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.

1	State of Arkansas	As Engrossed: H3/20/03 H4/2/03	
2	84th General Assembly	A Bill	
3	Regular Session, 2003		HOUSE BILL 2337
4			
5	By: Representatives Eason, M	Medley	
6			
7			
8		For An Act To Be Entitled	
9	AN ACT	TO AMEND VARIOUS SECTIONS OF TITLE 2	20,
10	CHAPTER	10, SUBCHAPTER 14 OF THE ARKANSAS C	CODE TO
11	CLARIFY	THE LAWS RELATING TO NURSING FACILI	ITY
12	STAFFING	G REQUIREMENTS; AND FOR OTHER PURPOS	SES.
13			
14		Subtitle	
15	TO Al	MEND VARIOUS SECTIONS OF TITLE 20,	
16	CHAP'	TER 10, SUBCHAPTER 14 OF THE	
17	ARKA	NSAS CODE TO CLARIFY THE LAWS	
18	RELA'	TING TO NURSING FACILITY STAFFING	
19	REQU	IREMENTS.	
20			
21			
22	BE IT ENACTED BY THE O	GENERAL ASSEMBLY OF THE STATE OF ARK	ANSAS:
23			
24		ansas Code § 20-10-1401 is amended t	o read as follows:
25	20-10-1401. Defi		
26		this subchapter:	
27	•	shift" means the period of 7:00 a.m	<u>-</u>
28		Direct-care staff" means any license	<u> </u>
29		ff nurse aide, as permitted by feder	
30		to residents in a nursing facility.	
31	(B)	"Direct-care staff" shall not incl	ude therapy
32	-	l listed in § 20-10-1404;	
33		ning shift" means the period of 3:00	-
34		Flex time" means a method of staffin	
35		nours of shifts deviate from the day	
36	sniit. and night shift	t as those terms are defined in this	section.

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

- l each resident in the nursing facility or nursing home and the standard of
- 2 care as required by all within the staffing levels established by state and
- 3 federal regulations +; and
- 4 (2) Maintains nursing personnel staffing levels within the
- 5 ratios established in § 20-10-1403.
- 6 (b) The standard of care staffing levels required by this subchapter
- 7 shall be the minimum standard of care <u>levels</u> required by nursing facilities
- $8 \hspace{0.1in} \hbox{\color{red} or nursing homes}$ and shall be adjusted upward to meet the care needs of
- 9 residents.
- 10 (c) If a facility varies shift hours from the shift hours listed in §
- 11 <u>20-10-1401</u> <u>implements flex time</u>, the facility shall meet the staffing
- 12 requirements for the shift listed established in § 20-10-1403.
- 13 <u>(d) For staffing compliance, a full time equivalent has the same</u>
- 14 effect as having a direct care staff member present for the entirety of a
- 15 <u>shift.</u>
- 16 (e) If the facility intends to adopt a flex time staffing plan, the
- 17 <u>facility shall notify the Office of Long Term Care in writing of its intent</u>
- 18 at least thirty (30) calendar days before implementing or altering flex time
- 19 staffing.
- 20 (f) A facility may use, at its option, a combination of flex time
- 21 <u>staffing and traditional staffing based on day shift, night shift and evening</u>
- 22 shift.
- 23 (g) If a facility implements flex time, the beginning and ending times
- 24 for the following shifts shall be modified to begin and end by an equal
- 25 <u>amount of time so as to provide continuous twenty-four (24) hour coverage</u>
- 26 that maintains the staffing ratios established in § 20-10-1403.

- SECTION 3. Arkansas Code § 20-10-1403 is amended to read as follows:
- 29 20-10-1403. Ratio of staff to residents.
- 30 (a) Effective July 1, 2001, through June 30, 2002, all nursing
- 31 facilities shall maintain the following minimum direct-care staff-to-resident
- 32 ratios:
- 33 (1) One (1) direct-care staff to every seven (7) residents for
- 34 the day shift. Of this direct-care staff, there shall be one (1) licensed
- 35 nurse to every forty (40) residents;
- 36 (2) One (1) direct-care staff to every ten (10) residents for

- 1 the evening shift. Of this direct-care staff, there shall be one (1) licensed
- 2 nurse to every forty (40) residents; and
- 3 (3) One (1) direct-care staff to every sixteen (16) residents
- 4 for the night shift. Of this direct-care staff, there shall be one (1)
- 5 licensed nurse to every eighty (80) residents.
- 6 (b) Effective July 1, 2002, through June 20, 2003, all nursing
- 7 facilities shall maintain the following minimum direct-care staffing to
- 8 resident ratios:
- 9 (1) One (1) direct-care staff to every seven (7) residents for
- 10 the day shift. Of this direct-care staff, there shall be one (1) licensed
- 11 nurse to every forty (40) residents;
- 12 (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 nurse to every forty (40) residents; and
- 15 (3) One (1) direct-care staff to every fourteen (14) residents
- 16 for the night shift. Of this direct-care staff, there shall be one (1)
- 17 licensed nurse to every eighty (80) residents.
- 18 (c) Effective July 1, 2003, all nursing facilities shall maintain the
- 19 following minimum direct-care staffing to resident ratios:
- 20 (1) One (1) direct-care staff to every six (6) residents for the
- 21 day shift. Of this direct-care staff, there shall be one (1) licensed nurse
- 22 to every forty (40) residents;
- 23 (2) One (1) direct-care staff to every nine (9) residents for
- 24 the evening shift. Of this direct-care staff, there shall be one (1) licensed
- 25 nurse to every forty (40) residents; and
- 26 (3) One (1) direct-care staff to every fourteen (14) residents
- 27 for the night shift. Of this direct-care staff, there shall be one (1)
- 28 licensed nurse to every eighty (80) residents.
- 29 (d) A member of the direct-care staff who is not present for the
- 30 entirety of a shift shall be included in the computation of the direct-care
- 31 staff to resident ratio for that shift as long as the full-time equivalent is
- 32 satisfied for the appropriate period of time.
- 33 (e)(1) With the exception of the one (1) licensed nurse specified
- 34 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 through the use of any type of direct-care staff, including without

- l <u>limitation</u>, registered nurses, licensed practical nurses, certified nurse
- 2 <u>aides, as permitted by federal.</u>
- 3 (2) Licensed direct-care staff may perform the job functions of
- 4 both licensed and certified direct-care staff at any time on an as needed
- 5 basis as long as such functions remain within the scope of their professional
- 6 <u>licensure</u>.
- 7 (3) Licensed direct-care staff shall not be excluded from the
- 8 computation of direct-care staff to resident ratios while performing the job
- 9 <u>functions of a certified staff member; provided that no staff member or full</u>
- 10 <u>time equivalent may be included in the computation of required staff to</u>
- 11 resident ratios simultaneously in more than one category.
- 12 $\frac{(d)(f)}{(d)}$ Nursing facilities shall provide in-services training to its
- 13 <u>licensed and certified</u> <u>direct-care</u> staff pursuant to regulations promulgated
- 14 by the Office of Long-Term Care.
- 15 $\frac{(e)(g)}{(g)}$ Upon any expansion of resident census by the facility, the
- 16 facility shall be exempt from any corresponding increase in staffing ratios
- 17 for a period of nine (9) consecutive shifts from the date of the expansion of
- 18 resident census.
- 19 $\frac{(f)(h)}{(1)}$ The computation of the direct-care minimum staffing ratios
- 20 shall be carried to the hundredth place.
- 21 (2) If the application of the ratios listed in subsections (a),
- 22 (b), and (c) of this section results in other than a whole number of
- 23 personnel for a shift or shifts, the number of required personnel shall be
- 24 rounded to the next higher whole number when the resulting ratio, carried to
- 25 the hundredth place, is fifty-one hundredths (.51) or higher.
- 26 (3) In no event shall a facility have fewer than one (1)
- 27 licensed personnel per shift for direct-care staff.
- 28 (g)(4) All computations shall be based on the midnight census for
- 29 the day in which the shift or shifts begin.
- 30
- 31 SECTION 4. Arkansas Code § 20-10-1406 is amended to read as follows:
- 32 20-10-1406. Posting of personnel numbers.
- 33 (a) Each nursing facility or nursing home shall post on each hall,
- 34 wing, or corridor the number of licensed and unlicensed personnel direct-care
- 35 staff on duty at each shift. The posting shall consist of a sign-in sheet to
- 36 be signed by each staff member as the staff member reports to work, and the

- 1 staff member shall indicate on the sheet the time of departure.
- 2 (b) The current number of residents on that unit shall be posted at
 3 the same place as the staffing report and filed with the staffing report for
 4 the same time period.
 - (c) This information shall be posted in a conspicuous place and in a manner which is visible and accessible to all residents, their families, caregivers, and visitors. These records shall be filed and saved by the nursing facility or nursing home until the next survey, and these records 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: 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.
 - (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

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

 $\frac{(f)(1)}{(g)(1)}$ The division is authorized to perform staffing audits,

- including random <u>staffing</u> audits, of nursing facilities or nursing homes to determine and ensure compliance with the requirements of this subchapter.
- 3 (2) Facilities shall provide staffing reports, logs, or other 4 documentation <u>directly related to minimum staffing levels</u> upon request of the 5 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 levels.
- 9 (a) The staffing standards <u>levels</u> as set forth in § 20-10-1403 are to
 10 be construed as nursing facility staffing standards <u>levels</u> above the 1989
 11 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 <u>levels</u> 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 <u>levels</u> 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 appropriated funds exist to fund the costs, as defined as direct-care costs 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 by the proposed changes to the minimum staffing standards levels.
- 35 (2) In no event shall minimum staffing standards <u>levels</u> be 36 increased unless sufficient appropriated funds exist to fund the costs to be

1	incurred	bу	the	proposed	increases	to min	imum	staffing	standards	<u>levels</u> .
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