

Illinois Department on Aging
**Illinois Long-Term Care Ombudsman Program
Supplemental Training Curriculum**

**Supplemental Module # 12
Chronic Lack of Staff**

Teaching Tips

Pre-publication Edition I

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SUPPLEMENTAL MODULE # 12 CHRONIC LACK OF STAFF EQUALS NEGLECT TEACHING TIPS

The supplemental modules for ombudsmen have been created to accommodate different learning styles and are based on research about how most people learn. The premise on which this module is based is the idea that new information is learned best when there is an opportunity for discussion and to ask questions. This module incorporates individual reading, group discussion, questions on what is not clear and an evaluation of what was learned.

This module is designed to be adaptable to various teaching methods and settings: training/ in-services for ombudsmen or presentations to families or facility staff. This module can be divided into as many training sessions as needed and a variety of methods can be used, including a lecture method.

You may need:

- Copies of the exercises
- Overhead projector and screen

Sample master transparencies to use in reviewing some of the module content can be used for group discussion are included. These may be converted into slides.

Accountability

After the discussion, ombudsman trainees will be asked to write:

- 1) At least five, but no more than ten, important ideas or points they want to remember about lack of staff issues, and
- 2) At least five questions, but as many questions as they have, about the information in this module.

Resources

Selected Title 42 code of Federal Regulations (CFR)/Guidelines on Sufficient Nursing Home Staff	p.5
77 Illinois Administrative Code Selected Regulations from Chapter I, 300.1210 On Sufficient Nursing Home Staff	p.10
Department of Public Health Survey Practices in Determining Lack of Staff	p.16

ACCOUNTABILITY EXERCISE #1

At least five, but no more than ten, important ideas or points you want to remember about lack of staff issues.

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ACCOUNTABILITY EXERCISE #2

Write at least five questions you have about the content of this module. You may write as many questions as you would like.

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SELECTED TITLE 42 CODE OF FEDERAL REGULATIONS (CFR)/GUIDELINES ON SUFFICIENT NURSING HOME STAFF

(Handout used by ICARE Long Term Care Ombudsman Program
for training Ombudsmen, 2000)

CFR483.30 Nursing Services.

The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.

- Sufficient staff

The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:

- Except when waived under paragraph (C) of this selection:
 - A registered nurse, licensed nurse and other nursing personnel.
 - Qualified dietitian full-time, part-time, or on a consultant basis.
 - Sufficient support personnel competent to carry the functions of the dietary service.
 - Specialized rehabilitative services such as, but not limited to physical therapy, speech-language pathology, occupational therapy, and mental health rehabilitative services for mental illness and mental retardation.
 - Persons functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility.
 - Nurse aide.

Intent of CFR483.30

To assure that sufficient qualified nursing staff are available on a daily basis to meet residents' needs for nursing care in a manner and in an environment, which promotes each resident's physical, mental and psychosocial well-being, thus enhancing their quality of life.

Procedures for CFR483.30

Fully review requirements of nursing services during an extended survey or when a waiver of RN and/or licensed nurse (RN/LPN) staffing has been requested or granted. Except as licensed nursing personnel are specifically required by the regulations (e.g. an RN for 8 consecutive hours a day, 7 days a week), the determination of sufficient staff will be made based on the staff's ability to provide needed care to residents that enable them to reach their highest practicable physical, mental and psychosocial well-being. The ability to meet the requirements of S5483.13, 483.15(a), 483.20, 483.25 and 483.65 determines sufficiency of nurse staffing.

CFR483.13 Resident Behavior and Facility Practices.

Restraints. The resident has the right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.

CFR483.15 Quality of life.

A facility must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life.

CFR483.20 Resident Assessment.

The facility must conduct initially and periodically a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity.

CFR483.25 Quality of care.

Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.

Activities of daily living. Based on the comprehensive assessment of a resident, the facility must ensure that –

- A resident's abilities in activities of daily life do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's ability to –
 - Bathe, dress, and groom;
 - Transfer and ambulate;
 - Toilet
 - Eat; and
 - Use speech language, or other functional communication systems.

- A resident is given the appropriate treatment and services to maintain or improve his or her abilities; and
- A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Vision and hearing. To ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities, the facility must, if necessary, assist the resident –
 - In making appointments, and
 - By arranging for transportation to and from the office of a practitioner specializing in the treatment of vision or hearing impairment, or the office of a professional specializing in the provision of vision or hearing assistive devices.

Pressure sores. Based on the comprehensive assessment of a resident, the facility must ensure that –

- A resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable, and
- A resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.

Urinary Incontinence. Based on the resident's comprehensive assessment, the facility must ensure that –

- A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and
- A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.

Range of motion. Based on the comprehensive assessment of a resident, the facility must ensure that –

- A resident who enters the facility without a limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and
- A resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or prevent further decrease in range of motion.

Mental and Psychosocial functioning. Based on the comprehensive assessment of a resident, the facility must ensure that –

- A resident who displays mental or psychosocial adjustment difficulty, receives appropriate treatment and services to correct the assess problem, and
- A resident whose assessment did not reveal a mental or psychosocial adjustment difficulty does not display a pattern of decreased social interaction and/or increased withdrawn, angry, or depressive behaviors, unless the resident's clinical condition demonstrates that such a pattern was unavoidable.

Naso-gastric tubes. Based on the comprehensive assessment of a resident, the facility must ensure that –

- A resident who has been able to eat enough alone or with assistance is not fed by naso-gastric tube unless the resident's clinical condition demonstrates that use of a naso-gastric tube was unavoidable; and
- A resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal feeding function.

Accidents. The facility must ensure that –

- The resident's environment remains free of accident hazards as is possible; and
- Each resident receives adequate supervision and assistance devices to prevent accidents.

Nutrition. Based on a resident's comprehensive assessment, the facility must ensure that a resident –

- Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and
- Receives a therapeutic diet when there is a nutritional problem.

Hydration. The facility must provide each resident with sufficient fluid intake to maintain proper hydration and health.

Special needs. The facility must ensure that residents receive proper treatment and care for the following special services:

- Injections;
- Parenteral and ebteral fluids;

- Colostomy, ureterostomy, or ileostomy care;
- Tracheostomy care;
- Tracheal suctioning;
- Respiratory care;
- Foot care; and
- Prostheses.

Unnecessary drug –

- General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used:
 - In excessive dose (including duplicate drug therapy); or
 - For excessive duration; or
 - Without adequate indications for its use; or
 - In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or
 - Any combinations of the reasons above.
- Antipsychotic Drugs. Based on a comprehensive assessment of a resident, the facility must ensure that-
 - Residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and
 - Residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.

Medication Errors – The facility must ensure that –

- It is free of medication error rates of five percent or greater; and
- Residents are free of any significant medication errors.

CFR483.65 Infection control.

The facility must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection.

- *Infection control program.* The facility must establish an infection control program under which it –
 - Investigates, controls, and prevents infections in the facility;
 - Decides what procedures, such as isolation should be applied to an individual resident; and
 - Maintains a record of incidents and corrective actions related to infections.

77 ILLINOIS ADMINISTRATIVE CODE 300
SELECTED REGULATIONS ON SUFFICIENT NURSING HOME STAFF
(Handout used by ICARE Long Term Care Ombudsman Program
for Training Ombudsmen, 2000)

SUBPART F: NURSING AND PERSONAL CARE

Section 300.1210 General Requirements for Nursing and Personal Care

- a) Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.
- b) Restorative/rehabilitative nursing measures shall be practiced on a 24 hour day, seven days a week basis. Those procedures requiring medical approval shall be ordered by the attending physician.
 - 1) The licensed nurse in charge of the restorative/rehabilitative nursing program shall have successfully completed a course or other training program which includes at least 60 hours of classroom/lab training in restorative/rehabilitative nursing as evidenced by a transcript, certificate, diploma, or other written documentation from an accredited school or recognized accrediting agency such as a State or National organization of nurses or a State licensing authority. Such training shall address each of the measures outlined in subsection (b)(2) of this Section. This person may be the Director of Nursing, Assistant Director of Nursing or another nurse designated by the Director of Nursing to be in charge of the restorative/rehabilitative nursing program.
 - 2) All nursing personnel shall encourage and assist residents in maintaining good body alignment while standing, sitting or lying in bed.
 - 3) All nursing personnel shall assist residents in maintaining maximum joint range of motion and active range of motion.
 - 4) Residents who are incontinent shall be evaluated for an individual bowel and bladder program and such a program shall be instituted when appropriate. The use of indwelling catheters shall be discouraged.
 - 5) All nursing personnel shall encourage and, when necessary, teach residents to function at their maximum level in all activities of daily living.
 - 6) All nursing personnel shall assist and encourage residents with the ambulation as often as necessary (but not less than daily, unless otherwise ordered by the physician).

- 7) All nursing personnel shall teach and assist residents with safe transfer activities in an effort to help them retain or regain their maximum level of independence.
 - 8) Documentation of resident treatment and response to same shall be maintained as set forth in Section 300.1810(c).
- c) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis:
- 1) Medications including oral, rectal, hypodermic, intravenous, and intramuscular shall be properly administered.
 - 2) Treatments and procedures, including, but not limited to, enemas, irrigations, catheterizations, applications of dressings or bandages, and supervision of special diets shall be properly carried out.
 - 3) All treatments and procedures shall be administered as ordered by the physician.
 - 4) Objective observations of changes in a residents' condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.
 - 5) Personal care, as defined in Section 300.300, shall be provided on a 24-hour, seven day a week basis. This shall include, but not be limited to the following:
 - A) Each resident shall have proper daily attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician.
 - B) Each resident shall have at least one complete bath and hair wash weekly and as many additional baths and hair washes as necessary for satisfactory personal hygiene.
 - C) Each resident shall have clean bed linens at least once weekly and more often as necessary.
 - 6) A regular program to prevent and treat pressure sores shall be practiced on a 24 hour, seven day a week basis, including but not limited to:
 - A) An evaluation of each resident shall be conducted upon admittance and as necessary to determine the susceptibility of the resident to skin

breakdown. Preventive measures and treatment measures shall be carried out by facility staff.

- B) Skin care shall be provided which includes but is not limited to bathing, clean linens, and clothing each time that the resident, the bed or clothing is soiled.
 - C) Resident shall be assisted in being up and out of bed as much as possible and shall be repositioned whether in or out of bed as his or her condition indicates.
 - D) Proper equipment shall be utilized to prevent or treat pressure sores, such as proper padding between pressure points, adaptive equipment, splints, and water mattresses.
 - E) An evaluation of each resident's nutritional status shall be conducted to determine if increased nutritional support is needed,
- 7) All necessary precaution shall be taken to assure the safety of residents at all times, such as but not limited to: nonslip wax on floors, safe equipment, assistive devices properly maintained, and proper use of physical restraints and adaptive equipment.

Source: Amended at 20 Ill. Reg. 12208, effective September 10, 1996
Section 300.1230 Staffing

- a) Staffing shall be based on the needs of the residents, and shall be determined by figuring the number of hours of nursing time each resident needs on each shift of the day. This determination shall be made separately for both licensed and nonlicensed nursing personnel.
- b) In a facility whose residents participate on regularly scheduled therapeutic programs outside the facility, such as school or sheltered workshops, the minimum hours per day of nursing care are reduced proportionately. Exceptions to the shift distribution will be allowed if more than 50% of the residents are regularly scheduled to be out of the facility but the total required hours must be provided daily. For example: an ICF resident requires 1.75 hours of care per day, but attends a workshop for six hours five days a week. The resident's required minimum hours of care is reduced by 25% in calculating staffing hours required on week days.
- c) It is the responsibility of each facility to determine the staffing needed to meet the needs of its residents.

- d) In determining the level of care a resident needs, the patient evaluation system in Medical Review-Utilization Review program may be used. The facility may use other methods of determining skilled and intermediate level residents, but must make the method of determination used available to the Department. Residents whose care is reimbursed by the State shall be at the level determined by Medical-Review-Utilization Review patient system.
- e) The designations used for shifts in the following tables are used for illustrative purposes only, and are not meant to imply that other shift designations cannot be used by the facility.
- f) The following figures apply to numbers of persons actually on duty and not to numbers of persons scheduled to be on duty.
- g) The director of nursing's time shall not be included in staffing ratios.
- h) Level of Care Determinations
 - 1) The following figures are also considered to be minimum requirements, and each facility, except those of 250 or more occupied beds, shall provide at least the amount of staffing indicated. However, it is recognized that there may be occasional differences of opinion between facility staff and Department surveyors regarding the level of care an individual resident may require. When such differences occur, the surveyor shall determine whether or not the resident is receiving appropriate care. If the resident is, the surveyor shall accept the facility's level of care determination in determining the number of nursing hours to be provided by the facility.
 - 2) Facilities of more than 250 occupied beds must meet the staff-resident ration for the 250 residents needing the highest level of care. Additional staff shall be provided to meet the resident needs as determined by the facility and verified by the Department. The Department may, based upon the Department's Patient Care Evaluation System review the resident care, require the facility to provide additional nursing hours to meet the resident needs.
- i) In computing the number of persons needed to the following examples, any figure less than .25 will be dropped from the computation and any figure of .75 or higher will go to the next higher number. Figures between .25 and .75 will require at least the amount of coverage indicated: for example, .25 will require two hours of coverage; .3 will require two hours of coverage; .5 will require four hours of coverage; .6 will require five hours of coverage; .74 will require six hours of coverage; .75 or higher will require eight hours of coverage.

- j) These additional hours may be provided by: a part-time person working those hours only on that shift each day; a full-time person working a shift that spans two regular shifts, for example, from noon to 8 P.M.; or by an additional full-time person on the shift. However, these figures are minimal staffing requirements, and it is recommended that a full-time person be provided.
- k) The facility shall schedule nursing personnel in such a manner that the needs of all residents are met. At least 40% of the minimum required hours shall be on the day shift, at least 25% of the minimum required hours shall be on the evening shift, and at least 15% of the minimum required hours shall be on the night shift.
- l) Skilled Nursing Care Residents needing skilled nursing care may only be cared for in facilities licensed as Skilled Nursing Facilities. Each resident needing skilled care shall be provided at least 2.5 hours of nursing/personal care each day, of which 20% must be licensed nurse time.
- m) Intermediate Nursing Care – General: Residents needing intermediate care may be cared for in facilities licensed as either Skilled Nursing Facility or Intermediate Care Facility. Each resident needing intermediate care shall be provided at least 1.7 hours of nursing/personal care each day, of which at least 20% must be licensed nurse time.
- n) Intermediate Nursing Care – Light: A long-term care resident needing light intermediate care is one who needs personal care as defined in Section 1-120 of the Act; is mobile; requires some nursing services; needs a program of social services and activities directed toward independence on daily living skills; and needs daily monitoring. Each resident needing light intermediate care shall be provided with at least one hour nursing/personal care each day, of which at least 20% must be licensed nurse time.
- o) In order to determine the numbers of nursing personnel needed to staff and facility, the following procedures shall be used:
 - 1) The facility shall determine the number of residents needing skilled, general intermediate, and light intermediate or sheltered care.
 - 2) The number of residents in each of the three categories shall be multiplied by the overall hours of coverage need each day for each category.
 - 3) Adding the hours of care needed for the residents in each of the three categories will give the total hours of care needed by all residents in the facility.
 - 4) Multiplying the total hours needed each day by the percentages assigned to each shift will give the total minimum hours of care that must be

provided on that shift. (Remember that the percentages assigned to each shift must total 100% each day.)

- 5) Multiplying the total minimum hours of care needed on each shift by 20% will give the minimum amount of licensed nurse time that must be provided during a 24-hour period.
- 6) The remaining 80% of the minimum required nursing hours of care can be fulfilled by either nursing assistants or licensed nursing personnel as long as it can be documented that they provide restorative/rehabilitative nursing measures, general, nursing care as defined in Section 300.1210.
- 7) The amount of time determined in subsection (5) and (6) is expressed in hours. Dividing the total number of hours needed by the number of hours each person works per shift (usually seven and one half or eight hours) will give the number of persons needed to staff each shift.

Department of Public Health Survey Practices in Determining Lack of Staff

In a best practice situation, the Department of Public Health surveyors should figure the staffing ratio according to:

- **How many residents require skilled nursing care,**
- **How many residents require general intermediate nursing care, and**
- **How many residents require light intermediate nursing care.**

A key point for trainers to know when looking at the sample staffing formula in state regulations is that the Department of Public Health procedures allow the facility to determine the level of each resident's care, whether it be skilled nursing care, general intermediate nursing care, or light intermediate nursing care. There are no regulations that define each of these types of care.

Additionally, trainers should note that intermediate care is an Illinois term and is not mentioned in federal law or regulation. Intermediate care, according to the federal government, is skilled nursing care.