

1 A bill to be entitled
 2 An act relating to nursing home facilities; amending s.
 3 400.118, F.S.; revising provisions relating to frequency
 4 of quality-of-care monitoring of specified facilities;
 5 amending s. 400.141, F.S.; authorizing facilities with a
 6 standard license to provide certified nursing assistant
 7 training; authorizing the Agency for Health Care
 8 Administration to adopt rules for the training program;
 9 amending s. 400.147, F.S.; revising a definition; revising
 10 reporting requirements under facility internal risk
 11 management and quality assurance programs; amending s.
 12 400.19, F.S.; providing conditions for scheduling surveys
 13 when certain deficiencies are overturned; amending s.
 14 400.195, F.S.; correcting a cross-reference; amending s.
 15 400.23, F.S.; revising conditions for documentation of
 16 compliance with staffing standards; providing an effective
 17 date.

18
 19 Be It Enacted by the Legislature of the State of Florida:

20
 21 Section 1. Paragraph (a) of subsection (2) of section
 22 400.118, Florida Statutes, is amended to read:

23 400.118 Quality assurance; early warning system;
 24 monitoring; rapid response teams.--

25 (2) (a) The agency shall establish within each district
 26 office one or more quality-of-care monitors, based on the number
 27 of nursing facilities in the district, to monitor all nursing
 28 facilities in the district on a regular, unannounced, aperiodic

29 | basis, including nights, evenings, weekends, and holidays.
30 | Quality-of-care monitors shall visit each nursing facility
31 | annually, shall visit each conditionally licensed nursing
32 | facility at least quarterly, and shall visit other nursing
33 | facilities as directed by the agency. However, upon request, the
34 | agency shall conduct quarterly visits at a nursing facility that
35 | is not conditionally licensed. The request shall be valid
36 | through the current licensure period, and an extension may be
37 | requested by the facility at the time of licensure renewal.
38 | Priority for additional monitoring visits shall be given to
39 | nursing facilities with a history of resident care deficiencies.
40 | Quality-of-care monitors shall be registered nurses who are
41 | trained and experienced in nursing facility regulation,
42 | standards of practice in long-term care, and evaluation of
43 | patient care. Individuals in these positions shall not be
44 | deployed by the agency as a part of the district survey team in
45 | the conduct of routine, scheduled surveys, but shall function
46 | solely and independently as quality-of-care monitors. Quality-
47 | of-care monitors shall assess the overall quality of life in the
48 | nursing facility and shall assess specific conditions in the
49 | facility directly related to resident care, including the
50 | operations of internal quality improvement and risk management
51 | programs and adverse incident reports. The quality-of-care
52 | monitor shall include in an assessment visit observation of the
53 | care and services rendered to residents and formal and informal
54 | interviews with residents, family members, facility staff,
55 | resident guests, volunteers, other regulatory staff, and

56 | representatives of a long-term care ombudsman council or Florida
57 | advocacy council.

58 | Section 2. Section 400.141, Florida Statutes, is amended
59 | to read:

60 | 400.141 Administration and management of nursing home
61 | facilities.--Every licensed facility shall comply with all
62 | applicable standards and rules of the agency and shall:

63 | (1) Be under the administrative direction and charge of a
64 | licensed administrator.

65 | (2) Appoint a medical director licensed pursuant to
66 | chapter 458 or chapter 459. The agency may establish by rule
67 | more specific criteria for the appointment of a medical
68 | director.

69 | (3) Have available the regular, consultative, and
70 | emergency services of physicians licensed by the state.

71 | (4) Provide for resident use of a community pharmacy as
72 | specified in s. 400.022(1)(q). Any other law to the contrary
73 | notwithstanding, a registered pharmacist licensed in Florida,
74 | that is under contract with a facility licensed under this
75 | chapter or chapter 429, shall repackage a nursing facility
76 | resident's bulk prescription medication which has been packaged
77 | by another pharmacist licensed in any state in the United States
78 | into a unit dose system compatible with the system used by the
79 | nursing facility, if the pharmacist is requested to offer such
80 | service. In order to be eligible for the repackaging, a resident
81 | or the resident's spouse must receive prescription medication
82 | benefits provided through a former employer as part of his or
83 | her retirement benefits, a qualified pension plan as specified

84 in s. 4972 of the Internal Revenue Code, a federal retirement
85 program as specified under 5 C.F.R. s. 831, or a long-term care
86 policy as defined in s. 627.9404(1). A pharmacist who correctly
87 repackages and relabels the medication and the nursing facility
88 which correctly administers such repackaged medication under the
89 provisions of this subsection shall not be held liable in any
90 civil or administrative action arising from the repackaging. In
91 order to be eligible for the repackaging, a nursing facility
92 resident for whom the medication is to be repackaged shall sign
93 an informed consent form provided by the facility which includes
94 an explanation of the repackaging process and which notifies the
95 resident of the immunities from liability provided herein. A
96 pharmacist who repackages and relabels prescription medications,
97 as authorized under this subsection, may charge a reasonable fee
98 for costs resulting from the implementation of this provision.

99 (5) Provide for the access of the facility residents to
100 dental and other health-related services, recreational services,
101 rehabilitative services, and social work services appropriate to
102 their needs and conditions and not directly furnished by the
103 licensee. When a geriatric outpatient nurse clinic is conducted
104 in accordance with rules adopted by the agency, outpatients
105 attending such clinic shall not be counted as part of the
106 general resident population of the nursing home facility, nor
107 shall the nursing staff of the geriatric outpatient clinic be
108 counted as part of the nursing staff of the facility, until the
109 outpatient clinic load exceeds 15 a day.

110 (6) Be allowed and encouraged by the agency to provide
111 other needed services under certain conditions. If the facility

112 has a standard licensure status, and has had no class I or class
113 II deficiencies during the past 2 years or has been awarded a
114 Gold Seal under the program established in s. 400.235, it may be
115 encouraged by the agency to provide services, including, but not
116 limited to, respite and adult day services, which enable
117 individuals to move in and out of the facility. A facility is
118 not subject to any additional licensure requirements for
119 providing these services. Respite care may be offered to persons
120 in need of short-term or temporary nursing home services.
121 Respite care must be provided in accordance with this part and
122 rules adopted by the agency. However, the agency shall, by rule,
123 adopt modified requirements for resident assessment, resident
124 care plans, resident contracts, physician orders, and other
125 provisions, as appropriate, for short-term or temporary nursing
126 home services. The agency shall allow for shared programming and
127 staff in a facility which meets minimum standards and offers
128 services pursuant to this subsection, but, if the facility is
129 cited for deficiencies in patient care, may require additional
130 staff and programs appropriate to the needs of service
131 recipients. A person who receives respite care may not be
132 counted as a resident of the facility for purposes of the
133 facility's licensed capacity unless that person receives 24-hour
134 respite care. A person receiving either respite care for 24
135 hours or longer or adult day services must be included when
136 calculating minimum staffing for the facility. Any costs and
137 revenues generated by a nursing home facility from
138 nonresidential programs or services shall be excluded from the

139 calculations of Medicaid per diems for nursing home
140 institutional care reimbursement.

141 (7) If the facility has a standard license or is a Gold
142 Seal facility, exceeds the minimum required hours of licensed
143 nursing and certified nursing assistant direct care per resident
144 per day, and is part of a continuing care facility licensed
145 under chapter 651 or a retirement community that offers other
146 services pursuant to part III of this chapter or part I or part
147 III of chapter 429 on a single campus, be allowed to share
148 programming and staff. At the time of inspection and in the
149 semiannual report required pursuant to subsection (15), a
150 continuing care facility or retirement community that uses this
151 option must demonstrate through staffing records that minimum
152 staffing requirements for the facility were met. Licensed nurses
153 and certified nursing assistants who work in the nursing home
154 facility may be used to provide services elsewhere on campus if
155 the facility exceeds the minimum number of direct care hours
156 required per resident per day and the total number of residents
157 receiving direct care services from a licensed nurse or a
158 certified nursing assistant does not cause the facility to
159 violate the staffing ratios required under s. 400.23(3)(a).
160 Compliance with the minimum staffing ratios shall be based on
161 total number of residents receiving direct care services,
162 regardless of where they reside on campus. If the facility
163 receives a conditional license, it may not share staff until the
164 conditional license status ends. This subsection does not
165 restrict the agency's authority under federal or state law to
166 require additional staff if a facility is cited for deficiencies

167 | in care which are caused by an insufficient number of certified
168 | nursing assistants or licensed nurses. The agency may adopt
169 | rules for the documentation necessary to determine compliance
170 | with this provision.

171 | (8) Maintain the facility premises and equipment and
172 | conduct its operations in a safe and sanitary manner.

173 | (9) If the licensee furnishes food service, provide a
174 | wholesome and nourishing diet sufficient to meet generally
175 | accepted standards of proper nutrition for its residents and
176 | provide such therapeutic diets as may be prescribed by attending
177 | physicians. In making rules to implement this subsection, the
178 | agency shall be guided by standards recommended by nationally
179 | recognized professional groups and associations with knowledge
180 | of dietetics.

181 | (10) Keep full records of resident admissions and
182 | discharges; medical and general health status, including medical
183 | records, personal and social history, and identity and address
184 | of next of kin or other persons who may have responsibility for
185 | the affairs of the residents; and individual resident care plans
186 | including, but not limited to, prescribed services, service
187 | frequency and duration, and service goals. The records shall be
188 | open to inspection by the agency.

189 | (11) Keep such fiscal records of its operations and
190 | conditions as may be necessary to provide information pursuant
191 | to this part.

192 | (12) Furnish copies of personnel records for employees
193 | affiliated with such facility, to any other facility licensed by
194 | this state requesting this information pursuant to this part.

195 Such information contained in the records may include, but is
196 not limited to, disciplinary matters and any reason for
197 termination. Any facility releasing such records pursuant to
198 this part shall be considered to be acting in good faith and may
199 not be held liable for information contained in such records,
200 absent a showing that the facility maliciously falsified such
201 records.

202 (13) Publicly display a poster provided by the agency
203 containing the names, addresses, and telephone numbers for the
204 state's abuse hotline, the State Long-Term Care Ombudsman, the
205 Agency for Health Care Administration consumer hotline, the
206 Advocacy Center for Persons with Disabilities, the Florida
207 Statewide Advocacy Council, and the Medicaid Fraud Control Unit,
208 with a clear description of the assistance to be expected from
209 each.

210 (14) Submit to the agency the information specified in s.
211 400.071(2)(e) for a management company within 30 days after the
212 effective date of the management agreement.

213 (15) Submit semiannually to the agency, or more frequently
214 if requested by the agency, information regarding facility
215 staff-to-resident ratios, staff turnover, and staff stability,
216 including information regarding certified nursing assistants,
217 licensed nurses, the director of nursing, and the facility
218 administrator. For purposes of this reporting:

219 (a) Staff-to-resident ratios must be reported in the
220 categories specified in s. 400.23(3)(a) and applicable rules.
221 The ratio must be reported as an average for the most recent
222 calendar quarter.

223 (b) Staff turnover must be reported for the most recent
224 12-month period ending on the last workday of the most recent
225 calendar quarter prior to the date the information is submitted.
226 The turnover rate must be computed quarterly, with the annual
227 rate being the cumulative sum of the quarterly rates. The
228 turnover rate is the total number of terminations or separations
229 experienced during the quarter, excluding any employee
230 terminated during a probationary period of 3 months or less,
231 divided by the total number of staff employed at the end of the
232 period for which the rate is computed, and expressed as a
233 percentage.

234 (c) The formula for determining staff stability is the
235 total number of employees that have been employed for more than
236 12 months, divided by the total number of employees employed at
237 the end of the most recent calendar quarter, and expressed as a
238 percentage.

239 (d) A nursing facility that has failed to comply with
240 state minimum-staffing requirements for 2 consecutive days is
241 prohibited from accepting new admissions until the facility has
242 achieved the minimum-staffing requirements for a period of 6
243 consecutive days. For the purposes of this paragraph, any person
244 who was a resident of the facility and was absent from the
245 facility for the purpose of receiving medical care at a separate
246 location or was on a leave of absence is not considered a new
247 admission. Failure to impose such an admissions moratorium
248 constitutes a class II deficiency.

249 (e) A nursing facility which does not have a conditional
250 license may be cited for failure to comply with the standards in

251 s. 400.23(3)(a)1.a. only if it has failed to meet those
 252 standards on 2 consecutive days or if it has failed to meet at
 253 least 97 percent of those standards on any one day.

254 (f) A facility which has a conditional license must be in
 255 compliance with the standards in s. 400.23(3)(a) at all times.
 256

257 Nothing in this section shall limit the agency's ability to
 258 impose a deficiency or take other actions if a facility does not
 259 have enough staff to meet the residents' needs.

260 (16) Report monthly the number of vacant beds in the
 261 facility which are available for resident occupancy on the day
 262 the information is reported.

263 (17) Notify a licensed physician when a resident exhibits
 264 signs of dementia or cognitive impairment or has a change of
 265 condition in order to rule out the presence of an underlying
 266 physiological condition that may be contributing to such
 267 dementia or impairment. The notification must occur within 30
 268 days after the acknowledgment of such signs by facility staff.
 269 If an underlying condition is determined to exist, the facility
 270 shall arrange, with the appropriate health care provider, the
 271 necessary care and services to treat the condition.

272 (18) If the facility implements a dining and hospitality
 273 attendant program, ensure that the program is developed and
 274 implemented under the supervision of the facility director of
 275 nursing. A licensed nurse, licensed speech or occupational
 276 therapist, or a registered dietitian must conduct training of
 277 dining and hospitality attendants. A person employed by a

278 facility as a dining and hospitality attendant must perform
279 tasks under the direct supervision of a licensed nurse.

280 (19) Report to the agency any filing for bankruptcy
281 protection by the facility or its parent corporation,
282 divestiture or spin-off of its assets, or corporate
283 reorganization within 30 days after the completion of such
284 activity.

285 (20) Maintain general and professional liability insurance
286 coverage that is in force at all times. In lieu of general and
287 professional liability insurance coverage, a state-designated
288 teaching nursing home and its affiliated assisted living
289 facilities created under s. 430.80 may demonstrate proof of
290 financial responsibility as provided in s. 430.80(3)(h).

291 (21) Maintain in the medical record for each resident a
292 daily chart of certified nursing assistant services provided to
293 the resident. The certified nursing assistant who is caring for
294 the resident must complete this record by the end of his or her
295 shift. This record must indicate assistance with activities of
296 daily living, assistance with eating, and assistance with
297 drinking, and must record each offering of nutrition and
298 hydration for those residents whose plan of care or assessment
299 indicates a risk for malnutrition or dehydration.

300 (22) Before November 30 of each year, subject to the
301 availability of an adequate supply of the necessary vaccine,
302 provide for immunizations against influenza viruses to all its
303 consenting residents in accordance with the recommendations of
304 the United States Centers for Disease Control and Prevention,
305 subject to exemptions for medical contraindications and

306 religious or personal beliefs. Subject to these exemptions, any
307 consenting person who becomes a resident of the facility after
308 November 30 but before March 31 of the following year must be
309 immunized within 5 working days after becoming a resident.
310 Immunization shall not be provided to any resident who provides
311 documentation that he or she has been immunized as required by
312 this subsection. This subsection does not prohibit a resident
313 from receiving the immunization from his or her personal
314 physician if he or she so chooses. A resident who chooses to
315 receive the immunization from his or her personal physician
316 shall provide proof of immunization to the facility. The agency
317 may adopt and enforce any rules necessary to comply with or
318 implement this subsection.

319 (23) Assess all residents for eligibility for pneumococcal
320 polysaccharide vaccination (PPV) and vaccinate residents when
321 indicated within 60 days after the effective date of this act in
322 accordance with the recommendations of the United States Centers
323 for Disease Control and Prevention, subject to exemptions for
324 medical contraindications and religious or personal beliefs.
325 Residents admitted after the effective date of this act shall be
326 assessed within 5 working days of admission and, when indicated,
327 vaccinated within 60 days in accordance with the recommendations
328 of the United States Centers for Disease Control and Prevention,
329 subject to exemptions for medical contraindications and
330 religious or personal beliefs. Immunization shall not be
331 provided to any resident who provides documentation that he or
332 she has been immunized as required by this subsection. This
333 subsection does not prohibit a resident from receiving the

334 immunization from his or her personal physician if he or she so
 335 chooses. A resident who chooses to receive the immunization from
 336 his or her personal physician shall provide proof of
 337 immunization to the facility. The agency may adopt and enforce
 338 any rules necessary to comply with or implement this subsection.

339 (24) Annually encourage and promote to its employees the
 340 benefits associated with immunizations against influenza viruses
 341 in accordance with the recommendations of the United States
 342 Centers for Disease Control and Prevention. The agency may adopt
 343 and enforce any rules necessary to comply with or implement this
 344 subsection.

345
 346 Every facility with a standard license ~~Facilities that have been~~
 347 ~~awarded a Gold Seal under the program established in s. 400.235~~
 348 may develop a plan to provide certified nursing assistant
 349 training as prescribed by federal regulations and state rules
 350 and may apply to the agency for approval of its ~~their~~ program.
 351 The agency may adopt rules regarding the approval, suspension,
 352 and termination of a certified nursing assistant training
 353 program provided by such facility.

354 Section 3. Subsections (9) through (15) of section
 355 400.147, Florida Statutes, are renumbered as subsections (8)
 356 through (14), respectively, and paragraph (e) of subsection (5),
 357 subsection (7), and present subsection (8) of that section are
 358 amended to read:

359 400.147 Internal risk management and quality assurance
 360 program.--

361 (5) For purposes of reporting to the agency under this
 362 section, the term "adverse incident" means:

363 (e) An event that is reported to law enforcement for
 364 investigation.

365 (7) (a) The facility shall initiate an investigation and
 366 ~~shall notify the agency~~ within 1 business day after the risk
 367 manager or his or her designee has received a report pursuant to
 368 paragraph (1) (d). ~~The notification must be made in writing and~~
 369 ~~be provided electronically, by facsimile device or overnight~~
 370 ~~mail delivery. The notification must include information~~
 371 ~~regarding the identity of the affected resident, the type of~~
 372 ~~adverse incident, the initiation of an investigation by the~~
 373 ~~facility, and whether the events causing or resulting in the~~
 374 ~~adverse incident represent a potential risk to any other~~
 375 ~~resident. The notification is confidential as provided by law~~
 376 ~~and is not discoverable or admissible in any civil or~~
 377 ~~administrative action, except in disciplinary proceedings by the~~
 378 ~~agency or the appropriate regulatory board. The agency may~~
 379 ~~investigate, as it deems appropriate, any such incident and~~
 380 ~~prescribe measures that must or may be taken in response to the~~
 381 ~~incident. The agency shall review each incident and determine~~
 382 ~~whether it potentially involved conduct by the health care~~
 383 ~~professional who is subject to disciplinary action, in which~~
 384 ~~case the provisions of s. 456.073 shall apply.~~

385 (b) ~~(8)~~ (a) Each facility shall complete the investigation
 386 and submit an adverse incident report to the agency for each
 387 adverse incident within 15 calendar days after its occurrence.
 388 If, after a complete investigation, the risk manager determines

389 that the incident was ~~not~~ an adverse incident as defined in
390 subsection (5), the facility shall include this information in
391 the report. The agency shall develop a form for reporting this
392 information.

393 (c)~~(b)~~ The information reported to the agency pursuant to
394 paragraph (b) that ~~(a) which~~ relates to persons licensed under
395 chapter 458, chapter 459, chapter 461, or chapter 466 shall be
396 reviewed by the agency. The agency shall determine whether any
397 of the incidents potentially involved conduct by a health care
398 professional who is subject to disciplinary action, in which
399 case the provisions of s. 456.073 shall apply.

400 (d)~~(e)~~ The report submitted to the agency must also
401 contain the name of the risk manager of the facility.

402 (e)~~(d)~~ The adverse incident report is confidential as
403 provided by law and is not discoverable or admissible in any
404 civil or administrative action, except in disciplinary
405 proceedings by the agency or the appropriate regulatory board.

406 Section 4. Subsection (3) of section 400.19, Florida
407 Statutes, is amended to read:

408 400.19 Right of entry and inspection.--

409 (3) The agency shall every 15 months conduct at least one
410 unannounced inspection to determine compliance by the licensee
411 with statutes, and with rules promulgated under the provisions
412 of those statutes, governing minimum standards of construction,
413 quality and adequacy of care, and rights of residents. The
414 survey shall be conducted every 6 months for the next 2-year
415 period if the facility has been cited for a class I deficiency,
416 has been cited for two or more class II deficiencies arising

417 from separate surveys or investigations within a 60-day period,
418 or has had three or more substantiated complaints within a 6-
419 month period, each resulting in at least one class I or class II
420 deficiency. In addition to any other fees or fines in this part,
421 the agency shall assess a fine for each facility that is subject
422 to the 6-month survey cycle. The fine for the 2-year period
423 shall be \$6,000, one-half to be paid at the completion of each
424 survey. The agency may adjust this fine by the change in the
425 Consumer Price Index, based on the 12 months immediately
426 preceding the increase, to cover the cost of the additional
427 surveys. In the event such deficiencies are overturned as the
428 result of administrative action but additional surveys have
429 already been conducted pursuant to this section, the most recent
430 survey shall be considered a licensure survey for purposes of
431 future survey scheduling. The agency shall verify through
432 subsequent inspection that any deficiency identified during the
433 annual inspection is corrected. However, the agency may verify
434 the correction of a class III or class IV deficiency unrelated
435 to resident rights or resident care without reinspecting the
436 facility if adequate written documentation has been received
437 from the facility, which provides assurance that the deficiency
438 has been corrected. The giving or causing to be given of advance
439 notice of such unannounced inspections by an employee of the
440 agency to any unauthorized person shall constitute cause for
441 suspension of not fewer than 5 working days according to the
442 provisions of chapter 110.

443 Section 5. Paragraph (d) of subsection (1) of section
444 400.195, Florida Statutes, is amended to read:

445 400.195 Agency reporting requirements.--

446 (1) For the period beginning June 30, 2001, and ending
 447 June 30, 2005, the Agency for Health Care Administration shall
 448 provide a report to the Governor, the President of the Senate,
 449 and the Speaker of the House of Representatives with respect to
 450 nursing homes. The first report shall be submitted no later than
 451 December 30, 2002, and subsequent reports shall be submitted
 452 every 6 months thereafter. The report shall identify facilities
 453 based on their ownership characteristics, size, business
 454 structure, for-profit or not-for-profit status, and any other
 455 characteristics the agency determines useful in analyzing the
 456 varied segments of the nursing home industry and shall report:

457 (d) Information regarding deficiencies cited, including
 458 information used to develop the Nursing Home Guide WATCH LIST
 459 pursuant to s. 400.191, and applicable rules, a summary of data
 460 generated on nursing homes by Centers for Medicare and Medicaid
 461 Services Nursing Home Quality Information Project, and
 462 information collected pursuant to s. 400.147(8)~~(9)~~, relating to
 463 litigation.

464 Section 6. Paragraph (a) of subsection (3) of section
 465 400.23, Florida Statutes, is amended to read:

466 400.23 Rules; evaluation and deficiencies; licensure
 467 status.--

468 (3)(a)1. The agency shall adopt rules providing minimum
 469 staffing requirements for nursing homes. These requirements
 470 shall include, for each nursing home facility:

471 a. A minimum certified nursing assistant staffing of 2.6
 472 hours of direct care per resident per day beginning January 1,

473 2003, and increasing to 2.7 hours of direct care per resident
474 per day beginning January 1, 2007. Beginning January 1, 2002, no
475 facility shall staff below one certified nursing assistant per
476 20 residents, and a minimum licensed nursing staffing of 1.0
477 hour of direct care per resident per day but never below one
478 licensed nurse per 40 residents.

479 b. Beginning January 1, 2007, a minimum weekly average
480 certified nursing assistant staffing of 2.9 hours of direct care
481 per resident per day. For the purpose of this sub-subparagraph,
482 a week is defined as Sunday through Saturday.

483 2. Nursing assistants employed under s. 400.211(2) may be
484 included in computing the staffing ratio for certified nursing
485 assistants only if their job responsibilities include only
486 nursing-assistant-related duties.

487 3. Each nursing home must document compliance with
488 staffing standards as required under this paragraph and post
489 daily the names of staff on duty for the benefit of facility
490 residents and the public. Compliance with federal posting
491 requirements shall satisfy the posting requirements of this
492 subparagraph.

493 4. The agency shall recognize the use of licensed nurses
494 for compliance with minimum staffing requirements for certified
495 nursing assistants, provided that the facility otherwise meets
496 the minimum staffing requirements for licensed nurses and that
497 the licensed nurses are performing the duties of a certified
498 nursing assistant. Unless otherwise approved by the agency,
499 licensed nurses counted toward the minimum staffing requirements
500 for certified nursing assistants must exclusively perform the

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501 duties of a certified nursing assistant for the entire shift and
502 not also be counted toward the minimum staffing requirements for
503 licensed nurses. If the agency approved a facility's request to
504 use a licensed nurse to perform both licensed nursing and
505 certified nursing assistant duties, the facility must allocate
506 the amount of staff time specifically spent on certified nursing
507 assistant duties for the purpose of documenting compliance with
508 minimum staffing requirements for certified and licensed nursing
509 staff. In no event may the hours of a licensed nurse with dual
510 job responsibilities be counted twice.

511 Section 7. This act shall take effect July 1, 2007.