - 6) Any other responsibilities required by facility policy or the governing body.

4.2 ORGANIZATION

The facility shall have a written plan of organization clearly defining the authority, responsibilities and functions of each category of personnel.

4.3 POLICIES

In consultation with the medical director, one or more registered nurses and other related health care professionals, the administrator shall develop and at least annually review written resident care policies and procedures that govern resident care in the following areas: nursing; housekeeping; maintenance; sanitation; infection control; medical, dental, dietary, diagnostic, emergency and pharmaceutical care; social services; activities; rehabilitation; physical, occupational, and speech therapy; resident admission, transfer, and discharge; notifying practitioner and resident representative of resident's incidents, accidents and changes of status; disasters; and health information records; along with any other policies the Department determines the facility needs based on characteristics of its resident population.

4.4 Policies and Procedures Regarding Visitation Rights

- A) Each skilled nursing facility shall have written policies and procedures regarding the visitation rights detailed in Section 25-3-125 (3)(a), C.R.S. Such policies and procedures shall:
 - 1) Set forth the visitation rights of the resident, consistent with 42 CFR 482.13(h); 42 U.S.C. 1396r(c)(3)(C); 42 U.S.C. 1395i(c)(3)(C); 42 CFR 483.10(a), (b), and (f); and Section 25-27-104, C.R.S., as applicable to the facility type;
 - 2) Describe any restriction or limitation necessary to ensure the health and safety of residents, staff, or visitors and the reasons for such restriction or limitation;

- 3) Be available for inspection at the request of the Department; and
- 4) Be provided to residents and/or family members upon request.

4.5 FACILITY STAFFING PLAN

The facility shall have a master staffing plan for providing staffing in compliance with these regulations; distribution of personnel; replacement of personnel and forecasting future personnel needs.

4.6 POSTING DEFICIENCIES

The facility shall post conspicuously in public view either the statement of deficiencies following its most recent survey or a notice stating the location and times at which the statement can be reviewed.

4.7 WAIVERS

A facility may request waivers to these regulations pursuant to 6 CCR 1011-1, Chapter 2, General Licensure Standards, Part 5, Waiver of Regulations for Facilities and Agencies.

4.8 MANDATORY REPORTING

- A) Facility personnel engaged in the admission, care or treatment of at-risk elders shall report suspected physical or sexual abuse, exploitation and caretaker neglect to law enforcement within 24 hours of observation or discovery pursuant to Section 18-6.5-108(1)(b)(v), C.R.S.
- B) Facilities shall comply with all occurrence and mandatory reporting required by state and federal law including, but not limited to, notifying the Department of the following items within 24 hours of discovery by the facility.
 - 1) Any occurrence involving neglect of a resident by failure to provide goods and services necessary to avoid the resident's physical harm or mental anguish,
 - 2) Any occurrence involving abuse of a resident by the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish,
 - 3) Any occurrence involving an injury of unknown source where the source of the injury could not be explained and the injury is suspicious because of the extent or location of the injury, or
 - 4) Any occurrence involving misappropriation of a resident's property including the deliberate misplacement, exploitation or wrongful use of a resident's belongings or money without the resident's consent.

SECTION 5 - ADMISSIONS

5.1 RESTRICTIONS

The facility shall admit only those persons whose needs it can meet within the accommodations and services it provides.

- A) No resident shall be admitted for inpatient care to any room or area other than one regularly designated and equipped as a resident bedroom.
- B) There shall be no more than four residents admitted to a bedroom.

5.2 BED HOLD POLICIES

The facility shall develop policies for holding beds available for residents who are temporarily absent from the facility, provide a copy of the policy upon admission and explain these policies to residents upon admission and before each temporary absence.

5.3 RESIDENT IDENTIFICATION

The facility shall have a mechanism for identification of residents.

SECTION 6 - PERSONNEL

6.1 POLICIES

The facility shall maintain written approved personnel policies, job descriptions and rules prescribing the conditions of employment, management of employees and quality and quantity of resident care to be provided.

- A) The facility shall complete a job-specific orientation for all new employees within 90 days of employment.
- B) All personnel shall be informed of the purpose and objectives of the facility.
- C) All personnel shall be provided access to the facility's personnel policies and the facility shall provide evidence that each employee has reviewed them.

6.2 DEPARTMENTS

Each department of the facility shall be under the direction of a person qualified by training, experience, and ability to direct effective services.

- A) The facility shall provide a sufficient number of qualified personnel in each department to effectively operate the department and comply with state and federal requirements.
- B) All persons assigned to direct resident care shall be prepared through formal education or on-the-job training in the principles, policies, procedures, and appropriate techniques of resident care. The facility shall provide educational programs for employees to be informed of new methods and techniques.

6.3 STAFF DEVELOPMENT

The nursing care facility shall employ staff who shall be responsible for coordinating orientation, in-service, on-the-job training and continuing education programs, and for determining that facility personnel have been properly trained and are implementing the results of their training. The objective of this standard is that staff be appropriately trained in necessary aspects of resident care to carry out their job responsibilities.

- A) The facility shall identify staff to meet in-service, orientation, training and supervision needs.

- B) The identified staff shall have experience in and ability to prepare and coordinate in-service education and training programs for adult learners in the area of geriatrics.
- C) The facility shall provide annual in-service education for staff in, at a minimum, the following topics:
 - 1) Infection control;
 - 2) Fire prevention and safety;
 - 3) Accident prevention;
 - 4) Confidentiality of resident information;
 - 5) Rehabilitative nursing;
 - 6) Resident rights;
 - 7) Dietary;
 - 8) Pharmacy;
 - 9) Dental;
 - 10) Behavior management;
 - 11) Person centered care; and
 - 12) Disaster preparedness.
- D) If a facility has residents with intellectual and developmental disabilities, dementia or behavioral health issues, it shall also provide annual in-service education for staff in those topics.
- E) The facility shall maintain attendance records with original signatures on in-service programs and course materials or outlines that staff who are unable to attend the program may review.
- F) Dementia Training Requirements
 - 1) As of January 1, 2024, each nursing care facility shall ensure that its direct-care staff members meet the dementia training requirements in this sub-section 6.3 (F).
 - 2) Definitions: For the purposes of dementia training as required by Section 25-1.5-118, C.R.S.:
 - a) "Direct-care Staff Member" means a staff member caring for the physical, emotional, or mental health needs of residents in a covered facility and whose work involves regular contact with residents who are living with dementia diseases and related disabilities.
 - b) "Equivalent Training" in this section shall mean any initial training provided by a covered facility meeting the requirements of sub-section 6.3(F)(3).

- 3) Initial Training: Each nursing care facility is responsible for ensuring that all direct-care staff members are trained in dementia diseases and related disabilities.
 - a) Initial training shall be available to direct-care staff at no cost to them.
 - b) The training shall be competency-based and culturally-competent and shall include a minimum of four hours of training in dementia topics including the following content:
 - i) Dementia diseases and related disabilities;
 - ii) Person-centered care of residents with dementia;
 - iii) Care planning for residents with dementia;
 - iv) Activities of daily living for residents with dementia; and
 - v) Dementia-related behaviors and communication.
 - c) For direct-care staff members already employed prior to January 1, 2024, the initial training must be completed as soon as practical, but no later than 120 days after January 1, 2024, unless an exception, as described in sub-section 6.3(F)(4)(a), applies.
 - d) For direct-care staff members hired or providing care on or after January 1, 2024, the initial training must be completed as soon as practical, but no later than 120 days after the start of employment or the provision of direct-care services, unless an exception, as described in sub-section 6.3(F)(4)(b), applies.
- 4) Exception to Initial Dementia Training Requirement
 - a) Any direct-care staff member who is employed by or providing direct-care services prior to the January 1, 2024, may be exempted from the facility's initial training requirement if sub-sections I and II below are met:
 - i) The direct-care staff member has completed an equivalent training, as defined in these rules, within the 24 months immediately preceding January 1, 2024; and
 - ii) The direct-care staff member can provide documentation of the satisfactory completion of the equivalent training.
 - iii) If the equivalent training was provided more than 24 months prior to the date of hire as allowed in this exception, the individual must document participation in both the initial training and all required continuing education subsequent to the initial training.
 - b) Any direct-care staff member who is hired by or begins providing direct-care services on or after January 1, 2024, may be exempted from the facility's initial training requirement if the direct-care staff member:
 - i) Has completed an equivalent training, as defined in these rules, either:

- (A) within the 24 months immediately preceding January 1, 2024; or
 - (B) Within the 24 months immediately preceding the date of hire or the date of providing direct-care services;
 - ii) Provides documentation of the satisfactory completion of the equivalent training; and
 - iii) Provides documentation of all required continuing education subsequent to the initial training.
 - c) Such exceptions shall not negate the requirement for dementia training continuing education as described in sub-part 6.3(F)(5).
- 5) Dementia Training: Continuing Education
- a) After completing the required initial training, all direct-care staff members shall have documented a minimum of two hours of continuing education on dementia topics every two years.
 - b) Continuing education on this topic must be available to direct-care staff members at no cost to them.
 - c) This continuing education shall be culturally competent, include current information provided by recognized experts, agencies, or academic institutions, and include best practices in the treatment and care of persons living with dementia diseases and related disabilities.
- 6) Minimum Requirements for Individuals Conducting Dementia Training
- a) Specialized training from recognized experts, agencies, or academic institutions in dementia disease;
 - b) Successful completion of the training being offered or other similar initial training which meets the minimum standards described herein; and
 - c) Two or more years of experience in working with persons living with dementia diseases and related disabilities.

6.4 RECORDS

- A) The facility shall maintain personnel records on each employee, including an employment application that includes training and past experience, verification of credentials, references of past work experience, orientation and evidence that health status is appropriate to perform duties in the employee's job description.
- B) Documentation of Initial Dementia Training and Continuing Education
 - 1) The facility shall maintain documentation of each employee's completion of initial dementia training and continuing education. Such records shall be available for inspection by representatives of the Department.
 - 2) Completion shall be demonstrated by a certificate, attendance roster, or other documentation.

- 3) Documentation shall include the number of hours of training, the date on which it was received, and the name of the instructor and/or training entity.
- 4) Documentation of the satisfactory completion of an equivalent training as defined in sub-section 6.3(F)(2)(b) and as required in the criteria for an exception discussed in sub-section 6.3(F)(4), shall include the information required in this sub-section 6.4(B)(2) and (3).
- 5) After the completion of training and upon request, such documentation shall be provided to the staff member for the purpose of employment at another covered facility. For the purpose of dementia training documentation, covered facilities shall include assisted living residences, nursing care facilities, and adult day care facilities as defined in Section 25.5-6-303(1), C.R.S.

6.5 REFERENCE MATERIALS

The facility shall provide current reference material related to the care that is provided in the facility for use by all personnel.

6.6 STAFF IDENTIFICATION

All facility staff shall wear name and title badges while on duty, except where they may pose a danger to staff or residents due to the nature of residents' physical or mental conditions.

SECTION 7 - RESIDENT CARE

7.1 OVERALL CARE

Residents shall receive the care necessary to meet individual physical, psycho-social and rehabilitative needs and assistance to achieve and maintain their highest possible level of independence, self-care, self-worth and well-being. Provision of care shall be documented in the health information record.

7.2 QUALITY OF LIFE

Residents shall be provided a safe, supportive, comfortable, homelike environment; freedom and encouragement to exercise choice over their surroundings, schedules, health care and life activities; the opportunity to be involved with the members of their community inside and outside the nursing care facility; and treatment with dignity and respect.

7.3 PRESSURE ULCER PREVENTION AND CARE

- A) Upon admission, the facility shall:
 - 1) Assess the potential for skin breakdown during the initial resident assessment; and
 - 2) Provide measures to prevent pressure ulcers in residents identified as being at risk of developing them (i.e., a resident exhibiting three or more of the following symptoms: underweight, incontinence, dehydration, disorientation or unconsciousness, or limited mobility).
- B) For all residents who are admitted with or develop pressure ulcers, the facility shall:

- 1) As part of the requisite care plan, develop an individualized treatment plan that is designed to alleviate the condition;
- 2) Provide active treatment to improve the condition in accordance with the treatment plan;
- 3) Evaluate the resident's progress and treatment at least weekly and revise the treatment plan as needed; and
- 4) Provide proper nutrition and hydration to promote healing and prevent further breakdown.

7.4 ACCIDENT PREVENTION AND ATTENTION

The facility shall:

- A) Investigate all causes of accidents;
- B) Monitor the resident's response to the accident and obtain a physical and/or mental health evaluation from a practitioner, if needed;
- C) Identify all residents at high risk for accidents and develop an individualized care plan for each of them to prevent future accidents; and
- D) Evaluate and revise the plan as needed.

7.5 BEHAVIORAL HEALTH CARE

- A) For residents with behavioral health issues, the facility shall:
 - 1) Note the behavioral issue and evaluate it in the resident's assessment;
 - 2) Develop and implement an individualized treatment plan designed to address the behavioral health issue;
 - 3) Obtain a mental health evaluation in appropriate cases; and
 - 4) Evaluate the resident's progress and revise the plan, both as needed and whenever there is a change in the resident's behavioral condition.
- B) For residents receiving medication for behavior modification, the facility shall indicate in the health information record positive and/or negative effects of the medication and what alternatives to the medication were considered.

7.6 CONTRACTURE CARE

- A) Upon admission, the facility shall:
 - 1) Assess the potential for contracture during the initial resident assessment; and
 - 2) Develop, implement and periodically evaluate an individualized treatment plan to prevent contractures for residents identified as being at risk of developing them.
 - a) Such plans shall be reviewed and revised as needed and annually.

- B) For residents who are admitted with contractures, the facility shall:
 - 1) Document the contracture, evaluate it and undertake restorative nursing intervention, if appropriate.
- C) For residents who develop contractures during their residency, the facility shall:
 - 1) Document that appropriate intervention was performed to treat the condition before the contracture developed.
 - a) If the resident refused treatment or preventive measures, the facility shall document the refusal and that the consequences of the refusal were explained to the resident.

7.7 PROMOTION OF MOBILITY

The facility shall assess each resident's ambulation potential and capability upon admission, quarterly and upon a change in condition. Each resident's care plan shall be designed to encourage mobility and revised as needed.

- A) For residents requiring adaptive devices and/or personal assistance to ambulate, the facility shall provide and maintain such devices according to the manufacturer's recommendations. The facility shall also assist residents in obtaining appropriate footwear and provide residents with assistance to move and transfer.

7.8 INDWELLING URINARY CATHETER CARE

- A) For residents with an indwelling urinary catheter, the facility shall:
 - 1) Evaluate appropriateness of continued use at least monthly;
 - 2) Assess the reason for the incontinence;
 - 3) Evaluate the potential of bladder retraining and implement retraining, if indicated, or document the reasons if retraining was not indicated; and
 - 4) Implement any practitioner order for irrigation or catheter replacement.
- B) For residents exhibiting signs or symptoms of urinary tract infection, the facility shall notify the practitioner, obtain orders for treatment and implement such treatment plan.

7.9 WEIGHT CHANGES

For residents with weight changes the facility shall:

- A) Evaluate the resident to determine the cause of the weight change;
- B) Develop and implement an individualized plan of care as part of the requisite care plan that includes intervention by other disciplines, if appropriate; evaluate resident progress and revise the plan as needed;
- C) Observe food and fluid intake and provide encouragement to residents with eating issues;
- D) Provide reasonable choices of foods to meet personal preferences and religious needs;

- E) If nourishments are provided between meals and at bedtime as part of the care plan, document the nourishments provided and whether they are consumed;
- F) Provide assistance in eating or adaptive eating devices and assist residents in obtaining dentures or dental care, as appropriate to the individual resident; and
- G) For residents with mouth or gum issues, meet the requirements of section 12 on dental services.

7.10 GROOMING

- A) The facility shall assist the resident to obtain appropriate personal care materials and assist with personal care in a manner that preserves resident dignity and privacy.
- B) For residents with inappropriate, unclean, or poorly maintained clothing and/or assistive devices, the facility shall assist the residents to obtain clothing, shoes and devices. Such clothing, shoes and devices shall fit properly, be clean and in good repair.

7.11 EXCORIATION PREVENTION AND CARE

- A) For all residents who are incontinent or immobile, have impaired sensation, compromised nutritional or fluid status, or inadequate hygiene, the facility shall:
 - 1) Complete an initial skin evaluation upon admission and re-evaluate the condition as needed, but at least weekly.
 - 2) Provide measures to prevent the excoriation that include:
 - a) Maintaining clean, dry, well lubricated skin;
 - b) Taking incontinent residents to the bathroom on a regular individualized schedule;
 - c) Evaluating the need for daily baths; and
 - d) Determining potential trouble spots where microbial growth may occur (breasts, gluteal folds, skin folds).
- B) For residents with excoriations, the facility shall:
 - 1) Develop and implement an individualized treatment plan as part of the care plan for the excoriation;
 - 2) Evaluate the resident's progress and review and revise the treatment plan as needed; and
 - 3) Enter a progress note at least weekly in the health information record.

7.12 FLUID MANAGEMENT

The facility shall provide fluid in sufficient quantities to maintain hydration and body weight. In addition, the facility shall:

- A) Assess each resident's hydration needs;

- B) Observe and evaluate food and fluid intake daily and record and report deviations from sufficient food and fluid intake;
- C) Provide assistance and encouragement to residents requiring assistance to meet their food and fluid requirements; and
- D) Provide self-help adaptive devices and encourage use.

7.13 PERSONAL ENVIRONMENT

The facility shall allow for personalization of rooms through the use of residents' personal furniture, appliances, decorations, plants and memorabilia. The facility may limit the number of furniture items in resident rooms if to do so is necessary to accommodate roommate preferences, fire codes, housekeeping or safe movement in the room.

7.14 PERSONAL CHOICE

The facility shall:

- A) Make reasonable efforts to accommodate preferences of roommate, including the right of each resident so requesting to be assigned to a room with non-smokers;
- B) Allow residents flexibility in times to eat main meals, consistent with requirements of section 13.2 on dietary services and with its own reasonable staffing and scheduling requirements;
- C) Allow residents flexibility in times to bathe, rise and retire, consistent with its own reasonable staffing and scheduling requirements; and
- D) Provide at least one alternative menu choice for each meal of similar nutritive value. The same alternative shall not be used for two consecutive meals.

7.15 PROBLEM RESOLUTION

The facility shall inform members of the resident council about grievance procedures; the name, address and phone number of the state and local Long-Term Care Ombudsman; and the address and phone number of the Colorado Department of Public Health and Environment, Health Facilities and Emergency Medical Services Division. Staff shall assist residents in raising issues to the facility's administration or appropriate outside agencies.

7.16 RESIDENT ASSESSMENT

- A) Within 24 hours of admission to the nursing care facility, a licensed nurse shall collect objective and subjective data on each resident's physical, mental and functional status including strengths; impairments; rehabilitative needs; special treatments; capability for self-administration of medications; dependence and independence in activities of daily living. This information shall form the basis of the preliminary care plan.
- B) Within 14 days of admission, the nurse shall also collaborate with social services staff in assessing discharge potential and shall coordinate assessments with social services, dietetic and activity staff. These assessments shall form the basis of the interdisciplinary care plan required by section 7.21.
 - 1) The continuing assessment shall reflect resident status.

- 2) The assessment shall be updated at least every three months, as well as whenever a significant change of resident condition occurs.
- 3) The current resident assessment shall be a part of the resident's health information record and available for direct care staff and others as identified by facility policy.

7.17 NURSING CARE PLANNING

Under the direction of a registered nurse, an individualized nursing care plan shall be prepared for each resident based on the resident assessment and applicable practitioner treatment orders. The purpose of the care plan is to create an individualized tool for carrying out preventive, therapeutic, and rehabilitative nursing care.

- A) Within 24 hours of admission, nursing staff shall prepare and implement a preliminary nursing care plan to meet each resident's immediate needs.
- B) Within 21 days of admission, nursing staff shall prepare and implement a comprehensive nursing care plan for each resident.
- C) The nursing care plan shall meet each resident's unique needs, problems and strengths by identifying resident strengths, needs and problems; specifying care interventions to capitalize on the strengths and meet those needs or problems; and defining the frequency of each intervention.
- D) The nursing care plan shall be current and evaluated and revised following each assessment and whenever the resident's condition changes.

7.18 SOCIAL SERVICES CARE PLANNING

Social services staff shall assess the social services needs of each resident within 14 days of admission. Within 21 days of admission, staff shall develop a social services care plan to meet each resident's needs.

7.19 ACTIVITIES CARE PLANNING

Each resident shall be assessed for activity involvement within 14 days of admission. Within 21 days of admission, the facility shall develop an activities care plan to meet each resident's needs.

7.20 NUTRITIONAL CARE PLANNING

- A) The dietary supervisor or consultant shall prepare an initial nutritional history and assessment for each resident within 14 days of admission that includes special needs, likes and dislikes, nutritional status and need for adaptive cutlery and dishes.
- B) Within 21 days of admission, the dietary supervisor or consultant shall develop a nutritional plan of care to meet each resident's identified needs.
- C) In the event the facility elects to utilize feeding assistants pursuant to section 14 of this chapter, the interdisciplinary team shall, as part of the history and assessment required in section 7.16(A), evaluate each resident for his/her need for assistance with eating and drinking. Such evaluation shall include, but need not be limited to, the resident's level of care, functional status concerning feeding and hydration, and ability to cooperate and communicate with staff.

7.21 INTERDISCIPLINARY CARE PLANNING

Within 21 days of admission, a nursing care facility interdisciplinary team shall develop a personalized overall care plan for each resident based on the resident assessments and applicable practitioner orders.

- A) The overall care plan shall contain a list of resident problems and the discipline that will address each problem in its own more detailed plan of care.
- B) The overall care plan shall be evaluated according to the goals set out in the plan, following each assessment and whenever the resident's condition changes.
- C) The interdisciplinary team shall consist of representatives of resident services inside and outside the facility, as appropriate, including at least nursing, social services, activities and dietetic staff. Representatives from other areas such as medical, pharmacy and special therapies, shall be included as appropriate. Residents and resident representatives shall be invited to participate in care planning. Refusal to participate shall be documented.

SECTION 8 MEDICAL CARE SERVICES

8.1 PRACTITIONER CARE

Each facility resident shall be admitted to the facility under the care of a physician. The facility shall develop written policies that are approved by the medical director to coordinate and designate responsibility when more than one practitioner is treating a resident. The facility may, at its discretion, allow practitioners to utilize telehealth for the performance of any task required by these regulations except those tasks which specifically require a face to face evaluation.

- A) The facility shall ensure that all residents, within seven days of admission, receive a face to face evaluation by a practitioner who provides the facility with sufficient information to validate the admission.
 - 1) If the resident was thoroughly assessed in the 24 hours immediately prior to the resident's admission to the facility by a practitioner (or his/her associate) who will be involved in the resident's continuing care, and documentation of that evaluation accompanies the resident upon admission, that evaluation satisfies the criteria required in section 8.1(A).
- B) The facility shall ensure that all residents receive a face to face comprehensive medical evaluation by a practitioner, as specified below, within 30 days of admission and on a yearly basis thereafter. Such evaluation shall include obtaining a thorough medical history; conducting a physical examination; conducting a review of routine, prn and other medications and supplements along with indications of continued necessary use; and developing or updating a detailed medical plan of care.
 - 1) In a skilled nursing care facility that is certified to provide Medicare services, the initial comprehensive medical evaluation shall only be performed by a physician, as required by federal law.
 - 2) In a nursing care facility that is not certified to provide Medicare services, the comprehensive medical evaluation may be performed by either a physician or a non-physician practitioner who is not a facility employee.

- C) The facility shall ensure that all residents are seen by a practitioner every 30 days for the first 90 days after admission and at least once every 60 days thereafter.
- D) The facility shall ensure that there is 24-hour practitioner coverage available to promptly assess any significant changes of condition.
- E) The facility shall ensure that the only persons allowed to accept a verbal or electronically transmitted order to the facility are a practitioner, licensed nurse or other appropriate discipline as authorized by their professional licensure. All such orders shall be signed within 14 days and entered in the health information record within 30 days.
- F) The facility shall ensure that at the time of visit, the practitioner documents the date of the visit along with a relevant discussion of any urgent issues, pertinent findings and updated plans. The complete note, along with signature and credentials, shall be available in the health information record within seven days.
- G) The facility shall ensure that all medications and therapies ordered by the practitioner are supported by diagnoses and that there is documentation of attempts to discuss with the resident or resident representative the intended benefits and risks of those medications and therapies.

8.2 MEDICAL DIRECTOR

The facility shall retain by written agreement a physician to serve as medical director to the facility and require that the medical director visit the facility in person at least once every three months.

- A) The medical director is responsible for overall coordination of medical care in the facility and for systematic review of the quality of the health care provided by the facility and the medical services provided by the practitioners in the facility. The medical director shall collaborate with the administrator, staff and other practitioners and consultants to help develop policies and procedures for medical care and for the physicians admitting residents to the facility.
- B) The medical director is responsible for:
 - 1) Acting as a liaison between the facility and admitting physicians on matters related to physician services, prompt writing of orders and responding to requests by facility staff;
 - 2) Consulting on the development and implementation of resident care policies;
 - 3) Establishing standards governing the conduct of physicians admitting residents to the facility;
 - 4) Consulting on the development and implementation of a procedure to provide care in emergencies when a resident's practitioner is unavailable;
 - 5) Reviewing accidents and hazards;
 - 6) Participating in pharmaceutical advisory committee deliberations;
 - 7) Participating in the psychotropic medication review committee; and
 - 8) Chairing or co-chairing the quality management committee required by section 3.3 of this chapter.

- C) The medical director may utilize telehealth for the performance of any task required by these regulations except those tasks where the regulations specifically require a face to face evaluation or personal visit.

SECTION 9 NURSING SERVICES

9.1 ORGANIZATION

The facility shall have a department of nursing services that is formally organized to provide complete, effective care to each resident. The facility shall clearly define qualifications, authority and responsibility of nursing personnel in written job descriptions.

9.2 DIRECTOR OF NURSING

Except as provided in section 9.5, the nursing care facility shall employ a full-time (40 hours/week) director of nursing who is a registered nurse, qualified by education and experience to direct facility nursing care.

9.3 24-HOUR NURSING COVERAGE

The facility shall be staffed with qualified nursing personnel, awake and on duty, who are familiar with the residents and their needs in a number sufficient to meet resident functional dependency, medical and nursing needs.

- A) Staff shall be sufficient in number to provide prompt assistance to persons needing or potentially needing assistance, considering individual needs such as the risk of accidents, hazards or other untoward events.
- B) Except as provided in section 9.5, a nursing care facility shall be staffed at all times with at least one registered nurse who is on duty on the premises. Each resident care unit shall be staffed with at least one licensed nurse.
- C) A nursing care facility shall provide nurse staffing sufficient to meet the needs of residents, but no less than two hours of nursing time per resident per day. In facilities of 60 residents or more, the time of the director of nursing and other supervisory personnel who are not providing direct resident care shall not be used in computing this ratio.
- D) Nursing personnel shall be trained in nursing procedures and responsibilities and shall be familiar with any equipment necessary for care on the unit.
- E) All certified nursing assistants shall function under the direction of a licensed nurse.
- F) If a nursing care facility operates out of more than one building, it shall have staff on duty 24 hours per day in each building in a number sufficient to meet resident care needs.

9.4 WRITTEN PROCEDURES

The facility shall have written nursing procedures establishing the standards of performance for safe, effective nursing care of residents and shall assure that they are followed by all nursing staff.

- A) Procedures shall include the requirement that medications be administered in compliance with applicable Colorado law.

- B) The nursing procedures shall be evaluated and revised as necessary, but no less often than annually.

9.5 EXCEPTIONS

Nothing contained in this section 9 shall require any rural nursing care facility that is a skilled nursing care facility to employ nursing staff beyond current federal certification requirements. Since federal standards require that nurse staffing be sufficient to meet the total nursing needs of all residents, resident conditions will determine the specific numbers and qualifications of staff that each facility must provide.

- A) A rural facility is one that is located in:
 - 1) A county with a population of fewer than 15,000; or
 - 2) A municipality with a population of fewer than 15,000 that is located ten miles or more from a municipality with a population of 15,000 or more; or
 - 3) The unincorporated part of a county ten miles or more from a municipality with a population of 15,000 or more.
- B) To the extent that these regulations require any facility to employ a registered nurse more than 40 hours per week, the Department may waive such requirements for such periods as it deems appropriate if, based on findings consistent with 6 CCR 1011-1, Chapter 2, Part 5, it determines that:
 - 1) The facility is located in a rural area as defined in section 9.5(A);
 - 2) The facility has at least one full-time registered nurse who is regularly on duty 40 hours per week;
 - 3) The facility has only residents whose attending physicians have indicated in orders or admission notes that each resident does not require the services of a registered nurse for a 48-hour period or the facility has made arrangements for a registered nurse, consulting registered nurse or physician to spend such time at the facility as is determined necessary by the resident's attending physician to provide necessary skilled nursing services on days when the regular full-time registered nurse is not on duty; and
 - 4) The facility has made and continues to make a good faith effort to comply with the more than 40-hour registered nurse requirement, but registered nurses are unavailable in the area.

9.6 SUPPLIES AND EQUIPMENT

The facility shall provide the supplies and equipment necessary to conduct a preventive, therapeutic and rehabilitative nursing program. Equipment includes devices to assist residents to perform activities of daily living.

- A) Equipment shall be maintained in clean and proper functioning condition.
- B) The facility shall provide or assist residents to obtain walkers, crutches, canes and wheelchairs with appropriate padding, all of which shall fit residents properly.

- C) Nursing staff shall be trained in rehabilitative nursing procedures, including preventive nursing care measures, and in the proper use of prosthetic devices and equipment.

9.7 CARE POLICIES

The facility shall have written resident care policies approved by the governing body, which staff shall follow.

9.8 MEDICATION ADMINISTRATION

Medications shall be identified as specified in sections 19.3(B) and (C). Staff shall verify identification of the medication when the medication is prepared as well as when it is administered.

- A) Medications and treatments shall be given only as ordered by a practitioner. Medications shall be administered by medication certified or licensed nursing personnel as allowed within the individual's license or certification scope of practice.
- B) Medication shall be administered in a form that can be most easily tolerated by the resident. Staff shall not mask the medication or alter its form through crushing, dissolving or other means, if to do so would be hazardous and not without first informing the resident or resident representative.
- C) Medications that are prepared but unused shall be disposed of in accordance with state law and the facility's written procedures.
- D) All administered medications shall be recorded in the resident's health information record, indicating the name, reason, strength, dosage and mode of administration; the date and time of administration; the signature of the person administering the medication and effectiveness of "as needed" medications.
- E) To encourage independence and prepare residents for discharge, the facility shall permit self-administration of medications in appropriate cases upon the order of the attending practitioner and under the guidance of a licensed nurse.
- F) If facility policy permits medications to be kept at the bedside, the interdisciplinary team shall approve such types of medications. The facility shall ensure that each such medication ordered by a practitioner to be kept at the bedside is used properly, its use is documented and it is stored in a secure manner that protects all residents.
- G) Drug reactions and significant medication errors shall be reported within 30 minutes to the resident's practitioner. A call to the practitioner's office or answering service does not meet the facility's responsibility to provide emergency care. The resident's condition shall be monitored for 72 hours and observations documented in the health information record.
- H) If a resident is administered psychoactive medications, he or she shall be evaluated for medication effectiveness at least every three months. The resident shall be assessed every six months for adverse effects including, but not limited to, extrapyramidal syndrome and neuroleptic malignant syndrome.

9.9 RESTRAINTS

Facilities shall comply with the Protection of Persons from Restraint Act at Section 26-20-101, et seq., C.R.S., in addition to the requirements of this section 9.9.

- A) Restraint means any method or device used to involuntarily limit freedom of movement, including but not limited to bodily physical force, mechanical devices or chemicals.
 - 1) Chemical restraint involves giving an individual medication involuntarily for the purpose of restraining that individual, but does not include medication administered for voluntary or life-saving medical procedures.
 - 2) Physical restraint involves the use of bodily, physical force to involuntarily limit an individual's freedom of movement.
 - 3) Mechanical restraint involves the use of a physical device to involuntarily restrict the movement of an individual or the movement or normal function of a portion of the individual's body.
- B) Restraint does NOT include:
 - 1) The use of protective devices or adaptive devices for providing physical support, prevention of injury, voluntary or life-saving medical procedures,
 - 2) The holding of a resident for less than five minutes by a staff person for the protection of the resident or other persons,
 - 3) Placement of a resident in his or her room for the night, or
 - 4) The use of a time-out as defined in writing by the facility.
- C) The facility shall establish written policies and procedures governing the use of restraints. The facility shall ensure and document that reasonable efforts are attempted to obtain consent from the resident and/or resident representative for the use of restraints. The facility shall inform the resident and/or resident representative regarding the potential risks and benefits of restraints prior to their use.
- D) Medical conditions that warrant the use of restraint shall be documented in the resident's health information record and include an order from a physician or advanced practice nurse, ongoing assessments and care plans. An order alone is not sufficient to warrant the use of the restraint.
- E) The facility shall document oversight, assessment of the restraint during use, substantiation of the medical condition requiring the restraint and the expected length of time for the restraint to be used. The facility shall also document the frequency and duration of safety checks during restraint use.
- F) Residents in mechanical restraints shall be observed at least every 15 minutes to ensure that the resident is properly positioned and the resident's physical needs are being met. Each observation shall be documented in writing.
- G) At least every two hours during waking hours, residents shall have the physical restraint removed and shall have the opportunity to drink fluids; be toileted; and be exercised, moved or repositioned; which activity shall be documented in the resident's health information record.

9.10 SAFETY DEVICES

A safety device such as an alarm, helmet or pillow is used to protect the resident from injury to self, maintain body alignment or facilitate comfort. Prior to using any safety device, the facility shall assess the resident to properly identify the resident's needs and medical symptoms that the safety device is being employed to address. The facility shall also ensure that any safety device being used is not a mechanical restraint.

- A) Safety devices shall only be used for appropriate clinical conditions.
- B) The facility shall establish written policies and procedures governing the use of safety devices.
- C) If a safety device meets the definition of a restraint, then all requirements in section 9.9 apply. A registered nurse may order a safety device after assessing and determining the need exists. Through the nursing assessment, if the need is ongoing, a comprehensive, documented physical and functional assessment shall be completed no less often than after the first 24 hours and quarterly thereafter.
- D) At least every two hours residents with safety devices shall be observed and such observation shall be documented.
- E) Residents with safety devices shall have either a call signal switch or similar device within reach or some other appropriate means of communication provided.

9.11 PRACTITIONER NOTIFICATION

Facility staff shall promptly notify the attending practitioner regarding unexpected deterioration in a resident's physical or mental condition and any incident or accident involving the resident.

SECTION 10 SOCIAL SERVICES

10.1 GENERAL STANDARDS

The facility shall identify, plan, care for and meet the identified emotional and social needs of each resident to enhance resident psycho-social health and well-being.

- A) Social services staff shall be involved in the pre-admission process, providing input as to appropriateness of placement from a psycho-social perspective, except in emergency admissions. Such involvement may include contact with the prospective resident or resident representative, or interdisciplinary conferences that consider psycho-social issues as well as medical/nursing criteria.
- B) Social services staff shall provide for individual and group needs, either directly or by referral to community agencies.
- C) Social services staff shall assist residents and families in coping with the medical and psycho-social aspects of the resident's illness and disability and the stay in the facility.
- D) Social services staff shall assist residents in planning for discharge by coordinating service delivery with the nursing staff and by assessing availability and facilitating use of financial and social support services in the community.

- E) When services, such as community mental health services, are available in the community to meet a resident's unique social and emotional needs, social services staff shall provide appropriate referrals to community services.
- F) Social services staff shall coordinate transfers (other than medical transfers) within and out of the facility and assist residents in adjusting to intra-facility transfers.
- G) Social services staff shall participate in resident assessment and care planning and shall provide social services to residents. Staff shall review and update the assessment and care plan at least quarterly.
- H) Social services staff shall record information on social history in the health information record and review it at least annually.
- I) Social services staff shall record progress notes in the resident's health information record quarterly.
- J) Social services staff shall participate in developing policies and procedures pertaining to social services in the facility.
- K) Social services staff shall provide orientation to new residents and their resident representatives (including explanation of residents' rights) and assistance to residents and resident representatives in raising concerns about resident care.

10.2 STAFFING

The facility shall employ social services staff that is qualified according to the criteria below and sufficient in number to meet the social and emotional needs of the residents.

- A) A qualified social work staff member is a person who is either:
 - 1) A social worker with a Bachelor's degree in social work registered or authorized expressly by Colorado law to practice as a social worker who has one year of social work experience under the supervision of a licensed social worker in a health care setting working directly with residents, or
 - 2) A social worker with a Master's degree in social work who is licensed as a licensed social worker or licensed clinical social worker under Colorado law, or
 - 3) A person with a Master's or Bachelor's Degree in a related human services field who has monthly consultation with a person meeting the qualifications in subsection 2 above. The consultation shall be sufficient in amount to assist the social work staff to meet resident needs.
- B) Effective June 1, 2016, any facility that has employed a person with a high school degree or GED as social services staff may continue to employ that individual as long as the facility can document consultation as prescribed in section 10.2(A)(3).

10.3 FACILITIES AND EQUIPMENT

The facility shall provide for social services staff suitable space, equipped with a telephone, for confidential interviews with residents and their resident representatives. The space shall provide visual and auditory privacy and locked storage for confidential records and be accessible to non-ambulatory persons.

SECTION 11 RESIDENT ENGAGEMENT

11.1 ACTIVITIES PROGRAM

The facility shall offer a program of organized engagement activities that promote residents' physical, social, mental and intellectual well-being; encourages resident independence and pursuit of interests; maintains an optimal level of psycho-social functioning; and retains in residents a sense of continuing usefulness to themselves and the community.

- A) The activities program shall be broad enough in scope to stimulate participation of all residents, but no resident shall be compelled to participate in any activity. Each month, activities shall include at least one from each of the following categories: social/recreational, intellectual, physical, spiritual and creative.
- B) The facility shall provide individual and group engagement activities designed to meet each resident's individual needs.
- C) Activities staff shall participate in resident assessment and care planning and shall implement engagement programs.
- D) The facility shall develop programs to encourage community contact, including use of community volunteers inside the facility and engagement activities for residents outside the facility. The facility shall make reasonable transportation arrangements for residents to participate in such activities.
- E) The facility shall provide engagement activities daily, including at least one evening per week. Engagement activities in addition to religious services shall be provided on weekends each week.
- F) The facility shall have a means of communicating scheduled and spontaneous daily engagement activities to all residents.
- G) The facility shall retain activity attendance records.

11.2 STAFFING

- A) The facility shall employ staff sufficient in number to meet resident needs.
- B) The facility shall employ an activities director who meets at least one of the following criteria:
 - 1) An activity professional certified by the National Certification Council for Activity Professionals as an Activity Director Certified (ADC) or Activity Consultant Certified (ACC),
 - 2) An occupational therapist or occupational therapy assistant meeting the requirements for certification by the American Occupational Therapy Association and having at least one year of experience in providing activity programming in a nursing care facility,
 - 3) A therapeutic recreation specialist, registered by the National Council for Therapeutic Recreation Certification, having at least one year of experience in providing activity programming in a nursing care facility,

- 4) A person with a Master's or Bachelor's degree in the social or behavioral sciences who has at least one year of experience in providing activity programming in a nursing care facility,
- 5) A person who has completed, within a year of employment, a training course for activity professionals in an accredited state facility and who has at least two years experience in social or recreational program work, at least one year of which was full-time in an activities program in a health care setting, or
- 6) A person who has monthly consultation with a person meeting the qualifications set forth in subsections (1) through (5) above. The consultation shall be sufficient in amount to assist the activity staff members to meet resident needs.

11.3 RELIGIOUS SERVICES

The facility shall assist residents who are able and wish to do so to attend religious services of their choice. The facility shall honor resident requests to see their clergy and provide private space for such visits.

11.4 SPACE AND EQUIPMENT

The facility shall make available the supplies, space and equipment to provide an activities program that meets each resident's individual needs. The facility shall provide an activities and recreation area with items such as books, current newspapers, games, stationery, radio and television.

SECTION 12 DENTAL SERVICES

12.1 DENTAL EXAMINATION

Upon admission, the facility shall provide each resident who consents with an oral examination by a licensed dentist or licensed dental hygienist. Refusal to consent to such examination shall be documented in the resident's health information record. Each resident or resident representative shall be informed that undiagnosed oral health issues may lead to future health issues.

- A) The facility shall ensure that the dental examination is conducted according to current dental practice.
- B) While the facility is not responsible to pay for such services, the facility shall inform all residents about public benefits for dental services and assist residents in accessing such benefits and services.
- C) In lieu of the admission examination, the facility may accept written results of a resident's oral examination administered during a period not to exceed six months prior to admission. Documentation of such examination shall be entered into the resident's health information record.

12.2 DENTAL RECORDS

The dentist or the dental hygienist is responsible for the dental record. For residents who agree to have dental services, the facility shall take all necessary steps to assure that there are complete, accurate dental records that include the following:

- A) Results of all current dental examinations and plans for treatment.

- B) One of the following to document provision of planned treatment:
 - 1) Record of treatment provided pursuant to a plan for treatment, or
 - 2) Documentation that a resident of a nursing care facility or resident representative is aware of any and all specific oral pathology identified during an oral examination of the resident, but elects not to obtain treatment because of cost or other reasons.

12.3 ORAL APPLIANCES

Upon consent, all residents' removable oral appliances or their containers and personal hygiene appliances (including without limitation, full dentures, partial dentures, and toothbrushes) shall be clearly identified and marked with the user's name, as recommended by a dentist.

12.4 DENTAL HYGIENE

The facility shall implement policies for daily oral hygiene for its residents, in consultation with a dentist or a dental hygienist. This shall include daily removal and cleaning of removable prosthodontics.

- A) Direct care staff from each facility shall have at least an annual in-service training course in preventive dentistry and oral hygiene, conducted by a dentist or dental hygienist.

SECTION 13 DIETARY SERVICES

13.1 GENERAL STANDARDS

The facility shall provide meals that are nutritious; attractive; well balanced; in conformity with practitioner orders and resident choice and served at the appropriate temperature in order to enhance residents' health and well being. It shall also offer nourishing snacks.

13.2 ORGANIZATION

The facility shall have an organized food service that is appropriately planned, equipped and staffed to prepare and serve meals. The facility shall offer at least three meals daily at regular times comparable to normal mealtimes in the community or in accordance with resident needs, preferences, requests and plan of care. The facility shall make available suitable, nourishing alternative meals and snacks for residents who want to eat at non-traditional times or outside of scheduled meal service times and in accordance with the resident plan of care.

13.3 PERSONNEL

The administrator shall designate a Registered Dietitian who meets standards established by the Commission on Dietetic Registration to be responsible for the dietary services.

- A) If not a Registered Dietitian, the designee shall receive regularly scheduled consultation for dietary services oversight from a Registered Dietitian and have applicable qualifications that meet at least one of the criteria listed below.
 - 1) A Bachelor's degree with a major study in food, nutrition, dietetics, or hotel and/or restaurant management,
 - 2) An Associate's degree with a major in dietetic technology, food management, culinary arts or hotel and/or restaurant management,

- 3) Eligible to take the exam for certifying dietary managers or culinary certification from a national credentialed organization,
 - 4) A graduate of a state approved course of 90 hours for food service management and two years food service management experience,
 - 5) Military education and training equivalent to subsection (2) or (4), or
 - 6) A combination of training and experience deemed appropriate by the nursing home administrator to meet the expectations for providing comprehensive dietary services oversight.
- B) The number of trained food service personnel shall be sufficient to provide food service to the residents in the facility over a period of 12 hours or more per day.

13.4 POLICIES

The facility shall have written policies and procedures approved by the governing body for dietary practices.

13.5 ORDERS

All diets and nourishments shall be provided and served as ordered by the attending practitioner.

13.6 NUTRITIONAL ASSESSMENT AND PROGRESS NOTES

The dietary supervisor or consultant shall participate in resident assessment and care planning required in sections 7.16, 7.20, and 7.21 of this chapter.

- A) The supervisor or consultant shall write progress notes on each resident at six-month intervals, at a minimum.
- B) The facility shall reasonably accommodate individual resident preferences in meals by offering appropriate and nutritionally adequate substitutes.

13.7 DIET MANUAL

The facility shall maintain a current diet manual conveniently available to the dietary and nursing staffs. For purposes of this section, current means initially published or revised within five years.

13.8 MENUS

- A) Menus shall meet the nutritional needs of residents in accordance with the Dietary Reference Intakes: The Essential Guide to Nutrient Requirements, National Academy of Sciences, Institute of Medicine, Food and Nutrition Board (2006), which is incorporated by reference consistent with section 1.3 of this chapter.
- B) Menus shall be written, approved by a Register Dietitian and planned at least one week in advance, with consideration given to residents' personal tastes, desires and cultural patterns. Menus shall be posted in the kitchen area and retained by the facility for at least four weeks after the menu is used. If menus are changed, all changes shall be posted as served.

- C) A standard meal planning guide shall be used primarily for menu planning and food purchasing. It is not intended to meet the nutritional needs of all residents. This guide shall be adjusted to consider individual differences since residents may have different nutritional needs based upon age, size, gender, physical activity and state of health.

- 1) There are many meal planning guides from reputable sources such as the American Diabetes Association, Academy of Nutrition and Dietetics or U.S. Department of Agriculture that are available and appropriate for use when adjusted to meet each resident's needs. Recipes appropriate to the menus and needs of the facility shall be available to the cooks.

13.9 SPACE

The facility shall provide adequate space to accommodate fixed and movable equipment and employee functions; receive, store, refrigerate and prepare food; assemble trays; store carts and clean dishes, pots, and pans.

13.10 REFRIGERATOR SAFETY

Effective June 1, 2016, walk-in refrigerators and freezers shall have inside lighting and inside lock releases. In facilities where the walk-in refrigerators or freezers do not have an inside lock release, there shall be an alarm system that is clearly audible throughout the food preparation and storage areas of the facility and that may be readily activated by staff members from within the walk-in refrigerators or freezers.

13.11 EQUIPMENT

The facility shall provide equipment of sufficient amount and adequate type for efficient and timely preparation of meals.

13.12 STORAGE OF DISHES AND GLASSES

Clean glasses, cups and other dishes shall not be stored in such a manner as to entrap moisture.

13.13 RESIDENTS IN ISOLATION

Disposable dishes and utensils are acceptable for use with residents in isolation.

13.14 NAIL POLISH AND FALSE NAILS

Unless wearing intact gloves in good repair, staff involved in preparing and serving food shall not wear nail polish or false nails.

13.15 DINING AND RECREATIONAL FACILITIES

Dining and recreation areas shall be readily accessible to all residents and shall not be in a hallway or lane of traffic in or out of the facility. Such space shall be sufficient to accommodate activities conducted there, consistent with resident comfort and safety. The dining and recreation areas may be separate or combined.

SECTION 14 FEEDING ASSISTANTS

- 14.1 "Feeding Assistant" means an individual who provides residents with assistance in eating and drinking in order to reduce the incidence of unplanned weight loss and dehydration.

14.2 Qualifications

- A) A nursing care facility shall ensure that its feeding assistants are qualified and trained to meet the requirements of this section 14, with the exception of the following individuals who shall be considered exempt:
 - 1) Licensed practitioners;
 - 2) Certified nurse aides;
 - 3) Supervised nursing students; and
 - 4) Resident family members or designees.
- B) The facility shall verify that each feeding assistant meets the following criteria:
 - 1) Has no history that would preclude interaction with residents; and
 - 2) Has successfully completed the feeding assistant training program described in section 14.9 of this chapter.

14.3 SUPERVISION

A feeding assistant shall work under the supervision of and shall report to a registered or licensed practical nurse. Each feeding assistant shall be given instruction by a registered nurse, licensed practical nurse or registered dietitian concerning the specific feeding and hydration needs of each resident being assisted.

14.4 STAFFING

Feeding assistants may not be counted toward meeting or complying with any requirement for nursing care staff and functions of a facility, including minimum nurse staffing requirements.

14.5 LOCATION

Feeding assistance may be performed in either congregate dining areas or resident rooms if determined safe by the nurse in charge. A nurse shall be immediately available in case of an emergency during meals.

14.6 EMERGENCY ASSISTANCE

Feeding assistants shall know how to use resident call systems and shall immediately secure the assistance of a nurse, practitioner or other licensed personnel in an emergency.

14.7 RESIDENT SELECTION

- A) Resident selection shall be based upon the charge nurse's assessment and the resident's latest assessment and plan of care.
- B) The facility shall ensure that a feeding assistant only assists those residents who have no complicated feeding issues.
 - 1) Complicated feeding issues include, but are not limited to, difficulty swallowing, recurrent lung aspirations and tube or parenteral/IV feedings.

14.8 POLICIES AND PROCEDURES

An employing facility shall develop and implement policies and procedures concerning the use of feeding assistants developed in accordance with this section.

14.9 FEEDING ASSISTANT TRAINING PROGRAM

Feeding assistant curriculum specifications and program requirements are defined by the Department. Nursing care facilities may offer a feeding assistant training program only upon approval by the Department.

- A) A facility seeking approval to administer a feeding assistant training program shall submit, in the form and manner prescribed by the Department, written confirmation that its training program conforms to the curriculum specifications and program requirements established by the Department.
 - 1) Program approval may be granted for a period not to exceed one year to those programs that meet the minimum requirements.
 - 2) A facility approved to administer a feeding assistant training program pursuant to this section shall submit annual renewal forms, in the form and manner prescribed by the Department, in order to continue its training program.
 - 3) The Department may deny, suspend or withdraw its approval of a training program if it determines that there is good cause to do so. Good cause includes, but is not limited to, a determination that a feeding assistant training program is not being administered in compliance with the applicable regulations.
- B) Feeding assistant training programs shall use as instructors only individuals who have appropriate experience in feeding and hydrating residents and who meet the following professional criteria:
 - 1) Licensed in Colorado as a registered or practical nurse,
 - 2) A Registered Dietician who meets standards established by the Commission on Dietetic Registration,
 - 3) A speech-language pathologist certified by the Colorado Department of Regulatory Agencies, or
 - 4) An occupational therapist licensed or authorized by the Colorado Department of Regulatory Agencies.
- C) Curriculum for the feeding assistant training program shall include, but need not be limited to, the following subjects:
 - 1) Feeding techniques;
 - 2) Assistance with feeding and hydration;
 - 3) Communication and interpersonal skills;
 - 4) Appropriate responses to resident behavior;
 - 5) Safety and emergency procedures, including the Heimlich maneuver;

- 6) Infection control;
 - 7) Resident rights; and
 - 8) Recognizing changes in residents that are inconsistent with their normal behavior and the importance of reporting those changes to the supervisory nurse.
- D) Successful completion of the feeding assistant training program requires each individual enrolled to obtain a score of 80 percent or greater in a written examination provided at the conclusion of classroom instruction. Written examination questions shall be of an appropriate level of difficulty to reflect proficiency in each module of the "Feeding Assistant Curriculum Specifications and Program Requirements" and, at the discretion of the training program provider, may include ancillary feeding assistant-related curriculum subjects. Written examination questions shall not be disclosed to candidates in advance and shall be varied in format and content from test to test.
- E) An individual who successfully completes a feeding assistant training program is not required to repeat the program unless the individual has not provided feeding assistance for a period of 24 consecutive months. In such case, the facility shall not allow the individual to provide feeding assistance until the individual successfully repeats the feeding assistant training program.
- F) Facilities shall maintain the training record of each individual who attends the feeding assistant training program for a period of not less than three years.

SECTION 15 RESIDENT RIGHTS

15.1 STATEMENT OF RIGHTS

The facility shall adopt and make public a statement regarding of the rights and responsibilities of its residents and provide a copy to each resident and resident representative at or before admission. The facility and staff shall observe these rights in the care, treatment and supervision of the residents. The statement of rights shall include at a minimum, the following items:

- A) The right to receive adequate and appropriate health care consistent with established and recognized practice standards within the community and this chapter.
- 1) For residents with limited English proficiency, the facility shall arrange for persons speaking the resident's language to facilitate daily communications and to attend assessment and care planning conferences in order to allow the resident to participate in those activities. This section does not require a translator to be present daily as long as the resident is able to engage in necessary daily communication within the facility.
 - 2) For residents with sensory impairments that inhibit daily communication, the facility shall provide assistance so that they may participate in care and activities of daily living.
- B) The right to civil and religious liberties, including:
- 1) Knowledge of available choices and the right to independent personal decisions, which will not be infringed upon;
 - 2) The right to encouragement and assistance from the staff of the facility in the fullest possible exercise of these rights;

- 3) The right to vote; and
- 4) The right to participate in activities of the community both inside and outside the facility.
- C) The right to present grievances on behalf of him/herself or others to the facility's staff or administrator; to governmental officials or to any other person without fear of reprisal and to join with other patients or individuals within or outside of the facility to work for improvements in resident care, including:
 - 1) The right to participate in the resident council; and
 - 2) The right to be informed of the address and phone number for the state and local Long-Term Care Ombudsman and the Colorado Department of Public Health and Environment, Health Facilities and Emergency Medical Services Division. The facility shall post these numbers in a conspicuous manner.
- D) The right to manage his or her own financial affairs or to have a quarterly accounting of any financial transactions made in his or her behalf, should the resident delegate such responsibility to the facility for any period of time.
- E) The right to be fully informed, in writing, prior to or at the time of admission and during his or her stay, of services available in the facility and of related charges, including charges for services not covered under Medicare or Medicaid or not covered by the basic per diem rate.
- F) The right to be fully informed of his or her medical condition and proposed treatment, unless otherwise indicated by his or her practitioner, along with the right to make informed decisions and participate in the planning of all medical treatment, including:
 - 1) The right to refuse medication and treatment, unless otherwise indicated by his or her practitioner, and to know the consequences of such actions;
 - 2) The right to participate in discharge planning; and
 - 3) The right to review and obtain copies of his or her medical records in accordance with 6 CCR 1011-1, Chapter 2, Part 6.
- G) The right to have private and unrestricted communications with any person of his or her choice; including
 - 1) The right to privacy for telephone calls or use of electronic communication devices;
 - 2) The right to receive mail unopened; and
 - 3) The right to private consensual sexual activity.
- H) The right to be free from mental and physical abuse and from physical and chemical restraints, except those restraints initiated through the judgment of professional staff for a specified and limited period of time or on the written authorization of a practitioner.
- I) The right to freedom of choice in selecting a health care facility.

- J) The right to copies of the facility's rules and regulations, including a copy of these rights, and an explanation of his or her rights and responsibility to obey all reasonable rules and regulations of the facility and to respect the personal rights and private property of the other patients.
 - 1) If the resident has limited English proficiency, the right to an explanation of rights and responsibilities in a language the resident can understand; and
 - 2) The right to see facility policies, upon request, and state survey reports on the facility.
- K) The right to be transferred or discharged only for medical reasons, his or her welfare or that of other residents, or for nonpayment for his or her stay; and the right to be given reasonable advance notice of any transfer or discharge, except in the case of an emergency as determined by professional staff, consistent with section 15.6.
- L) The right not to be transferred or discharged for raising concerns or complaints.
- M) The right to have privacy in treatment and in caring for personal needs, confidentiality in the treatment of personal and medical records, and security in storing and using personal possessions.
- N) The right to be treated courteously, fairly and with the fullest measure of dignity and to receive a written statement of the services provided by the facility, including those required to be offered on an as-needed basis.
- O) The right of any person eligible to receive Medicaid to select any nursing care facility certified for participation in Medicaid where a certified bed is available and the facility can meet the resident's needs.
- P) Visitation Rights and Limitations on Visitation Rights
 - 1) Each resident of a skilled nursing facility may have at least one visitor of the resident's choosing during their stay at the facility, unless restrictions or limitations under federal law or regulation, other state statute, or state or local public health order apply. This visitation right shall be exercised in accordance with the following:
 - a) A visitor to provide a compassionate care visit to alleviate the resident's physical or mental distress.
 - b) For a resident with a disability:
 - i) A visitor or support person, designated by the resident, orally or in writing, to support the resident during the course of their residency. The support person may visit the resident and may exercise the resident's visitation rights even when the resident is incapacitated or otherwise unable to communicate.
 - ii) When the resident has not otherwise designated a support person and the resident is incapacitated or otherwise unable to communicate their wishes, an individual may provide an advance medical directive designating the individual as the resident's support person or another term indicating that the individual is authorized to exercise visitation rights on behalf of the resident.

Pursuant to Section 15-18.7-102 (2) C.R.S., “(2) ‘Advance medical directive’ means a written instruction concerning medical treatment decisions to be made on behalf of the adult who provided the instruction in the event that he or she becomes incapacitated. An advance medical directive includes, but need not be limited to: (a) A medical durable power of attorney executed pursuant to section 15-14-506; (b) A declaration executed pursuant to the “Colorado Medical Treatment Decision Act”, article 18 of this title; (c) A power of attorney granting medical treatment authority executed prior to July 1, 1992, pursuant to section 15-14-501, as it existed prior to that date; or (d) A CPR directive or declaration executed pursuant to article 18.6 of this title.”

- c) For a resident who is under eighteen years of age, the parent, legal guardian, or person standing in loco parentis to the resident is allowed to exercise these visitation rights pursuant to any limitations described in Section 15.1(P)(2), (3), and (4) Limitations on Visitation Rights.
- 2) Limitations on Visitation Rights: During a period when the risk of transmission of a communicable disease is heightened, a skilled nursing facility may:
- a) Require visitors to enter the facility through a single, designated entrance;
 - b) Deny entrance to a visitor who has known symptoms of the communicable disease;
 - c) Require visitors to use medical masks, face-coverings, or other personal protective equipment while on the skilled nursing facility premises or in specific areas of the facility;
 - d) Require visitors to sign a document acknowledging:
 - i) The risks of entering the facility while the risk of transmission of a communicable disease is heightened; and
 - ii) That menacing and physical assaults on health-care workers and other employees of the facility will not be tolerated;
 - e) Require all visitors, before entering the facility, to be screened for symptoms of the communicable disease and deny entrance to any visitor who has symptoms of the communicable disease;
 - f) Require all visitors to the facility to be tested for the communicable disease and deny entry for those who have a positive test result; and
 - g) Restrict the movement of visitors within the facility, including restricting access to where immunocompromised or otherwise vulnerable populations are at greater risk of being harmed by a communicable disease.

- h) If a skilled nursing facility requires that a visitor use a medical mask, face covering, or other personal protective equipment or to take a test for a communicable disease in order to visit a resident at the health-care facility, nothing in these regulations:
 - i) Requires the facility allow a visitor to enter, if the required equipment or test is not available due to lack of supply;
 - ii) Requires the facility to supply the required equipment or test to the visitor, or bear the cost of the equipment for the visitor; or
 - iii) Precludes the health-care facility from supplying the required equipment or test to the visitor.
- 3) Additional limitations for the visitors of a resident with a communicable disease who is isolated: the facility may impose additional restrictions including:
 - a) Limiting visitation to essential caregivers who are helping to provide care to the resident;
 - b) Limiting visitation to one caregiver at a time per resident with a communicable disease;
 - c) Scheduling visitors to allow for adequate time for screening, education, and training of visitors and to comply with any limits on the number of visitors permitted in the isolated area at the time; and
 - d) Prohibiting the presence of visitors during aerosol-generating procedures or during collection of respiratory specimens.
- 4) Any limitations imposed shall be consistent with applicable federal law and regulation and other state statute.

15.2 TRANSFER OF RIGHTS

A resident's rights shall transfer to the resident representative if the resident lacks decisional capacity.

15.3 STAFF TRAINING IN RESIDENTS' RIGHTS

The facility shall train all staff in the observation and protection of residents' rights and ensure that a copy of the facility's statement of residents' rights is available to all new and current employees.

15.4 GRIEVANCE PROCEDURE

The facility shall develop a grievance procedure, which it shall post conspicuously in a public place, for presentation of grievances by residents, resident representatives or the resident advisory council regarding any alleged conditions, treatment or violations of rights of any resident by the facility or staff (regardless of the consent of the victim of the alleged improper conduct).

- A) The facility shall designate a full-time staff member ("staff designee") to receive all grievances.

- B) The facility shall establish a grievance committee consisting of the administrator or his or her designee, a resident selected by the facility's residents and a third person agreed upon by the administrator and the facility's resident representative.
- C) Any resident, resident representative or resident advisory council that wishes to complain about treatment, conditions or violations of rights, shall present such grievance to the facility staff designee orally or in writing within 14 calendar days of the alleged incident giving rise to the grievance.
- D) The staff designee shall confer with persons involved in the alleged incident and other relevant persons and, within three calendar days of receiving the grievance, shall provide a written explanation of findings and proposed remedies to the complainant and the aggrieved party, if other than the complainant, and resident representative, if any. Where appropriate due to the mental or physical condition of the complainant or aggrieved party, an oral explanation shall accompany the written one.
- E) If the complainant, aggrieved party or resident representative is dissatisfied with the findings and remedies of the staff designee or their implementation, within ten calendar days of receiving the designee's explanation, said individual may file the grievance orally or in writing along with any additional information it wishes to the grievance committee.
- F) The committee shall confer with persons involved in the alleged incident and other relevant persons, including the complainant, and within ten calendar days of the date of the appeal shall provide a written explanation of its findings and proposed remedies to the complainant and the aggrieved party, if other than the complainant, and to the resident representative, if any. Where appropriate due to the mental or physical condition of the complainant or aggrieved party, an oral explanation shall accompany the written one.
- G) The complainant or aggrieved party, if dissatisfied with the findings and remedies of the grievance committee or their implementation (except for grievances regarding practitioner or practitioner-prescribed treatment), may file the grievance in writing with the Executive Director of the Department within ten calendar days of receipt of the written findings of the grievance committee. The Department shall then investigate the facts and circumstances of the grievance and make written findings of fact, conclusions, and recommendations and provide them to the complainant, aggrieved party, resident representative, if any, and the facility administrator.
- H) If the complainant or facility administrator is aggrieved by the Department's findings and recommendations, he or she may request, within 30 calendar days of receipt of the findings and recommendations, that the Department set the matter for hearing pursuant to Section 24-4-105, C.R.S. Such hearing may be conducted by the Department, an administrative law judge from the Office of Administrative Courts or a hearing officer appointed by the Department.

15.5 RESIDENT ADVISORY COUNCIL

Each facility shall establish a resident advisory council consisting of no less than five members selected from the facility's residents.

- A) The council shall be conducted by residents. It shall have the opportunity to meet without staff present and shall meet at least monthly with the administrator and a staff representative to make recommendations concerning facility policies. Staff shall respond to these suggestions in writing by the next meeting. Minutes of council meetings shall be maintained and posted or otherwise available to residents.

- B) The council may present grievances to the grievance committee on behalf of residents.
- C) The council shall elect its officers and establish a process for obtaining views of facility residents.

15.6 RESIDENT TRANSFER, DISCHARGE OR ROOM CHANGE

- A) The following definitions apply to this section 15.6:
 - 1) "Discharge" means movement of a resident from a nursing care facility to a non-institutional setting when the discharging facility ceases to be legally responsible for the care of the resident.
 - 2) "Transfer" means movement of a resident from a nursing care facility to another institutional setting when the legal responsibility for the care of the resident changes from the transferring facility to the receiving facility.
 - 3) "Room change" refers to the movement of a resident from one room to another.
- B) A resident shall not be transferred or discharged unless:
 - 1) The transfer or discharge is necessary for the resident's welfare. Facilities that are certified to participate in the Medicaid and/or Medicare reimbursement program must also demonstrate that the resident's needs cannot be met in the facility,
 - 2) The transfer or discharge is only for medical reasons. Facilities that are certified to participate in the Medicaid and/or Medicare reimbursement program must also demonstrate that the resident's needs cannot be met in the facility,
 - 3) The transfer or discharge is necessary to preserve the welfare of other residents, or
 - 4) The resident has failed to pay for (or to have paid under Medicaid or Medicare) a stay at the facility.
 - a) Facilities that are certified to participate in the Medicaid and/or Medicare reimbursement program must also provide the resident with reasonable and appropriate notice regarding non-payment and its consequences at least 30 calendar days before initiating a transfer or discharge for non-payment.
- C) When a resident is transferred or discharged under any of the circumstances specified in 15.6(B), the facility shall ensure that the resident's health information record contains documentation from:
 - 1) The resident's practitioner when the transfer or discharge is for the reasons described in sections 15.6(B)(1), (2) or (3); and
 - 2) The nursing home administrator when transfer or discharge is for the reason described in section 15.6(B)(4).

- D) Whenever a resident is transferred or discharged for the reasons described in sections 15.6(B)(1), (2) or (3), the facility shall provide assessment and reasonable intervention prior to determining the need for the transfer or discharge. The assessment, attempted intervention and reason for the discharge or transfer shall be documented in the resident's health information record.
 - E) The facility shall provide reasonable advance notice to the resident and resident representative of its intent to transfer or discharge the resident. Reasonable advance notice means notice in writing at least 30 days before the transfer or discharge except in the following circumstances in which the professional staff determines there is an emergency, in which case the notice must be made as soon as practicable before the transfer or discharge:
 - 1) The safety of residents in the facility is endangered,
 - 2) The health of residents in the facility is endangered, and/or
 - 3) An immediate transfer or discharge is required by the resident's urgent medical needs.
 - F) The written notice shall be in a language and manner understandable to the resident and the resident representative, if applicable, and shall include:
 - 1) The reason for the transfer or discharge,
 - 2) The effective date of the transfer or discharge,
 - 3) The location to which the resident is transferred or discharged,
 - 4) The grievance procedure, and
 - 5) The following text:

“You have a right to appeal the nursing care facility's decision to transfer or discharge you. If you think you should not be transferred or discharged, you must appeal to _____ (staff designee) within 14 calendar days. If you do not wish to handle the appeal yourself, you may use an attorney, relative, or friend. If your appeal is not resolved to your satisfaction by the staff designee, you may appeal to the nursing care facility's grievance committee within 10 calendar days of receipt of the decision of the staff designee. If your appeal is not resolved to your satisfaction by the nursing care facility's grievance committee, you may appeal to the Executive Director of the Colorado Department of Public Health and Environment within 10 calendar days of receipt of the grievance committee decision. If you are not satisfied with the Executive Director's decision, you have 30 calendar days to request that the Department of Public Health and Environment set the matter for an administrative hearing. You may direct questions regarding this notice to the Department of Public Health and Environment at _____ (division name, address and phone number).”
- a) Nursing care facilities that are certified for Medicaid and/or Medicare reimbursement, must also add the following statement:

"In addition, if you have questions or complaints about the transfer or discharge or would like help to appeal, call or write the state or local Long-Term Care Ombudsman at _____(phone numbers/addresses)."

- b) If the resident who is being involuntarily transferred is a person with a developmental disability for whom an agency has been authorized by law as the agency responsible for advocacy and protection of the rights of persons with developmental disabilities, the nursing care facility must also furnish to resident and the resident representative, the following statement:

"In addition, if you have questions or complaints about the transfer or discharge or would like help to appeal, call or write the _____, (name, phone number and address of the agency.)"

- c) If the resident who is being transferred is a person with mental illness for whom an agency has been authorized by law as the agency responsible for the advocacy and protection of persons with mental illness, the nursing care facility must also furnish to the resident and the resident representative the following statement:

"In addition, if you have questions or complaints about the transfer or discharge or would like help to appeal, call or write the _____, (name, phone number and address of the agency.)"

- G) In cases where a resident is being involuntarily transferred or discharged from a nursing care facility that is certified to participate in the Medicaid and/or Medicare reimbursement program, a copy of the written notice (including the grievance and appeal rights, and current contact information for the state and local Long-Term Care Ombudsman) shall also be sent to the state and local Long-Term Care Ombudsman at the same time it is sent to the resident or as soon as the determination is made that the transfer or discharge is involuntary.
- H) A facility must provide sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility.
- I) When the facility intends to move a resident to another room in the facility without the resident's consent, the facility shall provide the resident and resident representative with written notice of such intent to be received at least five calendar days before such move, including an explanation of their right to appeal.
- J) A resident shall not be involuntarily transferred, discharged, or moved to another room within the facility until:
- 1) The expiration of the facility notice period, and
 - 2) The time for filing a grievance or appeal has expired, or
 - 3) The grievance or appeal has been resolved.

15.7 RESIDENT RELOCATION

If a facility intends to close or change bed classification, it shall notify the Department of Public Health and Environment and the Colorado Department of Health Care Policy and Financing, if it has Medicaid residents, at least 60 days before it expects to cease or change operations and at least seven calendar days before it notifies residents and families.

- A) The facility shall appoint one staff person to coordinate resident relocation activities.
- B) If the facility has Medicaid residents, it shall review its relocation plan with the Department of Health Care Policy and Financing.
- C) Any facility certified for participation in Medicaid shall follow the relocation procedures required by the Department of Health Care Policy and Financing. Other facilities shall provide for an orderly relocation of residents, designed to minimize risks and ensure optimal placement of all residents, in coordination with the Department of Public Health and Environment, the state and/or local Long-Term Care Ombudsman and local public and private social services agencies.

SECTION 16 EMERGENCY SERVICES

16.1 EMERGENCY CARE POLICIES

The facility shall complete a risk assessment using an all hazards preparedness approach. The facility shall develop and follow detailed written policies and procedures for missing residents and for care of all residents to meet the risks identified by the facility. Emergency policies shall be tailored to the geographic location of the facility; types of residents served and unique risks and circumstances identified by the facility. Policies shall take an all hazards preparedness approach and shall address:

- A) Arrangements, developed in consultation with the medical director, for necessary medical care when a resident's practitioner is unavailable;
- B) Subsistence needs of residents, staff and visitors;
- C) Procedures and training programs that cover immediate care of residents during natural or man-made disasters;
- D) Power needs with emergency and standby power systems;
- E) Availability and transfer of all information necessary to meet the needs of the residents in the event of an evacuation while maintaining confidentiality standards;
- F) Evacuation plans with alternate facility agreements; and
- G) Notification of persons, suppliers and agencies in an emergency.

16.2 DISASTER PLANS

With the assistance of qualified experts, the facility shall develop written plans for protection of persons within the building during an impending or actual disaster. Plans shall include:

- A) Written instructions for each identified risk that include persons to be notified and steps to be taken. The instructions shall be readily available 24 hours a day in more than one location with all staff aware of the locations;

- B) A schematic plan of the building or portions thereof posted at each nurses' station and throughout the building, as needed, showing evacuation routes, smoke stop and fire doors, exit doors, and the location of fire extinguishers and fire alarm boxes;
- C) Procedures for evacuating the premises;
- D) Assignment of specific tasks and responsibilities to the personnel on each shift;
- E) An emergency preparedness communication plan;
- F) Protection and transfer of health information as needed to meet the care needs of residents;
- G) Provision for care of residents when electronic and paper health information records may not be accessible;
- H) Provision for unannounced drills and instruction to keep employees informed of their duties;
- I) Provisions for conducting simulated fire drills at least quarterly on each shift;
- J) Periodic testing of power systems and electronic record back-ups to ensure operability; and
- K) Written memorandums of understanding with alternate health facilities and coordination with other community agencies.

16.3 MASS CASUALTY PLAN

Each facility shall develop a written mass casualty plan for managing residents and treating casualties in an external or community disaster. The program shall be developed in cooperation with other health facilities in the area and with official and other community agencies.

SECTION 17 HEALTH INFORMATION RECORDS

17.1 RECORD CONTENT

The facility shall maintain on its premises a health information record for each resident. The record and the resident for which it is maintained shall be identified by a separate, unique number. The record shall contain sufficient information to identify the resident; provide and support resident diagnoses; and include orders for medications, treatments, restorative services, diet, special procedures and resident engagement. It shall include a care plan and discharge plan and indicate in progress notes from all applicable disciplines the resident's progress at appropriate intervals. The components of the record may be kept separately as long as they are readily retrievable.

- A) All orders for diagnostic procedures, treatments, and medications shall be entered into the health information record and authenticated and signed by the practitioner, except that orders for dental procedures shall be authenticated and signed by a dentist. All reports of x-ray, laboratory tests, EKG, and other diagnostic tests shall be authenticated by the person or entity submitting them and incorporated into the health information record within two days after receipt by the facility.

- B) All entries in the health information record shall be current, dated, and signed or authenticated. The responsibility for completing the health information record rests with the attending practitioner and the facility administrator. Authentication of the health information record shall be accomplished by hand written signature, identifiable initials or digitized electronic signature.
- C) A completed health information record shall be maintained on every resident from the time of admission through the time of discharge. All health information records shall contain the following items.
 - 1) Identification and summary sheet (face sheet) that includes:
 - a) Resident's legal name, preferred name, health information record number social security number, health insurance information, marital status, age, race, home address, date of birth, religion, lifetime occupation, gender and language;
 - b) Name, address and phone number of attending practitioner(s);
 - c) Name of medical power of attorney, next of kin and/or resident representative, if known;
 - d) Date and time of admission and discharge;
 - e) Place admitted from and discharged to; and
 - f) Admitting diagnosis, final diagnosis(es), condition on discharge and disposition
 - (2) Medical data that includes:
 - a) Past medical history;
 - b) Advance directives and legal authority documentation;
 - c) Documentation of an initial comprehensive physician visit within 30 days of admission and re-admission based on resident need and at least annually;
 - d) Informed consents, releases and notifications;
 - e) Practitioner orders of all medications, treatment, diet, restorative and special procedures;
 - f) Reports of any special examinations, including laboratory and x-ray reports;
 - g) Reports of consultations by consulting practitioners, if any;
 - h) Reports from all consulting persons and agencies, if any;
 - i) Reports of special treatments, such as physical, occupational, speech or respiratory therapy;
 - j) Hospice, dialysis, ulcer and/or wound care;

- k) Dental reports, if any;
 - l) Treatment and progress notes written and signed by the practitioner at the time of each visit,
 - m) Hospital discharge summary sheet and transfer form when applicable; history and physical; surgical report when applicable; and pertinent medication and fluid administration (including names and dates of intravenous medication);
 - n) Care plans;
 - o) Interdisciplinary discharge summaries;
 - p) Physician discharge summary including final diagnoses and, when applicable, cause of death;
 - q) Transfer records; and
 - r) When applicable, mortician receipt of body and any possessions included.
- 3) Plans and notes of the social service and resident engagement, including social history, social services assessment/plan, progress notes, resident attendance records, activities assessment/plan and activities progress notes;
 - 4) Nutritional assessments and progress notes of the dietary service;
 - 5) Documentation of accidents or incidents experienced by the resident; and
 - 6) Nursing records, dated and signed by nursing personnel, that include the resident assessment, all medications and treatments administered, special procedures performed, notes of observations, restorative services and the time and circumstances of discharge or death.

17.2 RECORD STORAGE

The facility shall provide a health information record room or other health information record accommodation, supplies and equipment adequate for health information record functions and protection of resident privacy and confidentiality regardless of the form or storage method of records.

- A) Health information records shall be maintained and stored safely out of direct access of water, fire and other hazards, for privacy and protection from loss, damage, and unauthorized access or use. Electronically stored records shall be backed up daily and secured from unauthorized access and loss.
 - 1) A privacy officer or other designated staff person shall be appointed to ensure the privacy of health information records in all formats; protect all facility held personal health information; and handle amendments to and accounting of health information records.

- B) Custody of health information records shall be the responsibility of the privacy officer or other designated staff person appointed to assess risks and manage the security of health information records in all formats. Current purged and closed paper records must be secured with double locks. Electronic equipment needed for the creation and maintenance of an electronic health information record must be secured from unauthorized access and use and protected from loss. Electronic equipment includes servers, computers, laptops, tablets, pdas, smart phones and cameras.

17.3 RECORD PRESERVATION

All health information records shall be completed no later than 30 calendar days following resident discharge; filed, archived and reproducible for ten years after the date of the last discharge.

17.4 RECORD MAINTENANCE

The facility shall identify and make provisions for the complete and accurate maintenance of the resident health information record to ensure privacy, confidentiality and security standards.

17.5 STAFFING

The facility shall employ health information management staff in sufficient number to meet the needs of the facility. Staff members shall be considered qualified if they meet either of the criteria below.

- 1) A Registered Health Information Administrator (RHIA) or Registered Health Information Technician (RHIT) with either one year of experience in a nursing care facility or, if no experience in a nursing care facility, regular consultations for one year with a qualified RHIA or RHIT, or
- 2) Dedicated staff member(s) with one year work experience and/or training in health information management and regular consultations from a qualified RHIA or RHIT.

17.6 STAFF RESPONSIBILITIES

Health information staff shall be responsible for all of the following items:

- A) The auditing, maintenance, supervision, coding, closing, scanning, filing and providing secure storage of all resident health information records.
- B) Providing access to and release of health information per Section 25-1-801, C.R.S.
- C) Reporting to the nursing home administrator any irregularities identified during audits, surveys or other investigations by the Department.
- D) Obtaining, maintaining and securing current credentialing documentation for all non-employee practitioners, consultants and other licensed professionals who provide services in the facility including, when applicable, the following:
 - 1) DEA license;
 - 2) NPI number;
 - 3) Medicaid provider number;

- 4) Liability insurance information;
 - 5) Proof of monthly Office of Inspector General (OIG) exclusion list checks and annual enrollment checks through the internet-based Provider Enrollment, Chain and Ownership System (PECOS) as required by federal regulation; and
 - 6) Tuberculosis test results and annual influenza vaccination documentation.
- E) Obtaining authentication of signature and initials from each practitioner, consultant and other licensed professional who provides services to residents. For electronic health information records, an electronic signature agreement shall be obtained stating electronic record access and passwords will not be shared.
- F) Implementation of health information record disaster plans to meet the needs of the residents during emergencies.

17.7 NURSING CARE FACILITY RECORDS

The facility shall maintain, with current information, the following records:

- A) Daily census including current resident room numbers;
- B) Admission and discharge registries;
- C) Master resident index;
- D) Resident number index;
- E) Disease index by ICD code; and
- F) File of all accident and incident reports including, without limitation, those required by 6 CCR 1011-1, Chapter 2, Part 4.2.

SECTION 18 OCCUPATIONAL, PHYSICAL AND SPEECH THERAPY

18.1 SERVICES

The facility shall provide or make arrangements for referral to occupational, physical and/or speech therapy services for all residents with practitioner orders for such therapy.

- A) The facility shall have written policies approved by the governing body identifying the organization, administration, performance standards, direction and supervision of therapy care for residents.

18.2 THERAPIST QUALIFICATIONS

- A) Occupational therapy shall only be provided by an occupational therapist licensed or authorized by the Colorado Department of Regulatory Agencies. All personnel assisting residents with occupational therapy shall do so only under supervision of a licensed occupational therapist.
- B) Physical therapy shall only be provided by a physical therapist licensed by the Colorado Department of Regulatory Agencies. All personnel assisting residents with physical therapy shall do so only under supervision of a licensed physical therapist.

- C) Speech therapy shall only be provided by a speech-language pathologist certified by the Colorado Department of Regulatory Agencies. All personnel assisting residents with speech therapy shall do so only under the supervision of a certified speech-language pathologist.

18.3 RECORDS

Therapy records shall include the practitioner's order for treatment, signed plan of care, resident progress notes, and results of special tests and measurements.

18.4 COMMUNICATION

The facility shall ensure that the therapist communicates to the facility the resident's condition and response to treatment within 14 days of initiation of treatment and every 30 days thereafter while treatment continues.

18.5 SPACE AND EQUIPMENT

The facility shall provide space, appropriate equipment and storage areas adequate for therapy on all referred residents. Services shall be provided in an area readily accessible to residents. Equipment shall be properly maintained to ensure safety of residents and staff.

SECTION 19 PHARMACEUTICAL SERVICES

19.1 ORGANIZATION

The pharmaceutical services of the facility shall be organized and maintained exclusively for the benefit of the facility's residents.

- A) The pharmaceutical service shall be supervised by a consultant pharmacist licensed to practice pharmacy in the State of Colorado.
 - 1) In the event of a conflict between the rules in this section regarding pharmaceutical services and the Colorado Board of Pharmacy rules at 3 CCR 719-1, the latter shall control.
- B) All compounding and dispensing shall be from a pharmacy licensed by the Colorado Board of Pharmacy in accordance with all pharmacy laws and regulations.

19.2 ADVISORY COMMITTEES

- A) The facility shall establish a pharmaceutical advisory committee that includes a registered nurse, the consulting pharmacist and the medical director, to assist in the formulation of professional policies and procedures relating to pharmaceutical service in the facility.
- B) The facility shall establish a psychotropic advisory committee that includes, at a minimum, a registered nurse, the consulting pharmacist, the medical director and a social worker.

19.3 MEDICATION REQUISITION AND STORAGE POLICIES

The facility shall designate in written policies, approved by the governing body, the person authorized to requisition, receive, control and manage medications.

- A) Resident medications shall be obtained from a licensed pharmacy on an individual prescription basis for each resident.
- B) Medications brought into a facility by a resident shall be in the original packaging with legible directions for administration.
- C) Unless the facility uses a unit dose system, each resident medication shall be stored in individual, originally received containers or "blister" or "bubble" cards that are clearly and legibly labeled with the medication name, strength, dosage frequency and mode of administration; date of issue and expiration; name of prescribing practitioner or dentist; dispensing pharmacy name, address and telephone number; and the full name of the resident for whom the medication is prescribed.
- D) The facility shall protect each resident's medications from use by other residents, visitors, and staff.

19.4 CONSULTING PHARMACIST

The facility shall contract in writing with a licensed pharmacist or pharmacy to provide consultant pharmacist service to be responsible for all pharmaceutical matters in the facility. The contract shall set forth the fees to be paid for services and the pharmacist's responsibilities, including at least the following:

- A) Legal compounding;
- B) Prompt dispensing of properly labeled individual resident prescriptions;
- C) Inventory control;
- D) Establishment of necessary records;
- E) Periodic inspection of all pharmaceutical supplies, medications and procedures on all resident care units including inspection of prescription labels, expiration dates, storage and emergency kit procedures;
- F) Provision of an emergency medical kit, which remains the property of a licensed pharmacy approved by the pharmaceutical advisory committee and the Colorado State Board of Pharmacy;
- G) Regularly scheduled visits and consultations and at least annual in-service training to staff;
- H) Determination of proper procurement and maintenance of all prescriptions and other medications;
- I) Development of proper accounting procedures for controlled substances and legend medications;
- J) Evaluation of the policies of the pharmaceutical advisory committee; and
- K) Quarterly reports to the pharmaceutical advisory committee on the status of pharmacy services.

19.5 TELEHEALTH

The consulting pharmacist may utilize telehealth for the performance of any task set forth in these regulations except those tasks where the regulations specifically require in-person inspection or face to face evaluation.

19.6 CONTROLLED SUBSTANCES

Only practitioners authorized under the laws of the State of Colorado and properly registered with the federal government shall prescribe controlled substances. The facility shall comply with all federal and state laws and regulations relating to procurement, storage, administration and disposal of controlled substances. Unless the facility uses a unit dose system, it shall maintain a record on a separate sheet for each resident receiving a controlled substance, which contains the name of the controlled substance; strength and dosage; date and time administered; resident name; name of prescribing physician or advance practice nurse; signature of person administering and the quantity of the controlled substance remaining.

19.7 INVESTIGATIONAL MEDICATIONS

- A) If investigational medications are used, policies and procedures shall be developed and implemented for safe and proper use.
- B) Investigational medications shall be used only:
 - 1) When there is written approval of an Institutional Review Board (IRB), established in accordance with federal law and regulation; and
 - 2) Under the supervision of a member of the medical staff and administered in accordance with an IRB approved protocol.

19.8 DISPOSITION OF MEDICATIONS, MEDICAL DEVICES AND MEDICAL SUPPLIES

- A) If controlled substances (Schedules 2 through 5) are being held by a facility on behalf of a resident and the controlled substances are no longer needed, the facility shall conduct on-site destruction of the controlled substances as follows:
 - 1) The facility shall properly inventory the destruction and keep the inventory copy on file for at least two years;
 - 2) Destruction of controlled substances shall be witnessed and documented in writing by the administrator or designee and two clinically licensed individuals; and
 - 3) The destruction shall be performed in a manner that renders the controlled substances totally irretrievable.
- B) Once a DEA controlled substance, or any medication requiring disposal, has been rendered totally irretrievable, the facility shall comply with all applicable federal, state, and local laws including solid and hazardous waste disposal regulations.

- C) If a facility meets the criteria in 6 CCR 1011-1, Chapter 2, Part 7.202, it may return unused medications or medical supplies and used or unused medical devices to a pharmacist within the facility or to a prescription drug outlet in order for the materials to be re-dispensed to another resident or patient, or donated to a nonprofit entity that has the legal authority to possess the materials or to a practitioner authorized by law to dispense the materials.
 - 1) A person or entity is not subject to civil or criminal liability or professional disciplinary action for donating, accepting, dispensing or facilitating the donation of material in good faith, without negligence, and in compliance with Colorado law.

19.9 MEDICATION RELEASE

Upon discharge, the facility staff shall release medications to a resident only with written practitioner authorization.

19.10 RESIDENT MEDICATION PROFILE RECORD

The dispensing pharmacist shall maintain medication profile records on each resident for whom medications are dispensed.

SECTION 20 DIAGNOSTIC SERVICES

20.1 POLICIES

The facility shall establish and follow policies for obtaining clinical laboratory, imaging and other diagnostic services.

20.2 PRACTITIONER ORDERS

Diagnostic services shall be provided only on the order of the attending practitioner.

20.3 TRANSPORTATION

The facility shall assist residents to make arrangements for transportation of residents and/or laboratory specimens to and from the source of diagnostic services.

SECTION 21 PHYSICAL PLANT STANDARDS

21.1 COMPLIANCE WITH FGI GUIDELINES

Any construction or renovation of a nursing care facility initiated on or after July 1, 2020, shall conform to Part 3 of 6 CCR 1011-1, Chapter 2, unless otherwise specified in this current Chapter.

SECTION 22 RESIDENT CARE UNIT

- 22.1 A resident care unit is a designated area of a nursing care facility consisting of a bedroom or a grouping of bedrooms with supporting facilities and services that are planned, organized, operated and maintained to provide adequate nursing and supportive care of not more than 60 residents.

22.2 PRIVATE AND MULTI-BED ROOMS

The nursing care facility shall provide private and/or multi-bed rooms to meet resident needs. There shall be no more than four beds per room.

- A) Minimum room area, exclusive of closets, lockers, wardrobes of any type, vestibules and toilet rooms, shall be 100 sq. ft. for one-bed rooms and 80 sq. ft. per bed in multi-bed rooms.
- B) Privacy shall be provided for each resident in a multi-bed room by the installation of opaque flame retardant cubicle curtains or movable screening.
- C) Each bedroom shall have an exterior window. One-half of the required window area shall open without the use of tools. If a mechanical ventilation system is provided, a portion of the required window shall open without the use of tools. Privacy for the resident and control of light shall be provided at each window.
- D) Each bedroom shall have direct entry from a corridor.
- E) Artificial light shall be provided and include:
 - 1) General illumination;
 - 2) Other sources of illumination for reading, observation, examinations and treatments; and
 - 3) Night light controlled at the door of the bedroom.
- F) A sink complete with mixing faucet, easy-to-use controls, sanitary soap and a method for sanitary hand-drying shall be provided in each bedroom.
- G) A toilet room, directly accessible from each bedroom, without going through a general corridor, shall be provided.
 - 1) There may be one toilet for two resident rooms but not more than four beds.
 - 2) The minimum dimensions for any room containing only one toilet room shall be 3 feet by 6 feet.
 - 3) The door to the toilet room shall be at least 2 feet, 10 inches in width and shall not swing into the toilet room unless provided with rescue hardware permitting the door to swing outward.
 - 4) The toilet room shall contain a toilet, preferably with bedpan flushing equipment, and grab bars that are securely installed and strong enough to support a resident's weight shall be conveniently located for the safety of residents.
- H) Bedrooms shall be equipped with movable furniture and equipment with the following for each resident:
 - 1) Adjustable, washable bed (roll away type beds, cots and folding beds shall not be used), mattress protected by water-proof material, mattress pad and a comfortable pillow;
 - 2) Cabinet or bedside table;

- 3) Over bed table as applicable;
 - 4) Waste paper receptacle with impervious, disposable liner or disposable waste receptacle;
 - 5) Personal care equipment as needed; and
 - 6) Storage facilities adequate for residents' personal articles and grooming.
- I) Each bedroom shall be provided with a separate closet or locker for each resident. The minimum size of closet or locker in a nursing care facility shall be 1 foot, 8 inches wide by 1 foot, 10 inches deep with full length hanging space, clothes rod and shelf.
- J) Each resident room shall be equipped with a communication system to allow residents to call for staff assistance. The system shall be capable of activation from the resident's bed, with emergency activation from the toilet room, and each tub and shower. The system shall notify staff of a request for assistance via audible, visual or electronic means.

22.3 SERVICE AREAS

The following service areas shall be provided on each floor where residents reside and located conveniently for patient care.

- A) There shall be a staff work area in each resident care unit, along with access to toilet facilities other than those in resident rooms.
- B) There shall be a medication preparation area equipped with:
- 1) Cabinets with suitable locking devices to protect medications stored therein;
 - 2) Refrigerator equipped with thermometer and used exclusively for pharmaceutical storage;
 - 3) Counter work space;
 - 4) Sink with hand washing facilities; and
 - 5) Ready access to medication reference manuals.
- C) Only medications, equipment, and supplies for their preparation and administration shall be stored in the medication preparation area. Test reagents, general disinfectants, cleaning agents, and other similar products shall not be stored in the medication area.
- D) There shall be a storage area in each resident care unit for clean linen that is used on a routine basis. The room shall be equipped with:
- 1) Counter, sink with mixing faucet, easy to use controls, sanitary soap and a method for sanitary hand-drying;
 - 2) Waste container with cover (foot controlled recommended) and impervious, disposable liner; and
 - 3) Area for supplies.

- E) There shall be a soiled holding room equipped with:
 - 1) Suitable counter, double-sink with mixing faucet, easy to use controls, sanitary soap and a method for sanitary hand-drying;
 - 2) Waste container with cover (foot controlled recommended) and impervious, disposable liner;
 - 3) Space for short-time holding of specimens awaiting delivery to laboratory;
 - 4) Adequate shelf and counter space; and
 - 5) Clinical flushing sink.
- F) There shall be a utility closet equipped with:
 - 1) Sink, preferably depressed or floor mounted, with mixing faucets;
 - 2) Hook strip for mop handles from which soiled mop heads have been removed;
 - 3) Shelving for cleaning materials;
 - 4) Hand washing facilities; and
 - 5) Waste receptacles with impervious liner.
- G) Hallways shall be free of obstructions such as furniture, medical supplies and equipment.

22.4 BATHING ROOMS

Resident bathing rooms shall be provided in the ratio of one tub or one shower for each 15 residents and meet the following criteria:

- A) Grab bars shall be securely installed at each tub or shower and be strong enough to support a resident's weight.
- B) Tubs shall have a non-slip surface.
- C) The room shall provide privacy and be sufficiently large to provide space for wheelchair movement.
 - 1) The entry door shall be at least 36 inches in width.
 - 2) Curbs shall be omitted from showers.
- D) The bathing area shall also contain a toilet and sink with mixing faucet, easy to use controls, sanitary soap and a method for sanitary hand-drying.

22.5 EMERGENCY EQUIPMENT AND SUPPLIES

- A) The following items shall be readily available at all times:
 - 1) Oxygen delivery devices;
 - 2) Suction devices;

- 3) Portable emergency equipment, supplies and medications; and
- 4) Compatible supplies and equipment for immediate intravenous therapy.

SECTION 23 SECURE ENVIRONMENT

23.1 COMPLIANCE

Any facility that has one or more resident care units that are secured to prohibit free egress of residents shall comply with the standards in this section in addition to all other applicable requirements of this chapter.

- 23.2 There shall be a designated team to evaluate placement of a resident in a secure environment. The team shall include, at a minimum, the director of nursing or designee, a social services staff member, the administrator or designee and an individual (with mental health or social work training as appropriate to the needs of the residents) who is not a facility staff member.

- A) In emergent situations, initial placement may proceed without the input of a non facility staff member provided a full team evaluation is completed within seven days of placement.
- B) A placement facility as defined in section 2 of this chapter shall have an individual from its contracting designated facility on the evaluation team for evaluations of clients referred by the designated facility.

23.3 MENTAL HEALTH PLACEMENT FACILITIES

Any facility that is a placement facility as defined in this chapter shall also comply with 2 CCR 502-1, section 21.280, Care and Treatment of Persons with a Mental Health Disorder in a Designated Facility. In the case of conflicting regulations, the stricter shall apply.

23.4 PRE-ADMISSION SCREENING AND PLACEMENT

- A) In order to place a resident into a secure environment, the facility shall ensure that all of the following requirements are met:
 - 1) An evaluation team finds, based on available evidence, that:
 - a) The resident is a serious danger to self or others, or
 - b) The resident habitually wanders or would wander out of buildings and is unable to find the way back, or
 - c) The resident has a significant behavioral health issue that seriously disrupts the rights of other residents; and in all cases
 - d) Less restrictive alternatives have been unsuccessful in preventing harm to self or others.
 - 2) A practitioner has authenticated the placement;
 - 3) Written findings and the factual basis for the placement are documented in the health information record; and

- 4) The resident or resident representative has given informed, written consent.
 - a) If the placement team designated in section 23.2 determines that a resident lacks the requisite decisional capacity to make an informed placement decision and has no resident representative, the facility shall, within 30 days of placement, petition the appropriate court to have a guardian appointed for the resident.
 - B) Placement in a secure environment shall be based solely on the physical and psychosocial needs of the resident and shall be the least restrictive alternative available.
- 23.5 A facility shall have written programs to support the residents it admits, as required by section 23.9.
- 23.6 Residents of a secure environment shall be allowed to have visitors and participate in organized activities.
- 23.7 PLACEMENT EVALUATION
- A) A resident's placement in or restriction to a secure environment shall terminate in a timely manner when the condition or behavior justifying the placement have diminished to the extent that the criteria in section 23.4(A)(1) are no longer met, or when consent is terminated or withdrawn, or if the facility and practitioner determine that such continued placement could adversely affect resident health or safety.
 - 1) The facility shall provide the same notice and appeal rights required by section 15.6(E) and (F) before moving a resident out of a secure environment.
 - B) The evaluation team described in section 23.2 shall re-evaluate the placement of each resident 30 days after initial placement and no less often than every 180 days thereafter.
 - 1) Individuals under involuntary mental health placement under Section 27-65-101, C.R.S., et seq., shall be evaluated in accordance with 2 CCR 502-1, §21.280 Care and Treatment of Persons With a Mental Health Disorder in a Designated Facility.
 - C) For residents with behavioral health issues whose conditions have stabilized, the facility may continue placement in the secure environment if the evaluation team finds that placement is necessary to meet the resident's individual needs.
- 23.8 STAFFING
- The facility shall provide a sufficient number of qualified staff to meet fully the needs of residents in the secure environment, particularly on the night shift.
- A) Staff in the secure environment shall be experienced and trained in the particular needs and care of its residents.
 - B) For residents in the secure environment, the facility shall ensure there is time and staff dedicated to meet the social, emotional and recreational needs of the residents and the social and emotional needs of their families in coping with the resident's illness.
 - C) For residents with mental illness, the facility shall provide staff who have demonstrated knowledge and skill in caring for residents with mental illness.

23.9 PROGRAMS

In addition to meeting the special medical and nursing needs of each resident in the secure environment, the facility shall provide social services and activity programs especially designed for those residents to avoid programmatic isolation.

- A) Activities and social services programs shall include the opportunity for regular interaction with residents not residing in the secure environment and regular interaction with the community outside the facility.

23.10 SECLUSION

Residents of the secure environment may not be locked into their rooms. If a placement facility confines to a room any individual who is under involuntary mental health placement, the facility shall comply with 2 CCR 502-1, Section 21.280.42, Use of Seclusion.

23.11 PHYSICAL SPACE

In addition to the physical plant requirements of these regulations, the facility shall provide at least 10 square feet per resident (excluding hallways) of common areas within the secure environment.

- A) The facility shall identify its method for securing the area and establish and implement procedures for monitoring the effectiveness of the security system.
- B) Any facility that has an outside area or yard that residents in the non-secure areas of the facility may use shall establish a secure outside area for residents of the secure environment.

SECTION 24 HOUSEKEEPING SERVICES

24.1 ORGANIZATION

Each facility shall establish an organized housekeeping service that keeps the facility clean, orderly and free from odor resulting from poor housekeeping practices.

- A) The facility shall provide a sufficient number of housekeeping personnel and adequate equipment.
- B) Deodorizers shall not be used to cover up odors caused by unsanitary conditions or inadequate housekeeping practices.

24.2 EQUIPMENT AND SUPPLIES

Suitable equipment and supplies shall be provided for cleaning of all surfaces. Such equipment shall be maintained in a safe, sanitary condition.

24.3 DISINFECTANTS

Disinfectants shall be only those registered by the manufacturer with the United States Environmental Protection Agency.

24.4 STORAGE

Storage areas, attics, and cellars shall be kept safe and free from accumulations of extraneous materials such as refuse, discarded furniture and old newspapers.

- A) Combustibles such as cleaning rags and compounds shall be kept in closed metal containers.
- B) Cleaning compounds and other hazardous substances (including products labeled "Keep out of reach of children" on their original containers) shall be clearly labeled to indicate contents and (except when a staff member is present) shall be stored in a location sufficiently secure to deny access to confused residents.
 - 1) The facility shall maintain a readily available list and the material safety data sheet of potentially hazardous substances used by housekeeping and other staff.
 - 2) Utility rooms used for storing disinfectants and detergent concentrates, caustic bowl and tile cleaners and insecticides shall be locked.
- C) Paper towels, tissues and other absorbent paper goods shall be stored in a manner that prevents their contamination prior to use.

24.5 CLEANING METHODS

Cleaning shall be performed in a manner to minimize the spread of pathogenic organisms. Floors shall be cleaned regularly.

24.6 FLOOR SURFACES

Uncarpeted floors and adjacent base coving shall be maintained to provide a smooth, continuous, washable surface that is free of discoloration or staining. Polishes applied to uncarpeted floors shall provide a nonslip surface. Throw or scatter rugs shall not be used except for nonslip entrance mats.

24.7 TRAINING AND SUPERVISION

Housekeeping personnel shall receive adequate supervision. Initial and annual in-service training programs shall be provided for housekeeping personnel.

SECTION 25 LINEN AND LAUNDRY

25.1 LAUNDRY SERVICES

The facility shall provide laundry services, and/or contract with a commercial laundry, with washing, drying, and ironing equipment of sufficient capacity to process a continuous seven-day supply based on ten pounds of dry laundry per bed per day.

- A) Laundry equipment shall meet all safety and sanitary requirements. The equipment shall be designed and installed to comply with all state and local laws.
- B) Laundry equipment, processing, and procedures shall render soiled linen and patient clothing clean and free from detergent, soap, and other chemical residues.

- C) If laundry services are not provided entirely within the facility, there shall be a written contract between the facility and a commercial laundry service that ensures compliance with section 25.1(B).
- D) With the exception of laundry amenities used solely for resident's personal effects, laundry equipment and operations shall be located in an area separated from resident care units.
- E) There shall be proper spacing and placing of the equipment to minimize material transportation and operation; to avoid all cross traffic between clean and soiled linen; to provide balance of operations; and to provide storage between operations. The general air movement shall be from the cleanest areas to the most contaminated areas. Soiled laundry shall be processed frequently enough to prevent excessive unsanitary accumulations.

25.2 WASHING TEMPERATURE

The water temperature and duration of washing cycle shall be consistent with the temperature and duration recommended by the manufacturers of the laundry chemicals and equipment being used.

25.3 RESIDENT LINEN SUPPLY

Linen supply (top and bottom sheets, pillowcases, washcloths, bath and face towels) shall be at least three complete changes times the number of licensed beds. All linens shall be maintained clean, in good repair.

25.4 SOILED LINEN HANDLING

In removing and handling soiled linen from a bed, there shall be minimal shaking of the linen. Soiled linen, including blankets, shall be placed in bags tightly closed before removal from a bedroom. The bags shall remain closed and shall be removed from the resident care unit at least every eight hours.

25.6 INFECTIOUS DISEASE LINEN

All linens and blankets from residents with infectious disease shall be placed in bio-hazardous bags and transported in these closed bags. Measures shall be taken to ensure the disinfection of contaminated laundry and protection of persons doing laundry.

25.7 SORTING AND PRE-RINSING

Pre-rinsing, sorting and all other linen and laundry operations shall be confined to the laundry facility and shall not be permitted in the resident's room, bathtub, shower, lavatory or utility closets.

25.8 LAUNDRY CHUTES

If laundry chutes are used, all soiled linen, clothing and other items deposited in them shall first be enclosed in bags before placing them in chute. Laundry chutes shall be regularly cleaned.

25.9 SOILED LAUNDRY CARTS

Carts and hampers used to transport soiled laundry shall be covered and constructed of or lined with impervious materials, cleaned and disinfected after use, and used only for transporting soiled laundry.

25.10 SOILED LINEN STORAGE

The facility shall provide a separate soiled linen storage and sorting area, mechanically ventilated to the outside atmosphere. No re-circulation of air from this area is permitted.

25.11 RESIDENT CLOTHING

Resident clothing and laundry shall be processed and stored in a manner so that personal items are readily identifiable.

25.12 CLEAN LINEN STORAGE

A clean linen folding/storage room shall be provided as part of the laundry area, located adjacent to the drying equipment. Positive pressure shall be maintained in this area.

25.13 CLEAN LINEN HANDLING

Clean linen shall be transported in a manner that preserves its clean condition so that it is clean at the site of its use.

SECTION 26 INFECTION CONTROL

26.1 INFECTION CONTROL PROGRAM

The facility shall have an infection control program that provides annual in-service training on infection control and shall have current infection control policies and procedures available to all staff members.

26.2 POLICIES

The facility shall have and follow written policies, approved by the governing body, addressing the transmission of communicable diseases with a significant risk of transmission to other persons and for reporting diseases to the state and/or local health department, pursuant to 6 CCR 1009-1, Rules and Regulations Pertaining to Epidemic and Communicable Disease Control.

26.3 The facility's written policies and procedures regarding infection control shall be consistent with the Centers for Disease Control and Prevention (CDC): Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, 2007, and Guidelines for Environmental Infection Control in Health-Care Facilities, 2003, which are incorporated by reference consistent with section 1.3 of this chapter.

A) Those policies and procedures shall include at a minimum, all of the following criteria:

- 1) Staff shall exercise caution when handling sharp objects such as needles around residents. Needles shall not be recapped, broken off or disposed of in other than puncture-proof containers.
- 2) Linen and clothing of residents with communicable infections shall be washed in a manner that ensures disinfection.

- 3) Staff shall wear disposable gloves when handling items soiled with blood or body fluids.
- 4) Resuscitation equipment shall be immediately available in the event its use becomes necessary.
- 5) Wearing disposable gloves, staff shall immediately clean up spills of blood or bodily fluid from residents with communicable infections. Staff shall then disinfect the contaminated area using an appropriate concentration of a disinfectant certified by the manufacturer to be effective as used.
- 6) All disposable equipment containing infective waste shall be disposed of in the room where it is used in sturdy plastic bags and then re-bagged outside the room. It shall either be autoclaved or incinerated prior to disposal in a sanitary landfill.
- 7) Facility access of non-resident individuals with contagious conditions shall be restricted until those individuals are no longer contagious, the infectious period has expired or personal protective equipment is provided.

26.4 RESIDENT ISOLATION

Facilities shall provide for the isolation of residents with communicable diseases where appropriate. Individual resident factors are important determinants of infection transmission risks and the need for a single room and/or private bathroom for any resident is best determined on a case-by-case basis.

26.5 SANITATION OF NURSING AND RESIDENT CARE EQUIPMENT

Nursing and resident care equipment shall be properly cleaned, sanitized, disinfected or sterilized, and stored.

- 26.6 DISPOSABLE EQUIPMENT AND SUPPLIES. Single service disposable care equipment shall be used only once and shall be disposed of in an approved manner. Reusable disposable care equipment shall be used only for the resident to whom assigned. Disposable sterile equipment shall be certified by the distributor as sterile and be destroyed after initial use.

26.7 HANDWASHING

Personnel shall wash their hands before and after contact with a resident, after contact with a contaminated object or waste and adhere to the CDC Guidelines for Hand Hygiene in Health-Care Settings, 2002, which is incorporated by reference consistent with section 1.3 of this chapter.

26.8 SANITATION OF AIR

Design, installation, and operation of heating/cooling/ventilation system shall ensure adequate microbial control of the air.

26.9 PETS

The facility shall ensure that pet animals either residing at or visiting the facility have been appropriately vaccinated and licensed.

SECTION 27 PEST CONTROL

- 27.1 The facility shall have written policies and procedures that provide for effective control and eradication of insects, rodents and other pests.
- 27.2 The facility shall have a pest control program provided by maintenance personnel or by contract with a pest control company using the least toxic and least flammable effective pesticides. The pesticides shall not be stored in patient or food areas and shall be kept under lock and only properly trained responsible personnel shall be allowed to apply them.
- 27.3 Screens or other pest control measures shall be provided on all exterior openings except where prohibited by fire regulations. Facility doors, door screens and window screens shall fit with sufficient tightness at their perimeters to exclude pests.

SECTION 28 WASTE DISPOSAL

28.1 SEWAGE AND SEWER SYSTEMS

All sewage shall be discharged into a public sewer system, or if such is not available, disposed of in a manner approved by the State and local health authorities and the Colorado Water Quality Control Commission.

- A) When private sewage disposal systems are in use, records of maintenance and the system design plans shall be kept on the premises.
- B) No unprotected exposed sewer line shall be located directly above working, storage or eating surfaces in kitchens, dining rooms, pantries, food storage rooms, or where medical or nursing supplies are prepared, processed or stored.

28.2 MEDICAL WASTE

Medical waste shall be disposed of in accordance with the Department's regulations pertaining to Solid Waste Disposal Sites and Facilities at 6 CCR 1007-2, Part 1, Section 13, Medical Waste.

28.3 REFUSE

All garbage and rubbish that is not disposed of as sewage shall be collected in impervious containers in such manner as not to become a nuisance or a health hazard and shall be removed to an outside approved storage area at least once a day.

- A) The refuse storage area shall be kept clean, and free from nuisance.
- B) A sufficient number of impervious containers with tight fitting lids shall be provided and kept clean and in good repair.
- C) Carts used to transport refuse shall be constructed of impervious materials, enclosed, used solely for refuse and maintained in a sanitary manner.

28.4 INCINERATORS

Any facility using an incinerator shall obtain a permit to operate an incinerator from the State Air Pollution Control Division and maintain the permit on file.

- A) The facility shall comply with federal, state and local air pollution regulations.

- B) The incinerator shall be constructed in a manner that prevents insect and rodent breeding and harborage.

SECTION 29 RELIGIOUS TREATMENT EXCLUSIONS

29.1 EXCEPTION OF CERTAIN FACILITIES

This chapter of regulation does not apply to any nursing facility conducted by or for the adherents of any well-recognized church or religious denomination for the purpose of providing facilities for the care and treatment of the sick who depend exclusively upon spiritual means through prayer for healing in the practice of the religion of such church or denomination.

29.2 EXCEPTION FOR RELIGIOUS BELIEFS

Nothing in this chapter authorizes the Department to impose on a resident any mode of treatment inconsistent with the resident's religious belief.

SECTION 30 MEDICAID CERTIFICATION STANDARDS

- 30.1 For the purpose of fulfilling its facility certification responsibilities as the State Survey Agency pursuant to Section 25-1.5-103(1)(A)(I)(C), C.R.S.; Title XIX (Medicaid) of the Social Security Act (42 U.S.C. Section 1396(a), *et seq.*); and the Colorado Medical Assistance Act, Section 25.5-4-101, *et seq.*, C.R.S.; the Department shall apply and enforce the Skilled Nursing Facility certification standards of the U.S. Department of Health and Human Services located at 42 C.F.R. part 483, subpart B.

SECTION 31 ENFORCEMENT ACTIVITIES

For Nursing Care Facilities Certified to Provide Medicaid Services:

- 31.1 The Department, as the state agency responsible for certifying nursing care facilities, is authorized under Sections 25-1-107.5(2) and 25.5-6-205(1)(a), C.R.S. to recommend to the Department of Health Care Policy and Financing (HCPF) that remedies be imposed against a nursing care facility that violates federal law for participation in the Medicaid program as enumerated in 42 USC §1396r(h). The remedies recommended shall include any remedies required under federal law and the imposition of civil money penalties. Assessment, enforcement and collection of any civil money penalty recommended under this section and the denial of Medicaid payments shall be HCPF's responsibility.
- 31.2 In determining whether to recommend imposition of a civil money penalty, the Department may consider mitigating factors such as change of ownership; circumstances outside the facility's reasonable control; and reasonable, good faith efforts to resolve the violation(s).
- 31.3 In determining the amount of the penalty to recommend for assessment by HCPF, the Department shall consider, at a minimum, the following items:
 - A) The period of time over which the violation occurred;
 - B) The frequency of the violation;
 - C) The nursing care facility's history concerning the type of violation for which the penalty is assessed;
 - D) The nursing care facility's intent or reason for the violation;

- E) The effect, if any, of the violation on residents' health, safety, security or welfare (i.e., severity);
 - F) The existence of other violations, in combination with the violation for which the penalty is assessed, which increase the threat to residents' health, safety, security or welfare;
 - G) The accuracy, thoroughness and availability of records regarding the violation which the nursing care facility is required to maintain; and
 - H) The number of additional related violations occurring within the same time span as the violation in question.
- 31.4 In the event the Department determines that a violation is life threatening to one or more residents or creates a direct threat or serious adverse harm to the health, safety, security, rights or welfare of one or more residents, HCPF shall impose a penalty for each day the deficiencies that constitute the violation are found to exist.
- 31.5 In accordance with Section 25-1-107.5(3), C.R.S., any civil money penalty recommended by the Department shall be not less than \$100 or more than \$10,000 for each day the facility is found to have been in violation of the federal regulations. Penalties assessed shall include interest at the statutory rate.
- 31.6 If the Department recommends imposition of a civil money penalty, it shall notify the nursing care facility no later than five days after the last day of the inspection or survey during which the deficiencies that constitute the violation were found. Such notice shall comply with Section 25-1-107.5(3)(c)(II), C.R.S.
- 31.7 Plans of correction shall comply with 6 CCR 1011-1, Chapter 2, Part 2.10.4(B).
- 31.8 Nothing in this section precludes the Department from imposing any other remedies allowed by state law including, but not limited to, those described in 6 CCR 1011-1, Chapter 2, Part 2.10 and 2.11.

For Licensed, Non-Certified Nursing Care Facilities:

- 31.9 The Department may impose any enforcement remedy authorized by state law or regulation.
- 31.10 Enforcement activities shall be conducted in accordance with 6 CCR 1011-1, Chapter 2.

SECTION 32 LICENSING FEES

- 32.1 All license fees are non-refundable. The total fee shall be submitted with the appropriate license application.
- 32.2 Initial license - \$6,772.56 per facility.
- 32.3 Renewal license - The annual renewal fee shall be as follows.
- Medicare and/or Medicaid certified facility: \$1,806.01 base fee plus \$9.03 per bed.
- Non-certified facility: \$3,928.09 base fee plus \$9.03 per bed.
- 32.4 Change of ownership - Change of ownership shall be determined in accordance with the criteria set forth in 6 CCR 1011-1, Chapter 2, Part 2.6. The fee shall be \$6,772.56 per facility.

- 32.5 Opening a secure unit - A facility that wishes to open a secure unit shall submit a fee of \$1,806.01 in addition to any other applicable license fees.
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Editor's Notes

6 CCR 1011-1 has been divided into separate chapters for ease of use. Versions prior to 05/01/2009 are located in the main section, 6 CCR 1011-1. Prior versions can be accessed from the All Versions list on the rule's current version page. To view versions effective on or after 05/01/2009, select the desired chapter, for example 6 CCR 1011-1 Chap 04 or 6 CCR 1011-1 Chap 18.

History

Rule 2.5 eff. 07/30/2008.

Sections 18, 19, 24, 25 eff. 04/30/2009. Rules 28.3-28.5 repealed eff. 04/30/2009.

Parts 01, 1 rules 3.1.2, 3.3, 5.1.2, 5.1.6, 6.2, 7.11, 7.11.6, 7.12, 11.8-11.16, 16.6.1 18.2.8, 19.1, 19.8-19.9, 23.1.1, 24.1, Parts 27-29 eff. 12/30/2010.

Rule 16.6.2 eff. 04/30/2011.

Definitions, rules 18.2.3-18.2.4, 19.2, 25 eff. 08/14/2013. Rules 18.8, 19.9 repealed eff. 08/14/2013.

Entire rule eff. 06/01/2016.

Section 32 eff. 07/01/2019.

Rules 1.1, 3.3., 4.6, 9.5 B), 15.1 F) 3), 17.7 F), 21.1, 31.7, 31.8, 32.4 eff. 01/14/2020.

Section 32 eff. 07/01/2020.

Index, rule 1.1, Section 2, rules 4.4-4.8, 6.3 F), 6.4, 15.1 P) eff. 01/14/2024.

Section 32 eff. 07/01/2024.