

**4655.1400 RESPONSIBILITIES OF THE ADMINISTRATOR IN CHARGE.**

The responsibilities of the administrator in charge shall include:

A. Maintenance, completion, and submission of reports and records as required by the commissioner of health.

B. Formulation of written general policies; admission, discharge, and transfer policies; and personnel policies, practices, and procedures that adequately support sound patient or resident care, including:

(1) Current personnel records for each employee (see part 4655.4400).

(2) Written job descriptions for all positions which define responsibilities, duties, and qualifications. These shall be readily available for all employees with copies on file in the administrator's office. Each employee shall be thoroughly familiar with the employee's duties and responsibilities.

(3) Work assignments consistent with qualifications and the work load.

(4) Maintenance of a weekly time schedule which shows each employee's name, job title, hours of work, and days off for each day of the week. This schedule shall be dated and posted in a convenient location for employees' use. These schedules, the time cards, and the payroll records shall be kept on file in the home for three years and shall be available to representatives from the department.

(5) Orientation for new employees and volunteers and provision of a continuing in-service education program for all employees and volunteers to give assurance that they understand the proper method of carrying out all procedures.

(6) Written personnel policies which specify hours of work, vacations, illness, sick leave, holidays, retirement, employee health services, group insurance, promotions, personal hygiene practices, attire, conduct, disciplinary actions, and other items which will enable employees to perform their duties properly. See part 4655.2000, subpart 1.

C. Establishment of a recognized accounting system. There shall be financial resources at the time of initial licensure to permit full service operation of the home for six months without regard to income from patient or resident fees.

D. The development and maintenance of channels of communications with employees which include: distribution of written personnel policies to employees; regularly scheduled meetings of supervisory personnel; employee suggestion system; and at least annual employee evaluations.

E. Establishing and maintaining effective working relationships with hospitals and other types of care facilities and with public or voluntary health and social agencies for the purpose of:

(1) developing specific patient or resident transfer procedures, including, where possible, a communitywide transfer agreement and a uniform interagency referral form and providing for the transfer of pertinent information to go with the patient or resident to promote continuity of care;

(2) promoting the sharing of services and facilities;

(3) conducting and participating in cooperative educational programs;

(4) participating in areawide planning activities to assist in determining the need for additional beds and facilities and establishing alternatives to institutional living.

Examples of such alternatives are day care programs, foster home programs, housing for the well elderly, home care programs, activity centers, outpatient services, and communitywide recreation and adult education programs.

F. Developing written disaster plan with procedures for the protection and evacuation of all persons in the case of fire or explosion or in the event of floods, tornadoes, or other emergencies. The plan:

(1) The plan shall be developed specifically for each facility and its type of occupancy in cooperation with the state fire marshal, the local fire department, and the Office of Civil Defense.

(2) The plan shall include information and procedures relative to locations of alarm signals and fire extinguishers, frequency of drills, assignments of specific tasks and responsibilities of the personnel on each shift, persons and local emergency departments to be notified, precautions and safety measures during tornado alerts, procedures for evacuation of ambulatory and nonambulatory persons during fire or floods, planned evacuation routes from the various floor areas to safe areas within the building, or from the building when necessary, and arrangements for temporary emergency housing in the community in the event of total evacuation.

(3) These drills do not involve the evacuation of patients except when such is planned in advance. Copies of the disaster plan containing the basic emergency procedures shall be posted at all nurses' stations, attendants' stations, kitchens, laundries, and boiler rooms. Complete copies of the detailed disaster plan shall be available to all supervisory personnel.

G. This item applies to nursing homes only. Establishment of a patient care policy committee in each nursing home with representation from all disciplines directly involved in patient care for the development and implementation of guidelines for patient care. The

patient care policy committee is to include at least one physician and one registered nurse to govern the medical, nursing, and other services provided.

**Statutory Authority:** *MS s 144.56; 144A.02 to 144A.08*

**History:** *L 1977 c 305 s 39; 17 SR 1279*

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