Regular Session, 2003 HOUSE BILL By: Representatives Eason, Medley For An Act To Be Entitled AN ACT TO AMEND VARIOUS SECTIONS OF TITLE 20, CHAPTER 10, SUBCHAPTER 14 OF THE ARKANSAS CODE TO CLARIFY THE LAWS RELATING TO NURSING FACILITY STAFFING REQUIREMENTS; AND FOR OTHER PURPOSES. Subtitle TO AMEND VARIOUS SECTIONS OF TITLE 20, CHAPTER 10, SUBCHAPTER 14 OF THE ARKANSAS CODE TO CLARIFY THE LAWS RELATING TO NURSING FACILITY STAFFING	2337
By: Representatives Eason, Medley For An Act To Be Entitled AN ACT TO AMEND VARIOUS SECTIONS OF TITLE 20, CHAPTER 10, SUBCHAPTER 14 OF THE ARKANSAS CODE TO CLARIFY THE LAWS RELATING TO NURSING FACILITY STAFFING REQUIREMENTS; AND FOR OTHER PURPOSES. BUBLITE TO AMEND VARIOUS SECTIONS OF TITLE 20, CHAPTER 10, SUBCHAPTER 14 OF THE ARKANSAS CODE TO CLARIFY THE LAWS	2331
By: Representatives Eason, Medley For An Act To Be Entitled An ACT TO AMEND VARIOUS SECTIONS OF TITLE 20, CHAPTER 10, SUBCHAPTER 14 OF THE ARKANSAS CODE TO CLARIFY THE LAWS RELATING TO NURSING FACILITY STAFFING REQUIREMENTS; AND FOR OTHER PURPOSES. Subtitle TO AMEND VARIOUS SECTIONS OF TITLE 20, CHAPTER 10, SUBCHAPTER 14 OF THE ARKANSAS CODE TO CLARIFY THE LAWS	
For An Act To Be Entitled AN ACT TO AMEND VARIOUS SECTIONS OF TITLE 20, CHAPTER 10, SUBCHAPTER 14 OF THE ARKANSAS CODE TO CLARIFY THE LAWS RELATING TO NURSING FACILITY STAFFING REQUIREMENTS; AND FOR OTHER PURPOSES. Subtitle TO AMEND VARIOUS SECTIONS OF TITLE 20, CHAPTER 10, SUBCHAPTER 14 OF THE ARKANSAS CODE TO CLARIFY THE LAWS	
For An Act To Be Entitled AN ACT TO AMEND VARIOUS SECTIONS OF TITLE 20, CHAPTER 10, SUBCHAPTER 14 OF THE ARKANSAS CODE TO CLARIFY THE LAWS RELATING TO NURSING FACILITY STAFFING REQUIREMENTS; AND FOR OTHER PURPOSES. Subtitle TO AMEND VARIOUS SECTIONS OF TITLE 20, CHAPTER 10, SUBCHAPTER 14 OF THE ARKANSAS CODE TO CLARIFY THE LAWS	
AN ACT TO AMEND VARIOUS SECTIONS OF TITLE 20, CHAPTER 10, SUBCHAPTER 14 OF THE ARKANSAS CODE TO CLARIFY THE LAWS RELATING TO NURSING FACILITY STAFFING REQUIREMENTS; AND FOR OTHER PURPOSES. Subtitle TO AMEND VARIOUS SECTIONS OF TITLE 20, CHAPTER 10, SUBCHAPTER 14 OF THE ARKANSAS CODE TO CLARIFY THE LAWS	
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CLARIFY THE LAWS RELATING TO NURSING FACILITY STAFFING REQUIREMENTS; AND FOR OTHER PURPOSES. Subtitle TO AMEND VARIOUS SECTIONS OF TITLE 20, CHAPTER 10, SUBCHAPTER 14 OF THE ARKANSAS CODE TO CLARIFY THE LAWS	
STAFFING REQUIREMENTS; AND FOR OTHER PURPOSES. Subtitle TO AMEND VARIOUS SECTIONS OF TITLE 20, CHAPTER 10, SUBCHAPTER 14 OF THE ARKANSAS CODE TO CLARIFY THE LAWS	
Subtitle Subtitle TO AMEND VARIOUS SECTIONS OF TITLE 20, CHAPTER 10, SUBCHAPTER 14 OF THE ARKANSAS CODE TO CLARIFY THE LAWS	
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TO AMEND VARIOUS SECTIONS OF TITLE 20, CHAPTER 10, SUBCHAPTER 14 OF THE ARKANSAS CODE TO CLARIFY THE LAWS	
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17 ARKANSAS CODE TO CLARIFY THE LAWS	
18 RELATING TO NURSING FACILITY STAFFING	
19 REQUIREMENTS.	
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22 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:	
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SECTION 1. Arkansas Code § 20-10-1401 is amended to read as follow	s:
25 20-10-1401. Definitions.	
26 For purposes of this subchapter:	
27 (1) "Day shift" means the period of 7:00 a.m. to 3:00 p.m.;	
28 (2)(A) "Direct-care staff" means any licensed <u>nurse</u> , or	
29 certified nursing staff nurse, aid, student nurse, certified or licensed	_
30 therapist or therapy assistant, or nurse aid trainee as permitted by fede	
31 <u>law,</u> who provides direct, hands-on care to residents in a nursing facilit	у•
32 (B) "Direct-care staff" shall not include therapy	
personnel or personnel listed in § 20-10-1404;	
34 (3) "Evening shift" means the period of 3:00 p.m. to 11:00 p	.m.;
35 (4)(A) "Flex time" means a method of staffing in which the 36 beginning and ending hours of shifts deviate from the day shift, evening	

1	shift, and night shift as those terms are defined in this section.
2	(B) Flex time may use more or less than three (3) shifts
3	per day and may be limited in application to certain of the nursing staff or
4	apply to the nursing staff as a whole;
5	(4)(5) "Midnight census" means the number of patients occupying
6	nursing home beds in a nursing facility at midnight of each day;
7	$\frac{(5)(6)}{(6)}$ "Night shift" means the period of 11:00 p.m. to 7:00
8	a.m.; and
9	(6)(A)(7)(A) "Nursing facility or nursing home" means any
10	buildings, structure, agency, institution, or other place for the reception,
11	accommodation, board, care, or treatment of more than three (3) unrelated
12	individuals, who, because of physical or mental infirmity, are unable to
13	sufficiently or properly care for themselves, and for which reception,
14	accommodation, board, care, and treatment a charge is made.
15	(B) Provided, the term "nursing facility or nursing home"
16	shall not include the offices of private physicians and surgeons, boarding
17	homes, residential care facilities, intermediate care facilities for the
18	mentally retarded, hospitals, institutions operated by the federal government
19	or licensed by the Division of Developmental Disabilities Services, or any
20	facility which is conducted by and for those who rely exclusively upon
21	treatment by prayer alone for healing in accordance with the tenets or
22	practices of any recognized religious denomination.
23	
24	SECTION 2. Arkansas Code § 20-10-1402 is amended to read as follows:
25	20-10-1402. Standard of care Staffing levels.
26	(a) The Department of Human Services shall not issue or renew a
27	license of a nursing facility or nursing home unless that facility:
28	(1) employs Employs the nursing personnel needed to provide
29	continuous twenty-four-hour nursing care and service to meet the needs of
30	each resident in the nursing facility or nursing home and the standard of
31	$rac{ ext{care as required by all}}{ ext{by all}}$ within the staffing levels established by state and
32	federal regulations+; and
33	(2) Maintains nursing personnel staffing levels within the
34	ratios established in § 20-10-1403.
35	(b) The standard of care staffing levels required by this subchapter
36	shall be the minimum standard of care levels required by nursing facilities

- or nursing homes and shall be adjusted upward to meet the care needs of residents.
- 3 (c)(1) If a facility varies shift hours from the shift hours listed in 4 § 20-10-1401, the facility shall meet the staffing requirements for the shift
- 5 <u>comparable to the staff ratios</u> listed in § 20-10-1403 <u>and shall develop a</u>
- 6 written plan for compliance with minimum staffing ratios based on its method
- 7 of flex time.
- 8 (2) The facility shall notify the Office of Long-Term Care in
- 9 writing of its intent to use flex time, either in whole or in part, and shall
- 10 <u>submit a written minimum staffing compliance plan to the Office of Long-Term</u>
- 11 Care. The Office of Long-Term Care shall review the plan and advise the
- 12 <u>facility of its approval or disapproval of the plan within fourteen (14)</u>
- 13 days.
- 14 (3) With required written approval, a facility may use, at its
- 15 option, a combination of flex time and traditional staffing based on day
- 16 shift, night shift, and evening shift.
- 17 (d) In no event shall the Office of Long-Term Care require minimum
- 18 staffing requirements for a facility that uses flex time, either in whole or
- 19 in part, to exceed the minimum staffing ratios listed in § 20-10-1403.

- 21 SECTION 3. Arkansas Code § 20-10-1403 is amended to read as follows:
- 22 20-10-1403. Ratio of staff to residents.
- 23 (a) Effective July 1, 2001, through June 30, 2002, all nursing
- 24 facilities shall maintain the following minimum direct-care staff-to-resident
- 25 ratios:
- 26 (1) One (1) direct-care staff to every seven (7) residents for
- 27 the day shift. Of this direct-care staff, there shall be one (1) licensed
- 28 nurse to every forty (40) residents;
- 29 (2) One (1) direct-care staff to every ten (10) residents for
- 30 the evening shift. Of this direct-care staff, there shall be one (1) licensed
- 31 nurse to every forty (40) residents; and
- 32 (3) One (1) direct-care staff to every sixteen (16) residents
- 33 for the night shift. Of this direct-care staff, there shall be one (1)
- 34 licensed nurse to every eighty (80) residents.
- 35 (b) Effective July 1, 2002, through June 20, 2003, all nursing
- 36 facilities shall maintain the following minimum direct-care staffing to

- 1 resident ratios: (1) One (1) direct-care staff to every seven (7) residents for the day shift. Of this direct-care staff, there shall be at least one (1) 3 4 licensed nurse to every forty (40) residents; 5 (2) One (1) direct-care staff to every nine (9) residents for 6 the evening shift. Of this direct-care staff, there shall be at least one (1) 7 licensed nurse to every forty (40) residents; and 8 (3) One (1) direct-care staff to every fourteen (14) residents 9 for the night shift. Of this direct-care staff, there shall be at least one (1) licensed nurse to every eighty (80) residents. 10 11 (c) Effective July 1, 2003, all nursing facilities shall maintain the 12 following minimum direct-care staffing to resident ratios: 13 (1) One (1) direct-care staff to every six (6) residents for the 14 day shift. Of this direct-care staff, there shall be at least one (1) 15 licensed nurse to every forty (40) residents; 16 (2) One (1) direct-care staff to every nine (9) residents for 17 the evening shift. Of this direct-care staff, there shall be at least one (1) licensed nurse to every forty (40) residents; and 18 19 (3) One (1) direct-care staff to every fourteen (14) residents for the night shift. Of this direct-care staff, there shall be at least one 20 21 (1) licensed nurse to every eighty (80) residents. 22 (d) A member of the direct-care staff who is not present for the 23 entirety of a shift shall be included in the computation of the direct-care 24 staff to resident ratio for that shift as long as the full-time equivalent is 25 satisfied for the appropriate period of time. 26 (e)(1) With the exception of the one (1) licensed nurse specified 27 throughout subsections (a), (b), and (c) of this section, a nursing facility 28 may satisfy the direct-care staff to resident ratios for direct-care staff through the use of any type of direct-care staff, including without 29 30 limitation, registered nurses, licensed practical nurses, certified nurse aids, student nurses, or nurse aid trainees as permitted by federal law. 31 32 (2) Licensed direct-care staff may perform the job functions of 33 both licensed and certified direct-care staff at any time on an as needed 34 basis as long as such functions remain within the scope of their professional
 - (3) Licensed direct-care staff shall not be excluded from the

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licensure.

computation of direct-care staff to resident ratios while performing the job functions of a certified staff member.

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- (d)(f) Nursing facilities shall provide in-services training to its licensed and certified direct-care staff pursuant to regulations promulgated by the Office of Long-Term Care.
- 6 (e)(g) Upon any expansion of resident census by the facility, the
 7 facility shall be exempt from any corresponding increase in staffing ratios
 8 for a period of nine (9) consecutive shifts from the date of the expansion of
 9 resident census.
- 10 (f)(h)(l) The computation of the direct-care minimum staffing ratios
 11 shall be carried to the hundredth place.
- (2) If the application of the ratios listed in subsections (a), (b), and (c) of this section results in other than a whole number of personnel for a shift or shifts, the number of required personnel shall be rounded to the next higher whole number when the resulting ratio, carried to the hundredth place, is fifty-one hundredths (.51) or higher.
- 17 (3) In no event shall a facility have fewer than one (1) 18 licensed personnel per shift for direct-care staff.
- 19 $\frac{(g)(4)}{(g)}$ All computations shall be based on the midnight census for 20 the day in which the shift or shifts begin.

SECTION 4. Arkansas Code § 20-10-1406 is amended to read as follows: 20-10-1406. Posting of personnel numbers.

- (a) Each nursing facility or nursing home shall post on each hall, wing, or corridor the number of licensed and unlicensed personnel direct-care staff on duty at each shift. The posting shall consist of a sign-in sheet to be signed by each staff member as the staff member reports to work, and the staff member shall indicate on the sheet the time of departure.
- 29 (b) The current number of residents on that unit shall be posted at 30 the same place as the staffing report and filed with the staffing report for 31 the same time period.
- 32 (c) This information shall be posted in a conspicuous place and in a
 33 manner which is visible and accessible to all residents, their families,
 34 caregivers, and visitors. These records shall be filed and saved by the
 35 nursing facility or nursing home until the next survey, and these records
 36 shall be available for review by any interested person upon a written

request.

- SECTION 5. Arkansas Code § 20-10-1407 is amended to read as follows: 4 20-10-1407. Report.
 - (a)(1) By the fifth day of each month, each nursing facility or nursing home shall submit a written report of all shifts which failed to meet the minimum staffing requirements of this subchapter during the preceding month to the Office of Long-Term Care. For purposes of determining staffing compliance under this subchapter, the facility may submit the monthly written report calculated with the use of full-time equivalents as defined by the facility.
 - (2) Upon determination by the office that a pattern of failure to comply with the provisions of this subchapter staff-resident ratios set forth in § 20-10-1403 has occurred, the nursing facility or nursing home, in addition to the requirements set forth in subdivision (a)(1) of this section, shall submit to the office on a monthly basis a report stating the nursing staff-to-resident ratios for each shift.
 - (3) Each nursing facility shall also submit copies of all daily staffing logs for the same months for any reports required under subdivision (a)(1) or subsection (b) of this section.
 - (b) If the office has found the nursing facility or nursing home to be out of compliance with § 20-10-1401 et seq., the office, in addition to any other penalties or sanctions imposed, shall prohibit the facility from admitting new residents until the facility is in compliance, pursuant to § 20-10-1408.
 - (c) (1) The failure to meet the requirement regarding the posting of current staff-resident ratios set forth in § 20-10-1406 or the failure to provide staffing reports, logs, or other documentation directly related to minimum staffing levels to the office or the Division of Medical Services is a Class C violation in accordance with § 20-10-206.
- 32 sign-in sheet in accordance with § 20-10-1406 shall not be considered a
 33 violation of the staff-resident ratios set forth in § 20-10-1403 if the
 34 facility has other documentation to verify that the staff member was on duty.
- 35 (d) "Pattern of failure" means that a facility did not meet the
 36 minimum staffing requirements of this subchapter for more than twenty percent

- 1 (20%) of the total number of shifts for any one (1) month.
- 2 (e) A facility may regain compliance after a pattern of failure by
 3 establishing that the facility met the minimum staffing requirements of this
 4 subchapter for at least eighty percent (80%) of the shifts during the
 5 preceding month.
 - (f)(1) The division is authorized to perform <u>staffing</u> audits, including random <u>staffing</u> audits, of nursing facilities or nursing homes to determine and ensure compliance with the requirements of this subchapter.
- 9 (2) Facilities shall provide staffing reports, logs, or other 10 documentation <u>directly related to minimum staffing levels</u> upon request of the 11 division to assist with a staffing audit.

- SECTION 6. Arkansas Code § 20-10-1409 is amended to read as follows: 20-10-1409. Staffing standards <u>levels</u>.
 - (a) The staffing standards <u>levels</u> as set forth in § 20-10-1403 are to be construed as nursing facility staffing standards <u>levels</u> above the 1989 standards levels established by the Office of Long-Term Care.
 - (b)(1) If the Director of the Department of Human Services determines that the reimbursement methodology or available funding is insufficient or unable to pay for the minimum staffing standards <u>levels</u> under § 20-10-1403, the office, by regulation, may modify the requirements of § 20-10-1403 to ensure minimum staffing funds.
 - (2) If the Director of the Office of Long-Term Care determines that the minimum staffing standards levels under §§ 20-10-1403 or 20-10-1404 have at any time become insufficient to ensure the health, safety, or welfare of nursing facility or nursing home residents, the office, by regulation, may increase minimum staffing standards levels or otherwise promulgate regulations to ensure the health, safety, or welfare of the nursing facility or nursing home residents.
 - (c)(1) In the event that the Director of the Office of Long-Term Care determines that minimum staffing standards levels should be increased pursuant to § 20-10-1409(b)(2), the Director of the Office of Long-Term Care shall certify the determination and any proposed regulatory increases to minimum staffing standards levels to the Director of the Division of Medical Services, who shall notify the Director of the Department of Human Services and the Legislative Council of the determination and whether sufficient

1	appropriated funds exist to fund the costs, as defined as direct-care costs
2	by the Long-Term Care Cost Reimbursement Methodology of the Long-Term Care
3	Provider Reimbursement Manual as in effect January 12, 2001, to be incurred
4	by the proposed changes to the minimum staffing standards levels.
5	(2) In no event shall minimum staffing standards levels be
6	increased unless sufficient appropriated funds exist to fund the costs to be
7	incurred by the proposed increases to minimum staffing $\frac{\text{standards}}{\text{standards}}$
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