Stricken language would be deleted from and underlined language would be added to the law as it existed prior to this session of the General Assembly.

State of Arkansas	As Engrossed: H3/20/03	
84th General Assembly	A Bill	
Regular Session, 2003		HOUSE BILL 2337
By: Representatives Eason,	Medley	
	For An Act To Be Entitled	
AN ACT	TO AMEND VARIOUS SECTIONS OF TITLE	20,
CHAPTER	<pre>10, SUBCHAPTER 14 OF THE ARKANSAS</pre>	CODE TO
CLARIFY	THE LAWS RELATING TO NURSING FACIL	JITY
STAFFIN	NG REQUIREMENTS; AND FOR OTHER PURPO	DSES.
	~	
CHAI	PTER 10, SUBCHAPTER 14 OF THE	
ARKA	ANSAS CODE TO CLARIFY THE LAWS	
RELA	ATING TO NURSING FACILITY STAFFING	
REQU	JIREMENTS.	
BE IT ENACTED BY THE	GENERAL ASSEMBLY OF THE STATE OF AR	KANSAS:
		1 6 11
		to read as follows:
	•	
	-	-
-		
· · ·		lude therapy
		0 p m to 11.00 p m -
	hours of shifts deviate from the day	
	<ul> <li>84th General Assembly Regular Session, 2003</li> <li>By: Representatives Eason,</li> <li>AN ACT CHAPTER CLARIFY STAFFIN</li> <li>TO A CHAP ARKA RELA REQU</li> <li>BE IT ENACTED BY THE</li> <li>SECTION 1. Ark 20-10-1401. Def For purposes of (1) "Day (2) (A) "</li> <li>certified nursing stat therapist or therapy</li> <li>law, who provides dir (B)</li> <li>personnel or personne</li> <li>(3) "Eve (4) (A) "</li> </ul>	84th General Assembly Regular Session, 2003       À Bill         By: Representatives Eason, Medley         For An Act To Be Entitled AN ACT TO AMEND VARIOUS SECTIONS OF TITLE CHAPTER 10, SUBCHAPTER 14 OF THE ARKANSAS CLARIFY THE LAWS RELATING TO NURSING FACILI STAFFING REQUIREMENTS; AND FOR OTHER PURPOR Bubtite         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.         EE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF AR SECTION 1. Arkansas Code § 20-10-1401 is amended 20-10-1401. Definitions.         For purposes of this subchapter: (1) "Day shift" means the period of 7:00 a. (2) (A) "Direct-care staff" means any licens certified mursing staff nurse aide, student nurse, certif therapist or therapy assistant, or nurse aide trainee as law, who provides direct, hands-on care to residents in (B) "Direct-care staff" shall not inc personnel or personnel listed in § 20-10-1404; (3) "Evening shift" means the period of 3:0 (4) ((A) "Flex time" means a method of staffi



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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	(5) "Full time equivalent" means a circumstance that exists when
6	two or more qualified individuals are sequentially assigned to a staff
7	position in such a way as to assure that at least one qualified staff member
8	is present and acting in the staff position at all times during a specified
9	<u>shift;</u>
10	(6) "Staff position" means a staff requirement imposed under §
11	<u>20-10-1403;</u>
12	(4)(7) "Midnight census" means the number of patients occupying
13	nursing home beds in a nursing facility at midnight of each day;
14	(5)(8) "Night shift" means the period of 11:00 p.m. to 7:00
15	a.m.; and
16	<pre>(6)(A)(9)(A) "Nursing facility or nursing home" means any</pre>
17	buildings, structure, agency, institution, or other place for the reception,
18	accommodation, board, care, or treatment of more than three (3) unrelated
19	individuals, who, because of physical or mental infirmity, are unable to
20	sufficiently or properly care for themselves, and for which reception,
21	accommodation, board, care, and treatment a charge is made.
22	(B) Provided, the term "nursing facility <del>or nursing home</del> "
23	shall not include the offices of private physicians and surgeons, boarding
24	homes, residential care facilities, assisted living facilities, intermediate
25	care facilities for the mentally retarded, post-acute head injury retraining
26	and residential care facilities, hospitals, institutions operated by the
27	federal government or licensed by the Division of Developmental Disabilities
28	Services, or any facility which is conducted by and for those who rely
29	exclusively upon treatment by prayer alone for healing in accordance with the
30	tenets or practices of any recognized religious denomination.
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32	SECTION 2. Arkansas Code § 20-10-1402 is amended to read as follows:
33	20-10-1402. Standard of care Staffing levels.
34	(a) The Department of Human Services shall not issue or renew a
35	license of a nursing facility <del>or nursing home</del> unless that facility <u>:</u>
36	(1) employs Employs the nursing personnel needed to provide

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1	continuous twenty-four-hour nursing care and service to meet the needs of
2	each resident in the nursing facility <del>or nursing home and the standard of</del>
3	care as required by all within the staffing levels established by state and
4	federal regulations <del>.</del> ; and
5	(2) Maintains nursing personnel staffing levels within the
6	ratios established in § 20-10-1403.
7	(b) The <del>standard of care</del> <u>staffing levels</u> required by this subchapter
8	shall be the minimum <del>standard of care</del> <u>levels</u> required by nursing facilities
9	<del>or nursing homes</del> and shall be adjusted upward to meet the care needs of
10	residents.
11	(c) If a facility <del>varies shift hours from the shift hours listed in §</del>
12	20-10-1401 implements flex time, the facility shall meet the staffing
13	requirements for the shift listed established in § 20-10-1403.
14	(d) For staffing compliance, a full time equivalent has the same
15	effect as having a direct care staff member present for the entirety of a
16	<u>shift.</u>
17	(e) If the facility intends to adopt a flex time staffing plan, the
18	facility shall notify the Office of Long Term Care in writing of its intent
19	at least thirty (30) calendar days before implementing or altering flex time
20	staffing.
21	(f) A facility may use, at its option, a combination of flex time
22	staffing and traditional staffing based on day shift, night shift and evening
23	<u>shift.</u>
24	(g) If a facility implements flex time, the beginning and ending times
25	for the following shifts shall be modified to begin and end by an equal
26	amount of time so as to provide continuous twenty-four (24) hour coverage
27	that maintains the staffing ratios established in § 20-10-1403.
28	
29	SECTION 3. Arkansas Code § 20-10-1403 is amended to read as follows:
30	20-10-1403. Ratio of staff to residents.
31	(a) Effective July 1, 2001, through June 30, 2002, all nursing
32	facilities shall maintain the following minimum direct-care staff-to-resident
33	ratios:
34	
51	(1) One (1) direct-care staff to every seven (7) residents for
35	(1) One (1) direct-care staff to every seven (7) residents for the day shift. Of this direct-care staff, there shall be one (1) licensed

1 (2) One (1) direct-care staff to every ten (10) residents for 2 the evening shift. Of this direct-care staff, there shall be one (1) licensed 3 nurse to every forty (40) residents; and 4 (3) One (1) direct-care staff to every sixteen (16) residents 5 for the night shift. Of this direct-care staff, there shall be one (1) 6 licensed nurse to every eighty (80) residents. 7 (b) Effective July 1, 2002, through June 20, 2003, all nursing 8 facilities shall maintain the following minimum direct-care staffing to 9 resident ratios: 10 (1) One (1) direct-care staff to every seven (7) residents for 11 the day shift. Of this direct-care staff, there shall be one (1) licensed 12 nurse to every forty (40) residents; (2) One (1) direct-care staff to every nine (9) residents for 13 the evening shift. Of this direct-care staff, there shall be one (1) licensed 14 15 nurse to every forty (40) residents; and 16 (3) One (1) direct-care staff to every fourteen (14) residents 17 for the night shift. Of this direct-care staff, there shall be one (1) licensed nurse to every eighty (80) residents. 18 19 (c) Effective July 1, 2003, all nursing facilities shall maintain the following minimum direct-care staffing to resident ratios: 20 21 (1) One (1) direct-care staff to every six (6) residents for the 22 day shift. Of this direct-care staff, there shall be one (1) licensed nurse 23 to every forty (40) residents; 24 (2) One (1) direct-care staff to every nine (9) residents for 25 the evening shift. Of this direct-care staff, there shall be one (1) licensed 26 nurse to every forty (40) residents; and 27 (3) One (1) direct-care staff to every fourteen (14) residents 28 for the night shift. Of this direct-care staff, there shall be one (1) 29 licensed nurse to every eighty (80) residents. 30 (d) A member of the direct-care staff who is not present for the entirety of a shift shall be included in the computation of the direct-care 31 32 staff to resident ratio for that shift as long as the full-time equivalent is 33 satisfied for the appropriate period of time. 34 (e)(1) With the exception of the one (1) licensed nurse specified throughout subsections (a), (b), and (c) of this section, a nursing facility 35 may satisfy the direct-care staff to resident ratios for direct-care staff 36

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1 through the use of any type of direct-care staff, including without 2 limitation, registered nurses, licensed practical nurses, certified nurse aids, student nurses, or nurse aid trainees as permitted by federal law. 3 4 (2) Licensed direct-care staff may perform the job functions of 5 both licensed and certified direct-care staff at any time on an as needed 6 basis as long as such functions remain within the scope of their professional 7 licensure. 8 (3) Licensed direct-care staff shall not be excluded from the 9 computation of direct-care staff to resident ratios while performing the job functions of a certified staff member; provided that no staff member or full 10 11 time equivalent may be included in the computation of required staff to resident ratios simultaneously in more than one category. 12 (d)(f) Nursing facilities shall provide in-services training to its 13 14 licensed and certified direct-care staff pursuant to regulations promulgated 15 by the Office of Long-Term Care. 16 (e) (g) Upon any expansion of resident census by the facility, the 17 facility shall be exempt from any corresponding increase in staffing ratios for a period of nine (9) consecutive shifts from the date of the expansion of 18 19 resident census. (f) (h) (l) The computation of the direct-care minimum staffing ratios 20 21 shall be carried to the hundredth place. 22 (2) If the application of the ratios listed in subsections (a), 23 (b), and (c) of this section results in other than a whole number of 24 personnel for a shift or shifts, the number of required personnel shall be 25 rounded to the next higher whole number when the resulting ratio, carried to 26 the hundredth place, is fifty-one hundredths (.51) or higher. 27 (3) In no event shall a facility have fewer than one (1) 28 licensed personnel per shift for direct-care staff. 29 (g)(4) All computations shall be based on the midnight census for 30 the day in which the shift or shifts begin. 31 32 SECTION 4. Arkansas Code § 20-10-1406 is amended to read as follows: 33 20-10-1406. Posting of personnel numbers. 34 (a) Each nursing facility or nursing home shall post on each hall, 35 wing, or corridor the number of licensed and unlicensed personnel direct-care 36 staff on duty at each shift. The posting shall consist of a sign-in sheet to

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1 be signed by each staff member as the staff member reports to work, and the 2 staff member shall indicate on the sheet the time of departure.

3 (b) The current number of residents on that unit shall be posted at 4 the same place as the staffing report and filed with the staffing report for 5 the same time period.

6 (c) This information shall be posted in a conspicuous place and in a 7 manner which is visible and accessible to all residents, their families, 8 caregivers, and visitors. These records shall be filed and saved by the 9 nursing facility or nursing home until the next survey, and these records 10 shall be available for review by any interested person upon a written 11 request.

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13 14 SECTION 5. Arkansas Code § 20-10-1407 is amended to read as follows: 20-10-1407. Report.

15 (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.

28 (3) Each nursing facility shall also submit copies of all daily
29 staffing logs for the same months for any reports required under subdivision
30 (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.

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(c)(1) The failure to meet the requirement regarding the posting of

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1	current staff-resident ratios set forth in § 20-10-1406 or the failure to
2	provide staffing reports, logs, or <u>other</u> documentation <u>directly related to</u>
3	minimum staffing levels to the office or the Division of Medical Services is
4	a Class C violation in accordance with § 20-10-206.
5	(2) The failure of a staff member or members to sign the posted
6	sign-in sheet in accordance with § 20-10-1406 shall not be considered a
7	violation of the staff-resident ratios set forth in § 20-10-1403 if the
8	facility has other documentation to verify that the staff member was on duty.
9	(d) "Pattern of failure" means that a facility did not meet the
10	minimum staffing requirements of this subchapter for more than twenty percent
11	(20%) of the total number of shifts for any one (1) month.
12	(e) In determining whether a pattern of failure exists:
13	(1) Up to twenty-five percent (25%) of the minimum required
14	direct care personnel for a shift may begin the shift up to fifteen (15)
15	minutes after the beginning time of the shift;
16	(2) In computing the twenty-five percent (25%) in subsection
17	(e)(l), all rounding shall be down to the nearest whole number; and
18	(3) For a maximum of fifteen (15) shifts in a month, those
19	individuals who meet the provisions of subsection (e)(l) shall not be
20	considered in violation of minimum staffing requirements, and shall not be
21	considered when determining a pattern of failure. Provided:
22	(i) Thereafter, and beginning with the sixteenth $(16^{th})$
23	shift in a month in which staff do not appear at the beginning of the shift,
24	the failure of staff to appear at the beginning time of a shift shall be
25	considered in determining or calculating whether a pattern of failure exists;
26	(ii) Any shift in which more than twenty-five percent
27	(25%) of the minimum required direct care personnel for a shift begins the
28	shift up to fifteen (15) minutes after the beginning time of the shift shall
29	be considered when determining or calculating a pattern of failure; or,
30	(iii) Any shift in which one (1) or more of the total
31	number of minimum required direct care staff begins the shift more than
32	fifteen (15) minutes after the beginning time of the shift shall be
33	considered in determining or calculating whether a pattern of failure exists.
34	<del>(e)<u>(f)</u> A facility may regain compliance after a pattern of failure by</del>
35	establishing that the facility met the minimum staffing requirements of this
36	subchapter for at least eighty percent (80%) of the shifts during the

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1 preceding month.

2 (f)(1)(g)(1) The division is authorized to perform staffing audits,
3 including random staffing audits, of nursing facilities or nursing homes to
4 determine and ensure compliance with the requirements of this subchapter.

5 (2) Facilities shall provide staffing reports, logs, or other
6 documentation <u>directly related to minimum staffing levels</u> upon request of the
7 division to assist with a staffing audit.

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SECTION 6. Arkansas Code § 20-10-1409 is amended to read as follows: 20-10-1409. Staffing <del>standards</del> <u>levels</u>.

11 (a) The staffing standards levels as set forth in § 20-10-1403 are to 12 be construed as nursing facility staffing standards levels above the 1989 13 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.

19 (2) If the Director of the Office of Long-Term Care determines 20 that the minimum staffing standards levels under §§ 20-10-1403 or 20-10-1404 21 have at any time become insufficient to ensure the health, safety, or welfare 22 of nursing facility or nursing home residents, the office, by regulation, may 23 increase minimum staffing standards levels or otherwise promulgate 24 regulations to ensure the health, safety, or welfare of the nursing facility 25 or nursing home residents.

26 (c)(1) In the event that the Director of the Office of Long-Term Care 27 determines that minimum staffing standards levels should be increased 28 pursuant to § 20-10-1409(b)(2), the Director of the Office of Long-Term Care 29 shall certify the determination and any proposed regulatory increases to 30 minimum staffing standards levels to the Director of the Division of Medical Services, who shall notify the Director of the Department of Human Services 31 32 and the Legislative Council of the determination and whether sufficient 33 appropriated funds exist to fund the costs, as defined as direct-care costs 34 by the Long-Term Care Cost Reimbursement Methodology of the Long-Term Care Provider Reimbursement Manual as in effect January 12, 2001, to be incurred 35 36 by the proposed changes to the minimum staffing standards levels.

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1	(2) In no event shall minimum staffing <del>standards</del> <u>levels</u> be
2	increased unless sufficient appropriated funds exist to fund the costs to be
3	incurred by the proposed increases to minimum staffing <del>standards</del> levels.
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5	/s/ Eason, et al
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