

**OREGON DEPARTMENT OF HUMAN SERVICES
AGING AND PEOPLE WITH DISABILITIES
OREGON ADMINISTRATIVE RULES**

**CHAPTER 411
DIVISION 86**

**NURSING FACILITIES/LICENSING –
ADMINISTRATION AND SERVICES**

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411-086-0010 Administrator

(Adopted 10/1/1990)

(1) Full-Time. Each licensed nursing facility shall be under the supervision of a full-time Oregon licensed nursing home administrator:

(a) In facilities physically connected with an Oregon licensed general hospital, the nursing home administrator shall be considered "full-time" if the administrator works full-time based on time worked in both nursing facility and hospital, and if the administrator is available to the nursing facility staff on a full-time basis;

(b) In facilities with 40 or fewer beds and which admit only residents requiring intermediate care, a person who meets the requirements for both administrator and director of nursing services (DNS) may function simultaneously in both capacities.

(2) Responsibility:

(a) The administrator shall ensure that the facility uses its resources effectively and efficiently to attain and maintain the highest practicable physical, mental and psychosocial well-being of each resident;

(b) The administrator shall comply with the rules of the Board of Examiners of Nursing Home Administrators;

(c) The administrator shall provide a comprehensive review of Division survey reports and inspections to the licensee.

(3) Temporary Absence of Administrator:

(a) The licensee shall designate, by written policy, an individual who is familiar with the operation of the facility to assume administration in the temporary absence of the administrator. If the designee is the DNS, another RN shall assume the DNS' responsibilities for this period;

(b) If the absence of the administrator is to exceed 30 days, the facility must notify the Division and obtain approval for the arrangements prior to the absence. The Division shall determine whether a licensed administrator shall serve in the administrator's absence.

(4) Change of Administrator:

(a) Upon termination of the administrator, the licensee shall immediately replace the administrator with a full-time administrator;

(b) The licensee shall notify the Division and the Board of Examiners of Nursing Home Administrators within seven days from the date the administrator leaves employment of the facility.

Stat. Auth.: [ORS 410.070](#), [410.090](#), [441.055](#)

Stats. Implemented: [ORS 678.720](#)

411-086-0020 Director of Nursing Services (DNS)

(Adopted 10/1/1990)

(1) Full-Time. Each facility shall have a director of nursing services who shall be full-time (40-hours per week) in a single nursing facility. Time spent in professional association workshops, seminars and continuing education may be counted in considering whether or not the DNS is full-time.

(2) Qualifications. The DNS shall be a registered nurse who has specific knowledge about nursing administration in a nursing facility:

(a) The DNS shall have at least six months experience in a nursing facility, hospital, or inpatient rehabilitation facility;

(b) Within nine months of employment the DNS shall have:

(A) Successfully completed six credit hours in management or supervision, pertinent to long-term care, from an accredited college or university; or

(B) A baccalaureate or master's degree in nursing and documentation of course work which includes management or supervision.

(c) The DNS shall successfully complete every two years at least 30 continuing education hours pertinent to nursing administration in a nursing facility.

(3) Responsibility:

(a) The DNS shall have written administrative authority, responsibility, and accountability for assuring functions and activities of the nursing services department. The DNS shall participate in the development of any facility policies that affect the nursing services department ([OAR 411-085-0210](#)). The DNS shall organize and direct the nursing service department to include as a minimum:

(A) Develop and maintain a nursing service philosophy, objectives, standards of practice, policy and procedure manuals, and job descriptions for each level of nursing service personnel;

(B) Develop and maintain personnel policies of recruitment, orientation, in-service education, supervision, evaluation and termination of nursing service staff;

(C) Develop and maintain policies and procedure for determination of nursing staff's capacity for providing nursing care for any person seeking admission to the facility;

(D) Develop and maintain a quality assurance program for nursing services;

(E) Coordinate nursing service departmental functions and activities with the functions and activities of other departments;

(F) Develop nursing service department budget recommendations and participate with the facility administrator and other department directors in the allocation of funds for the facility;

(G) Participate with the facility administrator and other department directors in development and maintenance of practices and procedures that promote infection control, fire safety, and hazard reduction;

(H) Ensure that all medications and treatments are given promptly as ordered;

(I) Ensure that only licensed nurses or physicians administer injectable medications;

(J) Ensure adequate nursing services staffing (see [OAR 411-086-0100](#)), including development of a written staffing plan; and

(K) Ensure that all nursing staff perform their respective duties in a timely, efficient and professional manner.

(b) The DNS shall designate, in writing, a specific registered nurse, licensed to practice in Oregon, to be available immediately in person or by telephone to direct the functions and activities of the nursing services department when the DNS is not available in person or by telephone. This information shall be posted at each nursing station;

(c) The DNS shall be informed regarding residents' conditions, including when a significant change in a resident's condition warrants nursing or medical intervention;

(d) Effective October 1, 1990, or in the event of delay of the actual federal requirement, effective the actual implementation date, the DNS may serve as the charge nurse only if the facility has a licensed bed capacity of 60 or less and does not provide care for residents requiring skilled nursing care.

Stat. Auth.: [ORS 410.070, 410.090, 441.055](#)
Stats. Implemented: [ORS 441.055, 441.615](#)

411-086-0030 RN Care Manager
(Adopted 10/1/1990)

The RN care manager is a registered nurse who is responsible and accountable for managing the nursing care of his/her assigned residents. Each resident shall have an RN care manager responsible for his/her care:

(1) Training:

(a) Within nine months of hire each RN care manager shall have successfully completed three credit hours from an accredited school, or 30 continuing education hours, pertinent to gerontology, rehabilitation, or long-term care;

(b) Within nine months of hire each RN care manager shall have successfully completed three credit hours from an accredited college or university, or 15 continuing education hours, pertinent to management or supervision.

(2) Responsibility:

(a) The RN care manager shall be responsible and accountable for managing the nursing care of his/her assigned residents. The RN care manager shall ensure maximum independence and self-direction for residents;

(b) The RN care manager shall coordinate the nursing functions and tasks for those residents with physicians and other health care providers. The responsible RN care manager shall ensure the nursing plan and resident care plan are developed and documented, and that residents' care needs are met;

(c) Delegated authority:

(A) The RN care manager shall delegate to other licensed personnel only those nursing functions and tasks that the

licensee is competent and qualified to perform and that are permitted by [ORS Chapter 678](#);

(B) The RN care manager, or an RN or LPN with delegated authority from the RN care manager, shall ensure that the nursing assistant is assigned and performs only those tasks for which he/she is competent and qualified to perform and that are permitted by [ORS Chapter 678](#).

(3) Documentation. The name of the responsible RN care manager shall be documented in each resident's clinical record.

Stat. Auth.: [ORS 410.070, 410.090, 441.055](#)

Stats. Implemented: [ORS 441.055, 441.615](#)

411-086-0040 Admission of Residents

(Amended 09/25/2024)

(1) Admission Conditions:

(a) The facility shall not accept or retain residents whose care needs cannot be met by the facility;

(b) No person shall be admitted to the facility except on the order of a physician;

(c) Admission medical information shall include a statement concerning the diagnosis and general condition of the resident, a medical history and physical, or a medical summary. Other pertinent medical information, orders for medication, diet, and treatments shall also be provided;

(d) Each resident record must, before admission and when updated, include the following information:

(A) Legal name for billing purposes.

(B) To promote person-centered care, any variance from legal records, as indicated by the resident regarding:

(i) Name.

(ii) Pronouns.

(iii) Gender identity.

(e) No resident shall be admitted to a bed in any location other than those locations shown in the most recent floor plan filed with the Division and under which the license was issued;

(f) No facility shall admit an individual who is mentally ill or mentally retarded unless the Division or local representative thereof has determined that such placement is appropriate.

(g) Upon admission of a resident, the facility shall provide the resident or the resident's representative with information developed by the Long-Term Care Ombudsman describing the availability and services of the ombudsman. The facility shall document that the facility provided this information as required.

(h) Upon admission, the facility shall provide to the resident a copy of the LGBTQIA2S+ Protections policy that includes the following statement:

“(Name of care facility) does not discriminate and does not permit discrimination, including but not limited to bullying, abuse or harassment, based on an individual's actual or perceived sexual orientation, gender identity, gender expression or human immunodeficiency virus status, or based on an individual's association with another individual on account of the other individual's actual or perceived sexual orientation, gender identity, gender expression or human immunodeficiency virus status. If you believe you have experienced this kind of discrimination, you may file a complaint with the Oregon Department of Human Services at (provide current contact information).”

(i) Upon admission, the facility shall provide to the resident a copy of the nondiscrimination policy as described in [OAR 411-085-0210\(1\)\(w\)](#).

(2) Admission Status, Preliminary Care Plan, Preliminary Nursing Assessment:

- (a) A licensed nurse shall document the admission status of the resident within eight hours, including but not limited to skin condition, nutritional status, hydration status, mental status, vital signs, mobility, and ability to perform ADLs. This review of resident status shall be sufficient to ensure that the immediate needs of the resident are met;
- (b) A licensed nurse shall develop a preliminary resident care plan within 24 hours of admission. Staff providing care for the resident shall have access to, be familiar with, and follow this plan;
- (c) Social services shall be provided to the resident in accordance with the preliminary resident care plan not later than three days after admission;
- (d) A registered nurse shall complete and document a comprehensive nursing assessment within 14 days of admission; (e) A resident care plan shall be completed pursuant to [OAR 411-086-0060](#).

(3) Directives for Medical Treatment. Each resident shall be provided the following information and materials in written form within five days of admission, but in any event before discharge:

- (a) A copy of "Your Right to Make Health Care Decisions in Oregon," copyright 1991, by the Oregon State Bar Health Law Section, which summarizes the rights of individuals to make health care decisions, including the right to accept or refuse any treatment or medication and the right to execute directives and powers of attorney for health care;
- (b) Information on the facility's policies with respect to implementation of those rights;
- (c) A copy of the Advance Directive form set forth in [ORS 127.531](#) and a copy of the Power of Attorney for Health Care form set forth in [ORS 127.610](#), along with a disclaimer attached to each form in at

least 16-point bold type stating "You do not have to fill out and sign this form"; and

(d) The name and location of a person who can provide additional information concerning the forms for directives and powers of attorney for health care.

(4) Contracts, Agreements. Contracts, agreements and all other documents provided to, or required to be signed by, the resident shall not misrepresent or be inconsistent with the requirements of Oregon law. See [OAR 411-085-0300 - 411-085-0350](#).

Stat. Auth.: [ORS 410.070, 410.090, 441.055, 441.122](#)

Stats. Implemented: [ORS 441.055, 441.112, 441.114, 441.615](#)

411-086-0050 Admission of Day Care Residents

(Adopted 10/1/1990)

Day care residents may be admitted to the facility only if the facility has written approval from the Division to admit day care residents, the facility is in compliance with [OAR 411, divisions 85-89](#), and provided admittance does not interfere with care needs of other residents. Day care residents are considered "residents" for the purpose of [OAR 411, divisions 85-89](#), unless specifically stated otherwise:

(1) Application. Application for permission to accept day care residents shall be made to the Division on a form provided by the Division.

(2) Physical Environment:

(a) The number of day care residents shall not exceed one for every 40 square feet of floor space available for use by day care residents;

(b) Provision shall be made for dining, such as tray service or dining area. Day care residents shall be served meals at the same times as other residents;

(c) Each day care resident shall have either an unassigned bed or a folding cot in an area where rest and privacy can be provided;

(d) There shall be one toilet and one lavatory available to every 15 day care residents. Such facilities shall be in close proximity to the area used by day care residents;

(e) All space required for day care residents shall be in addition to space required for other residents.

(3) Physician. Day care residents shall be under the care of a licensed physician. The physician shall provide the facility with a statement on admission concerning the diagnosis and general condition of the resident and with orders for prescribed care.

(4) Medications. Day care residents taking medication prescribed by their physicians may bring such medication in the original containers to the facility.

(5) Activities. The day care resident shall be encouraged to participate in a program of activities which are suitable to the needs and interests of the day care resident, and which promote learning by and independence of the resident.

(6) Care Plan. Each day care resident shall have a preliminary care plan which includes a nursing assessment and addresses dietary needs/restrictions and activities.

(7) Documentation:

(a) There shall be available for each day care resident an admission summary sheet including resident's name, address, telephone number, sex, social security number; name, address, and telephone number of nearest relative or personal representative and attending physician;

(b) There shall be available for each day resident a medication sheet including date, time, dosage, method of administration, and any reaction to a medication. Such medication sheet shall be signed by the nursing personnel administering the medication.

Stat. Auth.: [ORS 410.070, 410.090, 441.055](#)
Stats. Implemented: [ORS 441.055, 441.615](#)

411-086-0060 Comprehensive Assessment and Care Plan
(Amended 09/25/2024)

(1) Comprehensive Assessment:

(a) An RN shall ensure completion and documentation of a comprehensive assessment of the resident's capabilities and needs for nursing services within 14 days of admission. Comprehensive assessments shall be updated promptly after any significant change of condition and reviewed no less often than quarterly. This assessment shall be on a form specified by the Division. The assessment shall include the following:

- (A) Medically defined conditions and medical history;
- (B) Medical status measurement;
- (C) Functional status;
- (D) Sensory and physical impairments;
- (E) Nutritional status and requirements;
- (F) Treatments and procedures;
- (G) Psychosocial status (see [OAR 411-086-0240](#));
- (H) Discharge potential (see [OAR 411-086-0160](#));
- (I) Dental condition;
- (J) Activities potential (see [OAR 411-086-0230](#));
- (K) Rehabilitation and restorative potential (see [OAR 411-086-0150](#) and [411-086-0220](#));
- (L) Cognitive status; and

(M) Drug therapy.

(b) Social services, activities and dietary personnel shall complete an assessment within 14 days of admission.

(2) Care Plan Preparation and Implementation. The facility, through the nursing services department and the interdisciplinary staff, shall provide services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident in accordance with a written, dated, care plan:

(a) The plan shall be completed within seven days after completion of the comprehensive assessment. The care plan shall be reviewed and updated whenever the resident's needs change, but no less often than quarterly;

(b) The care plan shall describe the medical, nursing, and psychosocial needs of the resident and how the facility will actively meet those needs. This description of needs shall include measurable objectives and time frames in which the objectives will be met;

(c) The plan shall provide for and promote personal choice and independence of the resident;

(d) The resident care plan must address the following, if indicated by the resident,

(A) Name.

(B) Pronouns.

(C) Gender identity.

(e) The plan shall be reviewed and completed at an interdisciplinary care planning conference with participation from the resident's RN care manager and personnel from dietary, activities and social services. The resident's attending physician will participate in the development and any revision of the care plan. Physician

participation may be in person, through communication with the DNS or RN Care Manager, or via telephone conference;

(f) The resident, the resident's legal representative, and anyone designated by the resident shall be requested to participate. The request shall be documented in the resident's clinical record;

(g) The plan shall be prepared and implemented with participation of the resident and in accordance with the resident's wishes;

(h) Unless required or allowed by state or federal law, a facility shall not disclose any personally identifiable information regarding:

(A) A resident's sexual orientation;

(B) Whether a resident is LGBTQIA2S+;

(C) A resident's gender transition status; or

(D) A resident's human immunodeficiency virus status.

(i) The facility shall take appropriate steps to minimize the likelihood of inadvertent or accidental disclosure of information described in subsection (h) of this section to other residents, visitors or facility staff, except to the minimum extent necessary for facility staff to perform their duties.

(j) Facilities must notify the resident or resident's representative if the facility inadvertently or accidentally discloses such information to unauthorized persons.

(k) The plan shall include an assessment of the resident's potential for discharge and the facility's efforts to work toward discharge;

(l) The plan shall be available to and followed by all staff involved with care of the resident.

(3) Documentation:

- (a) The care plan shall be written in ink and made a part of the resident's clinical record;
- (b) Participation in development of the care plan by interdisciplinary staff will be clearly documented.

Stat. Auth.: [ORS 410.070, 410.090, 441.055, 441.122](#)

Stats. Implemented: [ORS 441.055, 441.111, 441.114, 441.615](#)

411-086-0100 Nursing Services: Staffing

(Amended 11/01/2023)

(1) STAFFING PLAN.

- (a) The facility must have and implement a written plan that:
 - (A) Ensures staffing sufficient to meet the minimum staffing requirements described in sections (3), (4), and (5) of this rule;
 - (B) Ensures staffing sufficient to meet the needs of each resident; and
 - (C) Identifies procedures to obtain required staff when absences occur.
- (b) The facility must maintain a written, weekly staffing schedule showing the number and category of staff assigned to each shift and the person to be called in the event of any absence.

(2) DAILY STAFF PUBLIC POSTING.

- (a) The facility must have the number of on-duty nursing staff publicly posted 24 hours each day using form [SDS 0717](#) and the Nursing Assistant (NA) Staff Ratio Chart form SDS 0717A.
 - (A) The posted forms must be prominently displayed in a public area and readily accessible to residents and visitors as described in [OAR 411-085-0030\(1\)\(b\)](#).

(B) The posted forms must be at least 8.5 x 14 inches and printed in a minimum font size of 16.

(C) The staffing information must be an accurate reflection of the actual staff working each shift.

(b) The posted staffing forms must include:

(A) Facility name;

(B) Current date;

(C) Current resident census per shift;

(D) The total number and actual hours worked by registered nurses (RNs), licensed practical nurses (LPNs), and nursing assistants (CNAs and NAs) directly responsible for resident services per shift; and

(E) The minimum staffing standard, nursing assistant to resident ratio, referenced in section (5)(c) of this rule.

(c) Upon oral or written request, the facility must make direct care staffing data available to the public for review at a cost not to exceed the community standard.

(d) The facility must maintain the posted nurse staffing data for a minimum of 18 months.

(3) MINIMUM STAFFING, GENERALLY. Resident service needs must be the primary consideration in determining the number and categories of nursing personnel needed. Nursing staff must be sufficient in quantity and quality to provide nursing services for each resident as needed, including restorative services that enable each resident to achieve and maintain the highest practicable degree of function, self-care, and independence, as determined by the resident's care plan. Such staffing must be provided even though it exceeds other requirements specified by this rule or specified in any waiver.

(4) MINIMUM LICENSED NURSE STAFFING.

(a) Licensed nurse hours must include no less than one RN hour per resident per week.

(b) When an RN serves as the administrator in the temporary absence of the administrator, the RN's hours must not be used to meet minimum nursing hours.

(c) In facilities with 41 or more beds, the hours of a licensed nurse who serves as facility administrator must not be included in any licensed nurse coverage required by this rule.

(d) The licensed nurse serving as a charge nurse must not be counted toward the minimum staffing requirement under section (5)(c) of this rule.

(e) The facility must have a licensed charge nurse on each shift 24 hours per day.

(A) An RN must serve as the licensed charge nurse for no less than eight consecutive hours between the start of day shift and the end of evening shift, seven days a week.

(B) The Director of Nursing Services may serve as the charge nurse only when the facility has 60 or fewer residents.

(C) Section (4)(e) of this rule may be waived by the Department of Human Services (Department). The request for waiver must comply with [OAR 411-085-0040](#) and must be reviewed annually. The waiver shall be considered by the Department if the facility certifies that:

(i) The facility has been unable to recruit appropriate personnel despite diligent efforts, including offering wages at the community prevailing rate for nursing facilities;

(ii) The waiver does not endanger the health or safety of residents; and

(iii) An RN or physician is available and obligated to immediately respond to telephone calls from the facility.

(5) MINIMUM CERTIFIED NURSING ASSISTANT STAFFING.

(a) The facility must determine the specific time frame for beginning and ending each consecutive eight-hour shift using one of the following options:

(A) Option 1.

(i) Day shift from 5:30 a.m. to 1:30 p.m.

(ii) Evening shift from 1:30 p.m. to 9:30 p.m.

(iii) Night shift from 9:30 p.m. to 5:30 a.m.

(B) Option 2.

(i) Day shift from 6 a.m. to 2 p.m.

(ii) Evening shift from 2 p.m. to 10 p.m.

(iii) Night shift from 10 p.m. to 6 a.m.

(C) Option 3.

(i) Day shift from 6:30 a.m. to 2:30 p.m.

(ii) Evening shift from 2:30 p.m. to 10:30 p.m.

(iii) Night shift from 10:30 p.m. to 6:30 a.m.

(D) Option 4.

(i) Day shift from 7 a.m. to 3 p.m.

(ii) Evening shift from 3 p.m. to 11 p.m.

(iii) Night shift from 11 p.m. to 7 a.m.

(b) Each resident must have assigned and be informed of the nursing assistant responsible for his or her care and services on each shift. The numbers listed in this rule represent the minimum staffing requirement. The numbers do not represent sufficient nursing staff. The number of staff necessary to meet the needs of each resident determines sufficient nursing staff.

(c) The number of residents per nursing assistant must not exceed the following ratios:

(A) Prior to October 1, 2013:

(i) DAY SHIFT: 1 nursing assistant per 7 residents.

(ii) EVENING SHIFT: 1 nursing assistant per 11 residents.

(iii) NIGHT SHIFT: 1 nursing assistant per 18 residents.

(B) Effective October 1, 2013 to March 30, 2014, each facility must, in addition to the nursing assistant staff to resident ratios listed in subsection (A) of this section, increase nursing assistant staffing to the minimum standard of 2.46 hours per resident day in a 24-hour period of time from the start of day shift until the end of night shift seven days a week.

(C) Effective March 31, 2014:

(i) DAY SHIFT: 1 nursing assistant per 7 residents.

(ii) EVENING SHIFT: 1 nursing assistant per 9.5 residents.

(iii) NIGHT SHIFT: 1 nursing assistant per 17 residents.

(d) Each facility must submit a quarterly staffing report to the Department using the Department's approved method and format. The report must provide an accurate daily account of resident census and nursing assistant staffing levels for each shift.

(A) The facility must submit the report to the Department no later than the end of the month immediately following the end of each calendar quarter. (Example: For the calendar quarter ending March 31, the report must be received no later than April 30.)

(B) The report must specify the shifts in which the minimum staffing standards as set forth in section (5)(c) of this rule were not met.

(C) Upon the Department's request, the facility must provide documents to support the quarterly staffing report, including payroll records.

(e) This rule does not prohibit nursing assistants from providing services to a resident to whom they are not assigned.

(f) The facility must ensure that nursing assistants only perform those tasks for which they are competent and qualified to perform and that are permitted by [ORS chapter 678](#) and [OAR 851-063-0030](#).

(g) Nursing assistants with a restricted duty status may be counted toward meeting the minimum staffing ratio as set forth in section (5)(c) of this rule if the nursing assistant is able to perform 90 percent of the authorized duties and responsibilities, with or without accommodation, required by a certified nursing assistant as determined by the Oregon State Board of Nursing ([OAR 851-063-0030](#)).

(h) The facility must ensure that a nursing assistant is not assigned more residents than the number for which the nursing assistant is able to meet the individual service needs.

(i) The facility must have a minimum of two nursing staff on duty within the facility at all times.

(j) Nursing staff must be present at all times in each detached building, distinct and segregated area including those separated by closed doors, and on each level or floor where residents are housed.

(k) Nursing assistants do not include dining assistants.

(l) Nursing assistants serving as restorative aides must not be counted toward the minimum staffing requirement under section (5)(c) of this rule.

(m) A facility must not employ any person as a nursing assistant for longer than four months from the date of hire without an Oregon State Board of Nursing issued CNA 1 certification.

(n) The facility must ensure no more than 25 percent of the nursing assistants assigned to residents per shift pursuant to section (5)(c) of this rule are uncertified nursing assistants.

(o) If an individual meets the criteria documented in [OAR 411-070-0087](#), and the Department has authorized the bariatric rate, the facility must provide one (1) additional Certified Nursing Assistant (CNA), for each shift, above the licensing staffing standard in [OAR 411-086-0100\(5\)](#), for the third through fifth approved individuals for the bariatric rate. Another CNA is then required, for each shift, for every additional five (5) individuals receiving the bariatric rate. For example:

(A) For the first two (2) approved individuals, the facility must meet the requirements in [OAR 411-086-0100\(3\)](#).

(B) For three (3) to five (5) approved individuals, one (1) CNA would be required above staffing standard, for each shift.

(C) For six (6) to ten (10) approved individuals, two (2) CNAs would be required above staffing standard, for each shift.

(6) CERTIFIED MEDICATION AIDES.

(a) The facility must ensure that all nursing assistants administering non-injectable medications are certified as nursing assistants and as medication aides. Documentation of these two certifications must be maintained in the facility.

(b) The certified medication aide assigned to administer medications must not be counted toward meeting the minimum staffing requirements for direct service of residents referenced at section (5)(c) of this rule.

Stat. Auth.: [ORS 410.070, 410.090, 441.055, 441.073, 441.615](#)

Stats. Implemented: [ORS 410.070, 410.090, 441.055, 441.073, 441.615](#)

411-086-0110 Nursing Services: Resident Care

(Adopted 10/1/1990)

(1) Nursing Services Generally. Nursing services staff shall provide and document nursing services for each resident. Nursing staff shall provide services to attain and maintain the highest practicable physical, mental and psychosocial well-being, independence, self-direction, and self-care of each resident, including:

(a) Good grooming and cleanliness of body, skin, nails, hair, eyes, ears, and face, including removal or shaving of hair in accordance with resident wishes, and prompt assistance with toileting needs and care for incontinence;

(b) Good body alignment and adequate exercise or range-of-motion, including, when practicable, ambulation;

(c) Adequate fluid and nutritional intake:

(A) Assistance or supervision with eating and drinking shall be provided as required;

(B) Fluids shall be offered at least three times a day (in addition to meal times) to residents who are unable to help themselves; and

(C) Weigh each resident on admission and quarterly thereafter or more often if resident's condition warrants it.

(d) Adequate sleep and rest;

(e) Oral hygiene;

(f) Bowel and bladder evacuation and continence;

(g) Optimal freedom from pain; and

(h) Resident ability to:

(A) Dress, bathe and groom;

(B) Transfer and ambulate;

(C) Appropriately interact with others; and

(D) Effective October 1, 1990, or in the event of delay of the federal requirement, effective the actual federal implementation date, self-medicate based on nursing and physician assessment and provision of instruction to the resident if necessary.

(2) Coordination of Services. The DNS and RN care manager shall coordinate the provision of nursing services for the resident with other disciplines and providers. The DNS and RN care manager shall ensure provision and documentation of resident care interventions prescribed by other health care professionals, including timely medications and treatments ordered by the resident's physician.

(3) Questionable Care. When any RN questions the efficacy, need or safety of medications or treatments, the RN shall report that question to the attending physician or nurse practitioner. The RN shall seek and document instructions received and all actions taken to ensure problem resolution.

(4) Standards of Practice. Nursing care staff shall provide nursing services in accordance with the Oregon Nurse Practice Act ([ORS Chapter 678](#)).

(5) Documentation. Licensed nursing staff shall evaluate and accurately document in the clinical record the effectiveness of services provided to the resident, including required preventive care, at least quarterly.

Stat. Auth.: [ORS 410.070, 410.090, 441.055](#)
Stats. Implemented: [ORS 441.055, 441.615](#)

411-086-0120 Nursing Services: Changes of Condition
(Adopted 10/1/1990)

(1) Change of Condition (Generally). Nursing staff shall observe, assess, document, and report to the DNS and the resident's physician any significant change in resident condition that warrants medical or nursing intervention, including any significant change in:

- (a) Vital signs;
- (b) Skin integrity (i.e., decubitus ulcer);
- (c) Hydration;
- (d) Ability to take or retain food or fluids;
- (e) Weight gain/loss;
- (f) Bowel or bladder function;
- (g) Behavior;
- (h) Level of comfort (i.e., pain, injury); or
- (i) Level of consciousness.

(2) Acute Condition Change. The nursing staff shall ensure that any significant and acute condition change is promptly assessed and documented by a registered nurse and that appropriate measures are immediately instituted.

(3) Documentation. Documentation shall include assessment, appropriate interventions, monitoring and outcome until point of resolution.

Stat. Auth.: [ORS 410.070, 410.090, 441.055](#)
Stats. Implemented: [ORS 441.055, 441.615](#)

411-086-0130 Nursing Services: Notification

(Adopted 10/1/1990)

(1) Notification of Significant Other(s). The nursing care staff or other designated staff shall notify the resident's significant others as soon as possible whenever:

(a) The resident has had a change of physical, mental or psychosocial status, including death or accident resulting in injury, or change in type of care needed;

(b) The resident has wandered from the facility.

(2) Notification of Division. The nursing care staff shall notify the Division of any situation in which the health or safety of the resident(s) was/is endangered such as:

(a) Suspected abuse;

(b) Fire;

(c) Lost resident;

(d) Accidental or unusual death.

(3) Notification of Physician. The nursing care staff shall notify the resident's physician of possible changes in the type of care the resident needs and document such notification in the resident's clinical record. Such notification shall be timely. The physician's determination shall be documented in the resident's clinical record.

NOTE: See requirements for physician visits under [OAR 411-086-0200](#).

(4) Documentation. The nursing care staff, except as provided by section (3) of this rule, shall document all notification/consultation required by this rule in the resident's clinical record.

Stat. Auth.: [ORS 410.070, 410.090, 441.055](#)
Stats. Implemented: [ORS 441.055, 441.615](#)

411-086-0140 Nursing Services: Problem Resolution and Preventive Care

(Amended 10/1/1993)

(1) Problem Resolution and Prevention:

(a) Conditions to be Prevented. The licensee shall take all reasonable measures consistent with resident choice to resolve and to prevent undesirable conditions such as:

- (A) Decubitus ulcers and other skin breakdowns;
- (B) Loss of mobility, or development of contractures or foot drop;
- (C) Dehydration;
- (D) Impaction;
- (E) Infections;
- (F) Weight loss/gain;
- (G) Loss of range of motion;
- (H) Loss of bowel and bladder control; and
- (I) Loss of self-esteem or dignity.

(b) Reasonable Measures. Reasonable measures which are required to be taken include, but are not limited to:

- (A) Assessment of residents who are at risk;
- (B) Implementation of preventive measures; and

(C) Reassessment and modification of treatment program when the program implemented is not effective.

(2) Safe Environment. The licensee shall ensure the provision of a safe environment to protect residents from injury. Actions taken by the facility staff shall be consistent with each resident's right to fully participate in his or her own care planning and shall not limit any resident's ability to care for herself/himself:

(a) Dangerous Conditions. The licensee shall take all reasonable precautions to protect a resident from possible injury from dangerous conditions;

(b) Falling, Wandering, Negligence. The licensee shall take all reasonable precautions to protect a resident from possible injury from falling, wandering, other resident(s), staff and staff negligence;

(c) Reasonable Precautions. Reasonable precautions include, but are not limited to, provision and documentation of an assessment and evaluation of resident's condition, medications, and treatments, and completion of a care plan, consistent with [OAR 411-086-0060](#); and, when appropriate:

(A) Physician notification;

(B) Provision of additional in-service training; and/or

(C) Evaluation/adjustment of staffing patterns and supervision.

(d) The licensee shall take all reasonable precautions to protect a resident from dangerous conditions relating to remodeling or construction.

(3) Restraints. The licensee shall ensure that, except when required in an emergency, physical and chemical restraints are only applied in accordance with the resident's care plan. Restraints may be used only to ensure the physical safety of the resident or other residents:

(a) Freedom of Choice. When restraints are considered in the interdisciplinary care planning conference to reduce the risk of injury

related to falls, the resident or his/her legal guardian or person acting under the resident's power of attorney for health care must be informed of the potential risks of falling and the risks associated with restraints;

(b) Physician Orders Required. Except as provided in subsection (3)(c) of this rule, physical and chemical restraints may be applied only when a physician orders restraints. An order for restraints must clearly identify the reason for the restraints and the duration and circumstances under which they are to be applied;

(c) Emergencies. In an emergency situation, a registered nurse may use physical restraints without physician orders if necessary to prevent injury to the resident or to other residents and when alternative measures do not work. If restraints are used in an emergency situation, the registered nurse shall document in the resident's clinical record the use of restraints and what alternative measures did not work. A licensed nurse shall contact the physician for restraint orders within 12 hours of application;

(d) Re-evaluation. Whenever restraints are used, circumstances requiring the restraints and the need must be continually re-evaluated and documented in the clinical record;

(e) Staff Convenience/Discipline. Restraints shall not be used for discipline or staff convenience;

(f) Periodic Release. Residents who are physically restrained must have the restraints released at least every two hours for a minimum of ten minutes and be repositioned, exercised or provided range of motion during this period;

(g) Toileting. Toileting and incontinence care shall be provided when necessary;

(h) Quick Release. All physical restraints must allow for quick release. Locked restraints may not be used;

(i) Fixed Objects. Residents shall not be physically restrained to a fixed object.

(4) Documentation. All preventive measures taken by the facility staff shall be clearly documented. Such documentation shall include assessment of resident(s) at risk, preventive measures taken, results and evaluation of measures taken, and revision of measures as appropriate.

Stat. Auth.: [ORS 410.070, 410.090, 441.055](#)

Stats. Implemented: [ORS 441.055, 441.615](#)

411-086-0150 Nursing Services: Restorative Care

(Adopted 10/1/1990)

(1) Restorative Program. Nursing services staff shall provide a restorative program which re-establishes and maintains to the greatest extent practical the functional abilities of residents. Such functional abilities shall include but not be limited by the abilities identified in [OAR 411-086-0110\(1\)](#). The facility shall have written policies governing the provision and documentation of restorative services pursuant to [OAR 411-085-0210](#).

(2) Director. The Director of Nursing Services or his/her designee shall ensure the development and implementation of an effective restorative services program.

(3) Staffing. Restorative services shall be provided by facility nursing staff in accordance with the resident's care plan.

(4) Restorative Plan. Each resident shall have a restorative plan based on an assessment of resident's needs and delivered in accordance with the resident care plan:

(a) Restorative services shall be provided to the resident in accordance with the preliminary resident care plan not later than 24 hours after admission;

(b) The restorative services plan shall be reviewed and updated as frequently as the resident's condition changes, but no less often than quarterly.

(5) Documentation. All restorative services provided and results of those services shall be clearly documented in the resident's clinical record.

Progress notes relevant to the plan shall be documented in the resident's clinical record as frequently as the resident's condition or ability changes, but no less often than quarterly.

Stat. Auth.: [ORS 410.070, 410.090, 441.055](#)

Stats. Implemented: [ORS 441.055, 441.615](#)

411-086-0160 Nursing Services: Discharge Summary

(Amended 10/1/1993)

(1) Discharge Summary Required. A discharge summary shall be completed for each resident before discharge.

(2) Contents. The discharge summary shall include:

(a) A recapitulation of the resident's stay;

(b) A final summary of the resident's status, including the most recent nursing assessment as defined in [OAR 411-086-0060](#); and

(c) A post-discharge plan of care developed in accordance with [OAR 411-086-0060](#) which will assist the resident to adjust to his/her new living environment. A post-discharge plan is not required when the resident is discharged to acute care or to the morgue.

Stat. Auth.: [ORS 410.070, 410.090, 441.055](#)

Stats. Implemented: [ORS 441.055, 441.615](#)

411-086-0200 Physician Services

(Amended 3/6/2008)

(1) MEDICAL DIRECTOR. Each nursing facility shall have a physician medical director designated in writing. The medical director shall:

(a) Serve on the Quality Assessment and Assurance Committee;

(b) Assist the facility to assure that adequate medical care is provided on a timely basis in accordance with [OAR 411-085-0210](#) (Facility Policies); and

(c) Serve as attending physician for those residents who are not able to obtain services of another physician or ensure another physician is available to serve as attending physician.

(2) ATTENDING PHYSICIAN. Each resident shall be under the care of a physician who is responsible for the resident's medical care.

(a) Physician Assistant. The physician may delegate tasks to a physician assistant pursuant to [ORS chapter 677](#) and rules adopted by the Board of Medical Examiners. The physician assistant must be under the direction and supervision of the resident's physician.

(b) Nurse Practitioner. The physician may delegate tasks to a nurse practitioner pursuant to [ORS chapter 678](#) and the rules adopted by the Oregon State Board of Nursing.

(c) Clinical Nurse Specialist in Gerontological Nursing. The physician may delegate responsibilities identified in section (4)(a) of this rule to a registered nurse who is certified by the American Nurses Association's Credentialing Center as a "Clinical Specialist in Gerontological Nursing." The specific tasks which may be delegated to the clinical nurse specialist are governed by the scope of practice as specified by the Oregon State Board of Nursing.

(d) Delegation.

(A) Except as provided in section (4) of this rule, a physician may delegate tasks to a physician assistant, nurse practitioner or clinical nurse specialist who is acting within the scope of practice as defined by Oregon law and who is under the supervision of a physician.

EXCEPTION: A physician may not delegate a task in a Medicare-certified facility when federal regulations specify the physician must perform it personally.

(B) The physician assistant, nurse practitioner or clinical nurse specialist substituting for physician visits as described in section (4)(a) of this rule may not be an employee of the nursing facility.

(3) MEDICATIONS AND TREATMENTS.

(a) Authorization. Physician's orders shall either be initially written and signed by the physician, nurse practitioner (NP) or physician assistant (PA), or given verbally or by telephone. If given verbally or by telephone, the orders shall be accepted only by a licensed nurse and must be written and mailed to the physician, NP or PA within 72 hours to be signed and returned to the facility for filing in the resident's chart.

(b) Promptly Carried Out. All physician orders shall be promptly carried out unless inconsistent with the resident's expressed wishes.

(c) Orders Required. Medications and treatments shall be administered only on the order of a physician or a designee pursuant to ORS chapters [677](#), [678](#), and [679](#).

(d) Standing Orders. Therapies and drugs not requiring prescription under [ORS chapter 689](#) may be ordered from standing orders of the attending physician, NP or PA. Therapies and drugs so ordered shall be reviewed and signed at least annually by the attending physician. Use of standing orders shall be authorized by licensed personnel and transcribed to the physician order form.

(4) PHYSICIAN VISITS.

(a) Frequency. Physician visits shall be according to resident's needs. The physician shall comply with Medicare or Medicaid requirements when applicable. Physician visits shall conform to the following schedule.

(A) Medicare Covered Stay. When Medicare is the primary payor source for a resident's stay, the resident must be seen by the physician at least every 30 days for the first 90 days after admission, then every 60 days thereafter. If authorized by the physician, every other visit after the first visit may be conducted by a physician's assistant, a clinical nurse specialist as specified in section (2) of this rule, or nurse practitioner.

(B) Medicare and/or Medicaid Certified Facilities. For residents in facilities which are certified for Medicare and/or Medicaid, and Medicare is not the primary payor source, each resident must be seen by the physician at least every 30 days for the first 90 days after admission, then every 60 days thereafter. If authorized by the physician, all visits may be conducted by a physician's assistant, a clinical nurse specialist as specified in section (2) of this rule, or nurse practitioner.

(C) Licensed Only Facilities. For residents in all facilities which are not certified for either Medicaid or Medicare, each resident shall be visited by the physician every 30 days for the first 90 days, then every 180 days thereafter. If authorized by the physician, all visits may be conducted by a physician's assistant, a clinical nurse specialist as specified in section (2) of this rule, or nurse practitioner.

(D) Timely Visit. A visit required pursuant to sections (4)(a)(A), (B), or (C) of this rule will be considered "timely" if it occurs not later than ten days after the date the visit was required.

(b) Assessments, Observation. The facility shall ensure a physician's assessment and determination of type of care needed is performed for each resident. The results and observations shall be recorded in the physician's progress notes at time of admission and at least annually thereafter.

(c) Policies. The facility shall establish policies to assure physician services are provided in all cases when the attending physician or the attending physician's alternate cannot or does not respond to the resident's needs.

(d) Failure to Visit. If the physician or physician designee fails to visit the resident according to resident's need, fails to respond to requests for assistance in resident's care, or fails to return verbal or telephone orders reduced to writing and forwarded to the physician by the facility, then the facility administrator shall ensure:

(A) Reasonable and repeated attempts are made and documented in the clinical record to get the physician or physician designee to visit resident or return signed orders;

(B) The medical director is notified and the Quality Assessment and Assurance Committee reviews the situation;

(C) The County Medical Society, State Medical Society, and the Board of Medical Examiners are notified in writing of the problem;

(D) The Seniors and People with Disabilities Division is notified in writing of the physician's failure to visit resident(s) or complete progress notes or signed orders; and

(E) The resident and the resident's significant other(s) are notified.

(e) Emergency Backup. Each facility shall provide for one or more physicians to be called in the event of a medical emergency. The names and telephone numbers of such physicians shall be posted at each nurses' station.

(5) DOCUMENTATION. All physician orders, physician visits, and responses thereto shall be promptly documented in the resident's clinical record.

Stat. Auth.: [ORS 410.070, 410.090, 441.055](#)

Stats. Implemented: [ORS 441.055, 441.615](#)

411-086-0210 Dental Services

(Adopted 10/1/1990)

(1) Consulting Dentist. The facility shall have an consulting dentist who shall:

(a) Participate in the development of written policies and procedures for routine dental care, dental emergencies, and oral hygiene ([OAR 411-085-0210](#));

(b) Be available in case of a dental emergency or arrange for another dentist to be available;

(c) Recommend procedures for oral health in-service training. This training shall be provided to appropriate staff at least annually; and

(d) Instruct or arrange for a dental hygienist to instruct registered nurses on the facility staff in how to perform oral screenings.

(2) Physician Participation. The dentist's written treatment orders shall be followed upon documented verbal approval of the attending physician.

(3) Dentures Marked. The facility shall cause the resident's dentures to be marked for identification.

(4) Documentation. Oral and dental care services shall be documented in the resident's clinical record.

Stat. Auth.: [ORS 410.070, 410.090, 441.055](#)

Stats. Implemented: [ORS 441.055, 441.615](#)

411-086-0220 Rehabilitative Services

(Adopted 10/1/1990)

(1) Rehabilitation Program. The facility shall provide rehabilitative services, when applicable, which re-establishes and maintains to the greatest extent practical the functional abilities of residents. The facility shall have written policies governing the provision and documentation of rehabilitative services pursuant to [OAR 411-085-0210](#).

(2) Director. The Director of Nursing Services or his/her designee shall ensure the development and implementation of an effective rehabilitation services program when applicable.

(3) Staffing. When a resident requires rehabilitative services, the services shall be ordered by the attending physician and provided or supervised by personnel qualified under state law to provide that service.

(4) Rehabilitation Plan. Each resident shall have a rehabilitation plan based on an assessment of resident's needs and delivered in accordance with the resident care plan:

(a) The rehabilitation plan shall be implemented within seven days of admission;

(b) The rehabilitation plan shall be reviewed and updated as frequently as the resident's condition changes, but no less often than quarterly.

(5) Documentation. All rehabilitative services provided and results of those services shall be clearly documented in the resident's clinical record. Progress notes relevant to the plan shall be documented in the resident's clinical record as frequently as the resident's condition or ability changes, but no less often than quarterly.

Stat. Auth.: [ORS 410.070, 410.090, 441.055](#)

Stats. Implemented: [ORS 441.055, 441.615](#)

411-086-0230 Activity Services

(Amended 10/1/1993)

(1) Activity Program. The facility shall have an activity program available to all residents which encourages each resident to maintain normal activity and to return to self-care. The program shall address the intellectual, social, spiritual, creative, and physical need(s), capabilities, and interests of each resident, and shall encourage resident self-direction:

(a) The program shall encourage involvement and allow each resident to attain and maintain function at his/her highest practical level, and shall include both group and individual activities;

(b) Residents and staff will be informed of scheduled activities;

(c) The program shall include activities meaningful to the residents at least six days per week including:

(A) Gross motor activities (e.g., exercise, dancing, gardening, crafts);

(B) Individual self-care activities designed to enhance personal responsibility and choice (e.g., dressing, personal hygiene);

(C) Social activities (e.g., games, outside activities, field trips);
and

(D) Sensory enhancement activities (e.g., pictures, music, olfactory and tactile stimulation, reminiscing, pet therapy).

(d) The facility shall provide equipment, supplies and space to meet individual and group activity needs.

(2) Activity Director. The facility shall employ an Activity Director. He/she shall have a written job description which identifies the duties and responsibilities of the position, including the requirements set forth by this rule:

(a) Qualifications. The Director shall meet one of the following:

(A) Have two years' experience in a social or recreational program within the past five years, one of which was full-time in a patient activities program in a health care setting; or

(B) Be eligible for certification as a therapeutic recreation specialist by a recognized accrediting body; or

(C) Be a qualified occupational therapist or occupational therapy assistant; or

(D) Have completed a 36-hour activities workshop. The workshop must be conducted by an individual with a master's or bachelor's degree in recreation therapy or a closely related field, or by a registered occupational therapist. Such individual must have at least one year of experience in long-term care services. The course must cover the subject matters identified in [Exhibit 1](#), which is attached to and made a part of these rules.

(b) Responsibilities. The Director shall:

(A) Ensure the provision of an activities program as required by this rule and adherence to facility policy ([OAR 411-085-0210](#));

(B) Plan and participate in activities in-service required by [OAR 411-086-0310](#).

(3) Staffing. The facility shall have adequate staffing to carry out the activity program.

(4) Activities Plan. Each resident shall have an activities plan for independent and group activities which is incorporated into the comprehensive care plan. The plan shall include, but not be limited to, past and current interests and activities, skills, medical limitations, and cognitive and emotional functioning:

(a) Activity services shall be available to the resident in accordance with the preliminary resident care plan not later than 24 hours after admission;

(b) The activities plan shall be reviewed and updated as frequently as the resident's condition or needs change, but no less often than quarterly;

(c) The clinical record shall contain written instructions or orders from the resident's attending physician stating the level of activity allowed and any activity restrictions.

(5) Documentation:

(a) The involvement of each resident shall be documented in the resident's clinical record, including the type of activity and the degree of participation;

(b) Progress notes relevant to the activities plan shall be documented in the resident's clinical record as frequently as the resident's condition changes, but no less often than quarterly.

Stat. Auth.: [ORS 410.070, 410.090, 441.055](#)
Stats. Implemented: [ORS 441.055, 441.615](#)

411-086-0240 Social Services
(Amended 10/1/1993)

(1) Social Services Program. A social services program shall be provided which identifies, attains and maintains the highest practicable physical, mental and psychosocial well-being of each resident:

(a) The program shall assist facility staff, family and friends of the resident to help meet the resident's personal and emotional needs;

(b) The facility shall provide space and furnishings for social services which are readily accessible and assure privacy for interviewing, counseling and telephone conversations.

(2) Social Services Director. The facility shall employ a Social Services Director. The Director shall have a written job description which identifies the duties and responsibilities of the position and includes the requirements to be met by this rule:

(a) Qualifications. The Social Services Director shall:

(A) Have a bachelor's or master's degree in behavioral sciences (e.g., human development, psychology, sociology or counseling) with at least one year's experience in a health care setting; or

(B) An associate degree in behavioral sciences with two years' experience in a health care setting; or

(C) Receive regular on-site consultation, no less often than quarterly, from an individual who has a bachelor's or master's degree in social work or a related behavioral science, and one year's experience in a long-term care setting working directly with individual residents, and have written procedures for referring residents in need of social services to appropriate resources;

(D) The Social Services Director of a facility with more than 120 beds shall be full-time and shall meet the requirements in either paragraph (2)(a)(A) or (B) of this rule.

(b) Responsibilities. The Social Services Director shall:

(A) Interview residents and family;

(B) Assess the psychosocial and emotional needs of the residents;

(C) Participate in resident care planning conferences and social service in-services for facility staff;

(D) Identify and document changes in affect, behavior and personality;

(E) Maintain liaison with community agencies and ensure needed ancillary services are available and provided when requested;

(F) Help ensure that the resident's rights are provided and protected;

(G) Make referrals as needed and document outcomes;

(H) Plan and participate in facility in-service required by [OAR 411-086-0310](#); and

(I) Prepare for resident's discharge as appropriate:

(i) The social services program staff shall educate the resident and the resident's significant others regarding the resident's rights, the resident's potential for discharge and the availability of alternate living services;

(ii) The social services staff shall assess the resident's potential for discharge and the availability of alternate living services no less often than quarterly;

(iii) The social services staff shall assist with the development and coordination of services required to effect the resident's discharge.

(J) Assist the resident in obtaining appropriate prosthetics that will allow for resident's optimal functioning and quality of life.

(3) Staffing. The facility shall have adequate staffing to carry out the social services program in accordance with facility policy ([OAR 411-085-0210](#)).

(4) Social Services Plan. Each resident shall have a social services plan incorporated into the comprehensive care plan based on the psychosocial and comprehensive assessments. The social services plan shall be reviewed and updated as frequently as the resident's condition changes, but no less often than quarterly.

(5) Documentation. Progress notes relevant to the plan shall be documented in the clinical record as frequently as the resident's condition changes, but no less often than quarterly.

Stat. Auth.: [ORS 410.070](#), [410.090](#), [441.055](#)

Stats. Implemented: [ORS 441.055](#), [441.615](#)

411-086-0250 Dietary Services

(Amended 8/1/2004)

(1) DIETARY SERVICES DEPARTMENT. The facility shall have a dietary services department which complies with the Food Sanitation Rules, [OAR chapter 333, division 150](#).

(a) Admittance to the kitchen shall be restricted to those who must enter to perform their duties, to government inspectors, or for peer review.

(b) Written procedures for cleaning equipment and work areas shall be prepared and enforced.

(c) Foods shall be protected from contamination during transportation.

(d) There shall be a minimum of one week supply of staple foods and two-day supply of perishable foods on the premises.

(2) DIETARY SERVICES DIRECTOR.

(a) Qualifications. Overall supervision of the dietary service shall be assigned to a full-time dietary service director who is a registered dietician, or:

(A) Is a graduate of a dietetic technician training program (correspondence or classroom) approved by the American Dietetic Association or dietary management training approved by the American Dietary Manager Association; and

(B) Has on-site consultation provided at least monthly.

(i) The consultant shall be a registered dietician or a person with a baccalaureate degree or higher with major studies in food, nutrition, diet therapy, or food service management.

(ii) The consultant shall have at least one year of supervisory experience in an institutional dietary service and shall participate in continuing education annually.

(iii) The visits of the consultant shall be of sufficient duration to review dietary systems and assure quality food to the resident.

(b) Responsibilities. The dietary services director has responsibility, with guidance from the consultant if the director is not a registered dietician, for:

(A) Orientation, work assignments, supervision of work, and food handling technique for dietary service staff. The director shall assure that employees who have or exhibit signs of a communicable disease do not remain on duty;

(B) Participation in regularly scheduled conferences with the administrator and department heads and in the development of

dietary policy ([OAR 411-085-0210](#)), procedures, and staff development programs; and

(C) Menu planning, recommending and/or ordering food and supplies to be purchased, and record-keeping.

(3) STAFFING. The facility shall employ supportive personnel to carry out functions of the dietary service. There shall be food service personnel on duty at least 12 consecutive hours each day.

(4) DIETS AND MENUS.

(a) Diets shall be prescribed by the attending physician. Therapeutic menus shall be prepared and served as ordered.

(b) A diet manual, approved by a dietitian, shall be readily available to the attending physician, nursing and dietary service personnel. The manual shall be reviewed at least annually by the dietitian.

(A) Menus for regular and routine therapeutic diets shall be planned in writing at least three weeks in advance.

(B) The current week's menu shall be posted in the dietary department and in a location accessible and conspicuous to residents.

(C) A different menu shall be followed for each day for a minimum of twenty-one days (this does not apply to facilities using selective menus).

(D) Menus shall include fresh fruits and vegetables in season.

(E) Records of menus, as served, shall be retained for sixty days (this does not apply to facilities using selective menus).

(c) Menus shall be planned and followed to meet nutritional needs of the resident in accordance with physician orders and, to the extent medically possible, in accordance with the recommended dietary allowances in the facility diet manual (see subsection (4)(b) of this rule).

(5) FOOD PREPARATION AND SERVICE.

(a) Foods shall be prepared by methods which conserve nutritive value, flavor, and appearance. A file of recipes adjusted to appropriate yield shall be maintained.

(b) Foods shall be attractively served in a form cut, chopped, ground, or pureed to meet individual needs and delivered to residents at customarily acceptable temperatures.

(c) Residents requiring assistance with feeding shall receive timely assistance while food is at customarily acceptable temperatures.

(d) An identification system shall be established to ensure that each resident receives diet as ordered.

(e) At least three meals or their equivalent shall be served daily at regular hours with not more than a 14 hour span between the beginning of the substantial evening meal and the beginning of breakfast. A substantial evening meal is an offering of three or more menu items at one time, one of which includes a high quality protein such as meat, fish, eggs, or cheese. The meal represents no less than 25 percent of the day's total nutritional requirements.

(f) Bedtime snacks of nourishing quality shall be offered routinely to residents who desire one and for whom it is not medically prohibited. Snacks of nourishing quality are those which provide substantive nutrients in addition to carbohydrates and calories, e.g., milk and milk drinks and fruit juice.

(g) If a resident refuses a food served, substitute foods of necessary nutritional food elements shall be offered.

(6) DOCUMENTATION. Resident's response to diet shall be recorded in the clinical record when there are significant dietary problems.

(7) DINING ASSISTANT. Facilities may use dining assistants to assist residents with feeding and hydration. "Dining Assistant" means a person 16 years of age or older who has successfully completed a Department-

approved Dining Assistant training course and competency evaluation. Dining assistants include volunteers participating in facility volunteer programs who feed residents.

(a) Resident selection criteria:

(A) The facility must ensure that a dining assistant feeds and hydrates only residents who have no complicated feeding problems including, but not limited to, difficulty swallowing, recurrent lung aspirations and tube or parenteral/IV feedings.

(B) The facility Director of Nursing Services, RN Care Manager or RN Charge Nurse must assess and document resident selection for dining assistance. The resident assessment must be based on, but is not limited to:

(i) The resident's appropriateness for dining assistance;

(ii) The resident's feeding and hydration needs;

(iii) The resident's communication, behavior and interpersonal skills;

(iv) Risk factors including nausea (acute and ongoing), difficulty swallowing, seizure disorders, acute gastrointestinal issues, vomiting; and

(v) The resident's latest MDS assessment and plan of care.

(C) The documented assessment must be updated promptly after any significant change of condition and reviewed quarterly.

(b) Scope of Duties:

(A) Permitted Duties:

(i) Assist residents with eating and drinking;

(ii) Transport residents to and from dining area;

- (iii) Distribute meal trays;
- (iv) Ensure accurate meal delivery by verification with accompanying meal card;
- (v) Provide assistance in preparing residents for meals including, but not limited to, placement of eye glasses, washing hands and face and placement of clothing protector;
- (vi) Assist with insertion of dentures for residents that can self-direct care;
- (vii) Set up meal tray for residents including, but not limited to, opening food packets, positioning and cutting the food;
- (viii) Provide minimal assistance with positioning, as needed, for feeding and hydration and;
- (ix) Measure and record food and fluid intake.

(B) Prohibited Duties:

- (i) Transfer residents;
- (ii) Assist with tube feeding or IV nutrition;
- (iii) Assist with insertion of dentures for residents unable to self-direct care;
- (iv) Provide standby assistance with ambulation or activities requiring gait belt;
- (v) Assist with food containing medication;
- (vi) Turn, lift or extensively reposition residents; and
- (vii) Other CNA tasks including oral care.

(c) Training. A Department-approved facility Dining Assistant training course must include, at a minimum, 16 hours of training and evaluation in the following topics and subject matters and as identified in [Exhibit 86-2](#), which is attached to and made a part of these rules

(A) Training Topics:

- (i) Scope of authorized duties and prohibited tasks.
- (ii) Feeding and hydration techniques.
- (iii) Skills for assisting with feeding and hydration.
- (iv) Communication and interpersonal skills.
- (v) Appropriate responses to resident behavior.
- (vi) Recognizing changes in residents that are inconsistent with their normal behavior and the reporting of those changes to the registered nurse (RN) or licensed practical nurse (LPN).
- (vii) Safety and emergency procedures including the abdominal thrust.
- (viii) Infection control.
- (ix) Assisting residents with dementia.
- (x) Resident rights.
- (xi) Abuse prevention and reporting.

(B) Instructors of the Department-approved facility Dining Assistant training course must be licensed/certified in one of the following disciplines: registered nurse, registered dietitian, occupational therapist or speech language pathologist.

(C) "Successful completion" means a passing score on a written exam for a Department-approved facility Dining Assistant training course and satisfactory completion of competency evaluation as determined by the instructor. A Department-approved certificate will be issued to each dining assistant upon successful completion.

(D) The Department will evaluate, select and approve at least one Dining Assistant training course curriculum which includes the topic and subject matters contained in [Exhibit 86-2](#). The Department will periodically re-evaluate its selection and approval.

(d) Supervision of dining assistants

(A) Dining assistants must work under the supervision of a registered nurse or licensed practical nurse. A registered nurse or licensed practical nurse must be readily available to respond to urgent or emergent resident needs.

(B) In an emergency, dining assistants must immediately obtain appropriate staff assistance including the use of the resident call system.

(e) Facilities must ensure that dining assistants perform only those tasks for which they are trained and permitted to perform.

(f) It is the responsibility of the facility Director of Nursing Services, RN Care Manager or licensed Charge Nurse to ensure that dining assistants are oriented to the specific residents to whom they are assigned prior to providing dining assistance

(g) Maintenance of records. Facilities must maintain a record of all facility dining assistants. The record must contain a copy of each dining assistant's certificate for successful completion of a Department-approved Dining Assistant training course. Upon request, a facility will share copies of dining assistant training certificates with other facilities

Stat. Auth.: [ORS 410.070, 410.090, 441.055](#)
Stats. Implemented: [ORS 441.055, 441.615](#)

411-086-0260 Pharmaceutical Services

(Adopted 10/1/1990)

(1) Consulting Pharmacist. Each facility shall have a consulting pharmacist who shall ensure compliance with [ORS Chapter 689](#), facility policy ([OAR 411-085-0210](#)) and this rule.

(2) Pharmaceutical Services Review. The Quality Assessment and Assurance Committee shall:

- (a) Develop written policies and procedures for safe and effective drug therapy, distribution and use;
- (b) Oversee pharmaceutical services in the facility, monitor the service to ensure accuracy and adequacy and make recommendations for improvement; and
- (c) Meet at least quarterly and document its activities, findings and recommendations.

(3) Drug Supply, Storage and Labeling:

(a) Drug Room. Facilities without a pharmacy shall have a drug room as defined in [ORS Chapter 689](#), supervised by the consulting pharmacist. Drug rooms shall contain only prescribed (legend and non-legend) drugs, non-prescription (non-legend) stock drug supply and the emergency medication kit authorized pursuant to this rule. Locked carts or locked cupboards shall be used to prevent pilferage;

(b) Labels:

(A) All medications purchased or designated for specific residents shall be labeled as prescribed for such resident;

(B) If facility policy allows medications accompanying the resident on admission to be used, the medication must be identified as to the resident and medication and shall be

authorized for use only on the written order of the attending physician.

(c) Storage. Except as provided in subsection (4)(b) of this rule, all medications shall be stored in the facility pharmacy, a drug room, or in a locked medication cart;

(d) Stock Supply:

(A) Except as provided in section (6) of this rule, a stock supply of prescription (legend) drugs may be maintained only within a licensed pharmacy;

(B) A stock supply of non-prescription drugs may be maintained in a drug room or locked medication cart, but there must be a doctor's order for administering such drugs. A stock supply of non-prescription drugs means those non-legend medications supplied in the manufacturer's original package or repackaged by a registered pharmacist and labeled in accordance with [ORS Chapter 689](#).

(e) Resident Discharge. Medication to accompany the resident upon discharge must be on the written order of the physician;

(f) References. References regarding use, dosage, contraindications, drug interactions, and adverse reactions shall be available on drug products used in the facility.

(4) Drug Administration:

(a) Medications prescribed to one resident shall not be administered to another;

(b) Self-administration. Facilities shall have written policies and procedures allowing self-administration of medication:

(A) All bedside medications, except nitroglycerine, shall be stored in closed, locked cupboards or drawers;

(B) The consulting pharmacist shall specify maximum quantities of medications to be stored at bedside to ensure prevention of poisoning by confused or suicidal residents.

(c) Stop Order Policy. An automatic stop order policy shall be adopted and enforced. This policy shall provide guidance when medications ordered are not specifically limited as to time or number of doses. The policy shall be developed by the Quality Assessment and Assurance Committee.

(5) Medication Review. Medications shall be reviewed monthly by the consulting pharmacist and reordered by the physician as necessary, but no less often than quarterly. The pharmacist shall alert the DNS when drugs designated "less-than effective" ("DESI" drugs) by the Federal Food and Drug Administration have been ordered and what alternative medications may be available. The DNS shall notify the physician.

(6) Emergency Medication Kit:

(a) An emergency medication kit shall be prepared and authorized by a registered pharmacist for use in the facility in accordance with written facility policy. The contents shall be selected by the Quality Assessment and Assurance Committee;

(b) The kit shall be sealed and stored in a manner to prevent loss of drugs, but available to authorized personnel. The vendor pharmacist shall be notified when the seal is broken. A record shall be made that identifies each use of an emergency drug. The contents shall be plainly indicated on the outside of the container;

(c) Any drug removed from the kit shall be covered by a prescription and signed by the physician within 72 hours.

(7) Charges for Drugs; Choice of Supplier. See [OAR 411-085-0340](#).

(8) Documentation. The nursing staff shall clearly and accurately document administration of pharmaceuticals and the response thereto.

Stat. Auth.: [ORS 410.070, 410.090, 441.055](#)

Stats. Implemented: [ORS 441.055, 441.615](#)

411-086-0300 Clinical Records

(Amended 12/2/1991)

(1) Clinical Records Department. The facility shall ensure the preparation, completeness, accuracy, preservation, and filing of a clinical record for each resident in accordance with facility policy ([OAR 411-085-0210](#)). This rule does not apply to nonmedical records.

(2) Director. The facility shall designate in writing a staff person to function as clinical records coordinator who shall ensure compliance with this rule. Services of a qualified medical record consultant (RRA or ART) shall be provided as needed.

(3) Staffing, Equipment. There shall be personnel, space, and equipment to provide efficient, systematic processing of clinical records including but not limited to reviewing, indexing, filing, and prompt retrieval.

(4) Filing. A system of identification and filing to ensure the rapid location of resident clinical records shall be maintained. A resident master index containing at least the full name of each resident, date of birth, clinical record number as applicable, date of admission, date of discharge, legal representative and physician of record shall be maintained.

(5) Content of Clinical Record. A clinical record shall be maintained for each resident. Each record shall contain supporting data, written in sequence of events to justify the diagnosis and warrant the treatment and results. All entries shall be kept current, accurate, dated and signed. All clinical records shall be either typewritten or recorded legibly in ink and shall include but not be limited to the following information:

(a) Admitting diagnosis and identification data including the resident's name, previous address, date and time of admission, sex, date of birth, marital status, religious preference and social security number; name, address, and telephone number of nearest relative or personal agent; place admitted from; attending physician; alternate physician (clinic or service); dentist; legal representative and RN care manager;

(b) A medical history and physical exam or medical summary as to the resident's condition which is signed by a physician. If a resident is re-admitted within 30 days for the same condition, the previous history and physical or medical summary, with an interval note signed by a physician, will suffice. If an ongoing clinical record is maintained in a comprehensive care facility, it may be used if accompanied by a physical exam report completed within the previous 30 days;

(c) Clinical reports, current, dated, and signed. Such reports include, but are not limited to, laboratory, x-ray, and results of tests/exams including those for communicable diseases;

(d) Physician's orders, current, dated and signed;

(e) Physician's progress notes dated and signed;

(f) Timely, written, dated, pertinent, complete and signed clinical observations. Clinical observations shall include changes in condition, results of treatments and medications, and unusual events. Clinical observations shall include outcome of the resident care plan and shall be summarized by nursing staff at least quarterly unless the resident's condition dictates otherwise;

(g) Record of medication administration including name of drug, dosage, frequency, mode of administration, date, time and signature of the person administering medication. Documentation shall also include, when applicable, site of injection, reaction, reason for withholding any medication, and reason for administering any "prn" (as needed) medication;

(h) Record of treatments administered which shall be dated, timed and signed by those performing treatments;

(i) Miscellaneous items such as releases, consent forms, mortician's receipts, valuables list and medical correspondence as applicable;

(j) Discharge summary prepared in accordance with [OAR 411-086-0160](#) and signed by the attending physician. The summary shall include admitting diagnosis/reason for admission, summary of the

course of treatment in the facility, final diagnosis with a follow-up plan if appropriate, condition on discharge or cause of death; and

(k) The "Directive to Physicians" ("Living Will"), the Power of Attorney for Health Care and similar legal documents regarding resident care directives, if any, shall be filed in the resident's clinical record in a manner which makes them prominent and conspicuous.

(6) Record Retention. All clinical records shall be kept for a period of five years after the date of last discharge of the resident. A clinical record for each resident for whom care has been provided in the previous six months shall be immediately available for review by Division representatives upon request.

(7) Resident Transfer. When a resident is transferred to another facility, the following information shall accompany the resident:

(a) The name of the facility from which transferred;

(b) The names of attending physicians prior to transfer;

(c) The name of physician to assume care;

(d) The date and time of discharge;

(e) Most recent history and physical;

(f) Current diagnosis, orders from a physician for immediate care of the resident, nursing, and other information germane to the resident's condition;

(g) A copy of the discharge summary. If the discharge summary is not available at time of transfer, it shall be transmitted as soon as available, but no later than seven days after transfer; and

(h) A copy of the current Directive and Power of Attorney for Health Care, if any.

(8) Ownership of Records. Clinical records are the property of the licensee. The clinical record, either in original or microfilm form, shall not be removed

from the control of the facility except where necessary for a judicial or administrative proceeding. Authorized representatives of the Division shall be permitted to review and obtain copies of clinical records as necessary to determine compliance with [OAR 411](#):

(a) If a facility changes ownership all clinical records in original or microfilm form shall remain in the facility and ownership shall be transferred to the new licensee;

(b) In the event of dissolution of a facility, the administrator shall ensure that clinical records are transferred to another health care facility or to the resident's primary care physician, and shall notify the Division as to the location of each clinical record. The party to whom the records are transferred must have agreed to serve as custodian of the records.

Stat. Auth.: [ORS 410.070, 410.090, 441.055](#)

Stats. Implemented: [ORS 441.055, 441.615](#)

411-086-0310 Employee Orientation and In-Service Training (Amended 09/25/2024)

(1) Orientation. The nursing facility shall ensure that each employee, temporary employee, and volunteer completes an orientation program sufficient to ensure that the safety and comfort of all residents is assured in accordance with facility policies ([OAR 411-085-0210](#)). Orientation to each task must be completed prior to the employee or volunteer performing such task independently. Orientation for nursing staff and nursing assistants in training shall be supervised by a registered nurse. The orientation shall include:

(a) Explanation of facility organizational structure;

(b) Philosophy of care of the facility, including purpose of nursing facility requirements as defined in these administrative rules;

(c) Description of resident population;

(d) Employee rules;

(e) Facility policy and procedures; and

(f) RESIDENTS' RIGHTS. Residents' rights and the values of nursing facility care, including the Department-approved LGBTQIA2S+ trainings.

(A) Effective December 31, 2024, all facility staff must have completed the required training. All new facility staff, hired on or after January 1, 2025, must complete the required training prior to beginning job responsibilities.

(B) The Department-approved LGBTQIA2S+ trainings shall address the elements described in paragraph (3)(d) of this rule

(2) Inservice. The Administrator or his/her designee shall coordinate all inservice training. Inservice training shall be designed to meet the needs of all facility staff in accordance with facility policy ([OAR 411-085-0210](#)). Each certified nursing assistant shall receive a minimum of three hours of in-service training each calendar quarter. Each calendar year the Inservice training agenda shall include at least the following:

(a) Resident rights, including, but not limited to, those rights included in [ORS 441.600-441.625](#);

(b) Rules and statutes pertaining to abuse, including, but not limited to, [ORS 441.630-441.675](#);

(c) The transfer/discharge rules, including, but not limited to, the obligations of facility personnel to forward requests for conferences and hearings to the appropriate authorities;

(d) Measures to prevent cross-contamination, including universal precautions;

(e) Oral care, including oral screenings (required for nursing staff only);

(f) Emergency procedures, including, but not limited to, the disaster plan;

(g) Procedures for life-threatening situations, including, but not limited to, cardiopulmonary resuscitation and the life-saving techniques for choking victims (including abdominal thrust and chest thrust);

(h) Application and use of physical restraints (required for nursing staff only);

(i) Procedures to prevent residents from wandering away from the facility and how to deal with the wandering resident;

(j) Restorative services, including benefits thereof (required for nursing staff only);

(k) Activity program, including benefits thereof;

(l) The social services program, including benefits thereof;

(m) Accident prevention;

(n) Alzheimer's disease and other dementias, including recognition of symptoms, treatments, and behavioral management; and

(o) Other special needs of the facility population.

(3) Biennial LGBTQIA2S+ training requires the following:

(a) Administrators and employees shall be required to complete biennial training addressing LGBTQIA2S+ protections, as described in this section. The facility is responsible for the cost of providing this training to all facility staff.

(A) Each facility shall designate two employees, one who represents management and one who represents direct care staff by July 1, 2024. It is acceptable for the designated employee representing management to generally be housed offsite, but the direct care representative must be onsite.

(B) The designated employees shall serve as points of contact for the facility regarding compliance with the biennial training

requirements. These individuals shall develop a general training plan for the facility.

(b) Facilities must select the LGBTQIA2S+ training to be used by the facility by either:

(A) Choosing to use the standard Department-approved biennial LGBTQIA2S+ training, or

(B) Applying to the Department to request approval of a biennial LGBTQIA2S+ training to be developed and provided by the facility.

(c) [ORS 441.116](#) requires all LGBTQIA2S+ trainings address:

(A) Caring for LGBTQIA2S+ residents and residents living with human immunodeficiency virus.

(B) Preventing discrimination based on a resident's sexual orientation, gender identity, gender expression or human immunodeficiency virus status.

(C) The defined terms commonly associated with LGBTQIA2S+ individuals and human immunodeficiency virus status.

(D) Best practices for communicating with or about LGBTQIA2S+ residents and residents living with human immunodeficiency virus, including the use of an individual's chosen name and pronouns.

(E) A description of the health and social challenges historically experienced by LGBTQIA2S+ residents and residents living with human immunodeficiency virus, including discrimination when seeking or receiving care at care facilities and the demonstrated physical and mental health effects within the LGBTQIA2S+ community associated with such discrimination.

(F) Strategies to create a safe and affirming environment for LGBTQIA2S+ residents and residents living with human immunodeficiency virus, including suggested changes to care

facility policies and procedures, forms, signage, communication between residents and their families, activities, in-house services and staff training.

(G) The facility, individual or entity providing the training must demonstrate a commitment to advancing quality care for LGBTQIA2S+ residents and residents living with human immunodeficiency virus in this state.

(d) The proposal for training submitted by a facility, individual or entity shall include:

(A) The regulatory criteria described in paragraph (c) of this section as part of the proposal.

(B) The following elements must be included in the proposal:

(i) A statement of the qualifications and training experience of the facility, individual or entity providing the training.

(ii) The proposed methodology for providing the training either online or in person.

(iii) An outline of the training.

(iv) Copies of the materials to be used in the training.

(C) The Department will review the materials and determine whether to approve or deny the training. No later than 90 days after the request is received, the Department will inform the facility in writing of the Department's decision.

(4) Contractors who provide services or supports directly to residents must complete the required LGBTQIA2S+ trainings outlined in paragraph (3)(c) of this rule.

(a) Contractors who must be trained include, but are not limited to, RN and administrative consultants, housekeeping services, dietary

services, beauticians, barbers, or other contractors who provide services or supports directly to residents.

(b) Exempt from this training requirement are contractors who contract directly with the resident or the resident's representative, and contractors who do not generally provide services or supports directly to residents, including but not limited to contractors for landscaping, pest control, deliveries and building repairs.

(c) By December 31, 2024, facilities shall ensure that all contracts entered into with entities described in paragraph (a) of this section shall include language requiring contractors provide Department-approved LGBTQIA2S+ training to their employees within 12 months of entering into the contract with the facility and every two years thereafter.

(d) For existing contracts in effect January 1, 2025, facilities shall require contractors to provide Department-approved LGBTQIA2S+ training to employees by December 31, 2025, and every two years thereafter.

(e) For new contracts created after January 1, 2025, facilities shall require contractors to provide the Department-approved LGBTQIA2S+ training to employees within 12 months of entering into the contract with the facility, and every two years thereafter.

(f) Facilities must inform contractors the cost of all LGBTQIA2S+ trainings for contracted employees shall be paid by the contractor.

(5) Documentation. Inservice training, Biennial LGBTQIA2S+ training and orientation shall be documented and shall include the date, content, and names of attendees.

Stat. Auth.: [ORS 410.070, 410.090, 441.055, 441.122](#)

Stats. Implemented: [ORS 441.055, 441.116, 441.118, 441.615](#)

411-086-0320 Emergency and Disaster Planning
(Amended 10/1/2009)

An emergency preparedness plan is a written procedure that identifies a facility's response to an emergency or disaster for the purpose of minimizing loss of life, mitigating trauma, and to the extent possible, maintaining services for residents, and preventing or reducing property loss.

(1) The nursing facility must prepare and maintain a written emergency preparedness plan in accordance with the Oregon Fire Code (OFC) in [OAR chapter 837, division 040](#) and the 2009 National Fire Protection Association (NFPA) 101 Life Safety Code.

(2) The emergency preparedness plan must:

(a) Include analysis and response to potential emergency hazards including but not limited to:

(A) Evacuation of a facility;

(B) Fire, smoke, bomb threat, or explosion;

(C) Prolonged power failure, water, or sewer loss;

(D) Structural damage;

(E) Hurricane, tornado, tsunami, volcanic eruption, flood, and earthquake;

(F) Chemical spill or leak; and

(G) Pandemic.

(b) Address the medical needs of the residents including:

(A) Access to medical records necessary to provide care and treatment; and

(B) Access to pharmaceuticals, medical supplies, and equipment during and after an evacuation.

(c) Include provisions and supplies sufficient to shelter in place for a minimum of five days without electricity, running water, or replacement staff.

(3) The facility must notify SPD, or the local AAA office or designee, of their status in the event of an emergency that requires evacuation and during any emergent situation when requested.

(4) The facility must conduct a drill of the emergency preparedness plan at least twice a year in accordance with the OFC in [OAR chapter 837, division 040](#) and other applicable state and local codes as required. One of the practice drills may consist of a walk-through of the duties or a discussion exercise with a hypothetical event, commonly known as a tabletop exercise. These simulated drills do not take the place of the required fire drills.

(5) The facility must annually review or update the emergency preparedness plan as required by the OFC in [OAR chapter 837, division 040](#) and the emergency preparedness plan must be available on-site for review upon request.

(6) A summary of the facility's emergency preparedness plan must be submitted to SPD annually on July 1, and at a change of ownership, in a format provided by SPD.

Stat. Auth.: [ORS 410.070, 410.090, 441.055](#)

Stats. Implemented: [ORS 441.055, 441.615, OL 2007 chapter 205](#)

411-086-0330 Infection Control and Universal Precautions

(Amended 03/18/2022)

(1) Infection Control:

(a) The Quality Assurance and Assessment Committee shall establish, maintain and enforce an infection control program, including universal precautions and isolation procedures, which assures protection of residents and staff from infections;

(b) The committee shall meet quarterly and as needed to review facility policies, procedures, and monitor staff performance relative to

infection control. These meetings and the results thereof shall be documented;

(c) In reviewing and developing facility infection control policies and procedures, the committee shall consider all guidelines relative to infection control issued by the Division and by the Center for Disease Control, Atlanta, GA.

NOTE: Copies available through National Technical Information Service, 1-703-487-4650.

(d) Facilities must comply with masking requirements as prescribed in [OAR 333-019-1011](#) or, if applicable, [OAR 437-001-0744](#), to control the spread of COVID-19.

(e) Facilities must comply with vaccination requirements for COVID-19 as prescribed in [OAR 333-019-1010](#). Facilities must maintain proof of vaccination or documentation of a medical or religious exemption as required in [OAR 333-019-1010\(4\)](#).

(2) Simultaneous Duties. Personnel shall not be simultaneously responsible for duties which are incompatible with sanitation. This includes prohibiting personnel from being assigned to both resident care and work in the kitchen, laundry, or housekeeping. This also prohibits personnel from having responsibility for work in the kitchen combined with laundry, housekeeping or other such conflicting tasks.

(3) Communicable Disease. Each nursing facility shall maintain compliance with the Health Division rules for communicable disease, including rules relating to tuberculosis examinations for facility personnel and residents.

(4) Soiled Laundry. Soiled linen, toweling, clothing, and sickroom equipment shall not be sorted, laundered, rinsed, or stored in bathroom, kitchen, resident rooms or clean utility areas. Soiled linen, toweling and clothing shall be stored in a separate, ventilated room. Soiled clothing shall be washed separately from soiled linen. Soiled laundry must be transported and stored in a covered container impervious to moisture.

(5) Waste Disposal. All garbage, refuse, soiled surgical dressings and other similar wastes shall be disposed of in a manner that will not create a

nuisance or a public health hazard and which is consistent with the State Health Division's rules for infectious waste ([OAR 333, division 056](#)). When community garbage collections and disposal service are not available, garbage and refuse shall be disposed of by some other equally effective and sanitary manner approved by the local health officer.

(6) Clean Linen Storage. All clean linen shall be stored in clean storage rooms or cupboards easily accessible to nursing personnel. Laundry carts used for storing clean linen shall be kept covered when not in use.

Stat. Auth.: [ORS 410.070, 410.090, 441.055](#)

Stats. Implemented: [ORS 441.055, 441.615](#)

411-086-0340 Pets

(Adopted 10/1/1990)

(1) Pets Allowed. Household pets (dogs, cats, birds, fish, hamsters, etc.) are permitted in the nursing facility under the following conditions:

- (a) Pets must be clean and disease-free;
- (b) Immediate environment of pets must be kept clean;
- (c) Small pets (e.g., birds, hamsters) must be kept in appropriate enclosures;
- (d) Pets not confined in enclosures must be hand held, under leash control, or under voice control; and
- (e) Pets that are kept at the facility (or are frequent visitors) shall have current vaccinations as recommended by a designated licensed veterinarian (including, but not limited to, rabies).

(2) Areas Pets Prohibited. Pets are not permitted in food preparation or storage areas. Pets shall not be permitted in any area where their presence would create a significant risk or annoyance to residents.

(3) Administrative Control. The administrator or his/her designee shall determine which pets may be brought into the facility. Family members may bring resident's pets to visit provided they have approval from the

administrator and offer reasonable assurance that the pets are clean, disease-free, and vaccinated as appropriate.

(4) Overnight Stay. Facilities with pets that are kept overnight shall have written policies and procedures for the care, feeding, and housing of such pets and for the proper storage of pet food and supplies.

(5) Birds. Facilities with birds shall have procedures which protect residents, staff, and visitors from psittacosis. Procedures should ensure minimum handling of droppings. Droppings shall be placed in a plastic bag for disposal. Persons caring for the bird(s) shall not have nursing care or food handling responsibilities.

(6) Exotic Pets Prohibited. Exotic pets (i.e., iguanas, snakes, other reptiles, monkeys, ferrets) shall not be kept at the facility. If exotic pets are brought in for a visit, they must be attended at all times by their owners. Skunks, foxes, and raccoons are not permitted in nursing facilities.

Stat. Auth.: [ORS 410.070, 410.090, 441.055](#)

Stats. Implemented: [ORS 441.055, 441.615](#)

411-086-0350 Smoking

(Amended 10/1/2009)

(1) A nursing facility must be in compliance with:

(a) The Oregon Indoor Clean Air Act, [ORS 433.835 to 433.875](#);

(b) The rules in [OAR chapter 333, division 015](#); and

(c) Any other applicable state and local laws.

(2) A facility must provide a place of employment that is free of tobacco smoke for all employees.

(3) Smoking may only be allowed outside the facility as prescribed by [OAR 333-015-0064](#).

(4) The facility must take adequate precautions to protect all residents from injury where residents are allowed and choose to smoke.

(5) The facility must develop and implement a smoking policy that includes resident assessment and care planning.

(6) If the facility's smoking policy changes, the licensee must provide written notice to all residents 30 days' prior to such change.

(7) Nothing in this rule shall prevent the licensee from designating any part of the facility or the entire facility as a non-smoking area. If the facility decides to designate the entire facility as a non-smoking area, all persons admitted thereafter must be so notified by the facility prior to or at the time of admission. Such facility must continue to provide an outdoor smoking area as prescribed by [OAR 333-015-0064](#) for residents who smoke and were admitted prior to the facility decision.

Stat. Auth.: [ORS 410.070, 410.090, 441.055](#)

Stats. Implemented: [ORS 433.835 - 433.990, 441.055, 441.615](#)

411-086-0360 Resident Furnishings, Equipment

(Adopted 10/1/1990)

(1) Resident Equipment:

(a) Each resident shall be provided a bed, mattress, pillow with water-proof protection, necessary bed coverings, bedside table and chair, reading light, and electrically operated call system which registers at the nurses' station. The call system cord shall be secured in a manner which makes it accessible to the resident and which prevents the resident from injuring himself/herself with it;

(b) According to his/her needs, each resident shall be provided with individual equipment, such as bedpans, bedpan covers, urinals, washbasins, emesis basins, mouthwash cups, soap, washcloths, towels, and drinking glasses;

(c) Equipment such as wheelchairs, walkers, geri-chairs and crutches shall be readily available for residents needing this equipment;

(d) After the discharge of any resident, the bed, bed furnishings, bedside furniture, and all multiple-use resident equipment shall be

thoroughly cleansed and disinfected prior to re-use. Mattresses shall be professionally renovated when necessary;

(e) Single resident use items must be identified with resident name and disposed of upon resident discharge;

(f) Hot water bags and electric heating pads or blankets may be used only on the written order of the physician;

(g) In nursing facilities caring for pediatric residents, an emergency signaling system for use by attendants summoning assistance and a two-way voice intercommunication system between the nurses' station and rooms or wards housing pediatric residents shall be provided.

(2) Storage Space. Separate storage space for clothing, toilet articles, and other personal belongings of residents shall be provided.

(3) Privacy. In multiple-bed rooms, opportunity for privacy shall be provided by flame retardant curtains or screens. Cubicle curtains or screens are not required for beds assigned to pediatric residents.

(4) Linen Supply. The use of torn or unclean bed linen is prohibited. Facilities shall have a linen supply available for at least three times the usual bed occupancy.

Stat. Auth.: [ORS 410.070, 410.090, 441.055](#)

Stats. Implemented: [ORS 441.055, 441.615](#)

EXHIBIT 86-1: 36-Hour Activities Workshop Required Curriculum

1. State and Federal Requirements for Activity Services

- a. Resident abuse and mandatory reporting
- b. Role of the activity director, including job description and role on the interdisciplinary team
- c. Developing and conducting in-services for staff

2. Quality of Life

- a. Resident rights and self-determination
- b. Maintaining resident dignity
- c. Avoiding restraints through effective activity programs
- d. Maintaining a sense of self; giving power to the resident

3. Resident Care Planning Process

- a. Assessing resident capabilities and potential, including cognitive, affective, physical and social strengths, needs, interests and problems
- b. Why individualized care plans are needed
- c. How individualized, measurable and realistic goals are developed
- d. Coordination with other disciplines and family
- e. Connecting the resident with his/her past

4. Communication

- a. Communicating with residents; treating residents with respect

- b. How to approach the resident
- c. Interview techniques: residents and families
- d. Resident and family councils

5. Program Planning and Activity Analysis

- a. Creative and meaningful activities for groups and individuals
- b. Planning, justifying and evaluating activities to meet physical, mental, and social needs; measuring outcome
- c. Activities for low-functioning and bedridden residents
- d. Sensory stimulation
- e. Increasing resident self-esteem through independence and self-direction
- f. Psycho-social issues, including impact of institutionalization
- g. Utilizing community resources; volunteer recruitment, training and retention

6. Medical Terminology, Documentation Skills, Orientation to Medications and Behavioral Side-Effects

7. Clinical Record Documentation, Taking Histories

8. Physical and Behavioral Changes Associated with the Aging Process

9. Working with Combative, Aggressive and Wandering Residents, and Other Behaviors

10. Ethics for the Care Provider; Confidentiality

EXHIBIT 86-2: Dining Assistant Training Curriculum

1. Definition of Dining Assistant and Permitted and Prohibited Duties.
2. Dining, Hydration and Other Techniques.
 - a. Hand over hand
 - b. Cuing and prompting
 - c. Use of proper utensils and assistive devices (rim plates, weighted spoons, nose and sippy cups, straws, etc.)
 - d. Proper positioning of dining assistant and residents
 - e. Visually Impaired Clock Method
 - f. Setting up the meal
 - g. Pace of feeding methods
 - h. Preparation of dentures for application (not to include oral care)
 - i. Proper transportation techniques to and from dining area (wheelchair, walker, geri-chair and meri-walker)
3. Dining and Hydration Concepts.
 - a. Diet types, textures and fluid consistencies
 - b. Food pyramid
 - c. Importance and promotion of fluid intake
 - d. Environmental considerations while feeding
 - e. Measurement and recording of foods and fluids
 - f. Assessing information regarding specific feeding directives

g. Basic anatomy of chewing and swallowing (introduction of Dysphasia, aspiration, choking and signs of difficulty swallowing)

h. Methods of serving trays

4. Communication and Interpersonal Skills.

a. Definitions of communication (verbal, nonverbal, etc.)

b. Techniques and adaptations to resident needs (cuing, prompting)

c. Significance of positive and negative communication on nutrition

d. Residents with sensory deficits

e. Resident social interactions during dining

f. Access and use of plan of care

5. Appropriate Responses to Resident Behaviors.

a. Understanding resident behaviors (refusing to eat, taking of other residents' food, biting down on spoon, etc.)

b. Responding to expected and unexpected behaviors

c. How to describe resident behavior(s)

d. What to report regarding resident behavior(s)

e. Understanding and feeding residents with Dementia

f. Characteristics of Dementia

g. Causes of Dementia (head injury, alcohol abuse, Parkinson's, etc.)

h. Progression of Dementia and how it may affect dining and hydration

- i. Approaches and techniques for assisting residents with Dementia

6. Recognizing and Reporting Resident Changes in Condition.

- a. Definition of observation and opinion
- b. How and to whom changes in condition are reported
- c. Identify types and timing of information that needs to be reported.

7. Safety and Emergency Procedures.

- a. Introduction to safety and emergency procedures
- b. Finger Sweep and Abdominal Thrust emergency techniques
- c. Choking prevention and detection
- d. What not to do during a choking episode
- e. Scalds and burns

8. Infection Control.

- a. Standard precautions
- b. Proper glove use (when and how to use)
- c. Food sanitation
- d. How infections spread
- e. Reporting of open wounds or illness

9. General Food Safety.

- a. Basics of food borne illnesses
- b. Understanding and maintaining safe and palatable food temperature

10. Resident Rights, Abuse and Reporting Abuse.

- a. Residents rights in general
- b. Rights specific to dining and hydration (right to refuse, choice, dignity, etc.)
- c. Abuse definition and reporting
- d. Abusive conduct
- e. Requirements for reporting abuse and to whom
- f. Consequences of abuse findings
- g. Roles of Office to Long Term Care Ombudsman, Protective Services, Client Care Monitoring Units and surveyors
- h. Confidentiality and how it applies to dining assistants

11. Skills Competency Testing.

- a. Hand washing
- b. Assisting a resident with dining