

**CHAPTER 211. PROGRAM STANDARDS FOR LONG-TERM
CARE NURSING FACILITIES**

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Source

The provisions of this Chapter 211 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233, unless otherwise noted.

Cross References

This chapter cited in 55 Pa. Code § 6100.2 (relating to applicability).

§ 211.1. Reportable diseases.

(a) When a resident develops a reportable disease, the administrator shall report the information to the appropriate health agencies and appropriate Division of Nursing Care Facilities field office. Reportable diseases, infections and conditions are listed in § 27.21a (relating to reporting of cases by health care practitioners and health care facilities).

(b) Cases of scabies or lice or bed bug infestations shall be reported to the appropriate Division of Nursing Care Facilities field office.

(c) Significant nosocomial outbreaks, as determined by the facility's medical director, Methicillin Resistant Staphylococcus Aureus (MRSA), Vancomycin-Resistant Staphylococcus Aureus (VRSA), Vancomycin-Resistant Enterococci (VRE) and Vancomycin-Resistant Staphylococcus Epidermidis (VRSE) shall be reported to the appropriate Division of Nursing Care Facilities field office.

Authority

The provisions of this § 211.1 amended under sections 102, 201(12), 601, 801.1 and 803 of the Health Care Facilities Act (35 P.S. §§ 448.102, 448.201(12), 448.601, 448.801a and 448.803); and section 2102(a) and (g) of The Administrative Code of 1929 (71 P.S. § 532(a) and (g)); amended under the Disease Prevention and Control Law of 1955 (35 P.S. §§ 521.1—521.21).

Source

The provisions of this § 211.1 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999; amended January 25, 2002, effective January 26, 2002, 32 Pa.B. 491; amended December 23, 2022, effective July 1, 2023, 52 Pa.B. 8163. Immediately preceding text appears at serial pages (397591) to (397592).

§ 211.2. Medical director.

- (a) [Reserved].
- (b) [Reserved].
- (c) In addition to the requirements of 42 CFR 483.70(h) (relating to administration), the medical director of a facility shall be licensed as a physician in this Commonwealth and shall complete at least four hours annually of continuing medical education (CME) pertinent to the field of medical direction or post-acute and long-term care medicine. The medical director may be designated for single or multiple facilities. There shall be a written agreement between the physician and the facility.
- (d) The medical director's responsibilities shall include at least the following:
 - (1) [Reserved].
 - (2) [Reserved].
 - (3) Ensuring the appropriateness and quality of medical care and medically related care.
 - (4) Assisting in the development of educational programs for facility staff and other professionals.
 - (5) Working with the facility's clinical team to provide surveillance and develop policies to prevent the potential infection of residents in accordance with the infection control requirements under 42 CFR 483.80 (relating to infection control).
 - (6) Cooperating with facility staff to establish policies for assuring that the rights of individuals are respected.
 - (7) Supporting and promoting person-directed care such as the formation of advance directives, end-of-life care, and provisions that enhance resident decision making, including choice regarding medical care options.
 - (8) Identifying performance expectations and facilitating feedback to physicians and other health care practitioners regarding their performance and practices.
 - (9) Discussing and intervening, as appropriate, with a health care practitioner regarding medical care that is inconsistent with current standards of care.
 - (10) Assisting in developing systems to monitor the performance of health care practitioners, including mechanisms for communicating and resolving

issues related to medical care and ensuring that other licensed practitioners who may perform physician-delegated tasks act within their scope of practice.

Authority

The provisions of this § 211.2 amended under sections 102, 201(12), 601, 801.1 and 803 of the Health Care Facilities Act (35 P.S. §§ 448.102, 448.201(12), 448.601, 448.801a and 448.803); and section 2102(a) and (g) of The Administrative Code of 1929 (71 P.S. § 532(a) and (g)).

Source

The provisions of this § 211.2 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999; amended December 23, 2022, effective July 1, 2023, 52 Pa.B. 8098. Immediately preceding text appears at serial page (397592).

§ 211.3. Verbal and telephone orders.

(a) Verbal and telephone orders shall be given to a registered nurse, physician or other individual authorized by appropriate statutes and the State Boards in the Bureau of Professional and Occupational Affairs and shall immediately be recorded on the resident's clinical record by the person receiving the order. The entry shall be signed and dated by the person receiving the order.

(b) Verbal and telephone orders for care, and treatment shall be dated and countersigned with the original signature of the physician, or physician's delegee authorized under 42 CFR 483.30(e) (relating to physician services), within 72 hours of receipt of the order.

(c) Verbal and telephone orders for medications shall be dated and countersigned by the prescribing physician, or physician's delegee authorized under 42 CFR 483.80(e), within 48 hours.

(d) Verbal orders for care, treatment or medication shall be accepted only under circumstances where it is impractical for the orders to be given in a written manner by the physician, or physician's delegee authorized under 42 CFR 483.30(e). An initial written order as well as a countersignature may be sent by a fax or secure electronic transmission which includes the practitioner's signature.

(e) The facility shall establish policies identifying the types of situations for which verbal orders may be accepted and the appropriate protocols for the taking and transcribing of verbal orders in these situations, which shall include:

(1) Identification of all treatments or medications which may not be prescribed or dispensed by way of verbal order, but which instead require written orders.

(2) A requirement that all verbal orders be stated clearly, repeated by the issuing physician, or physician's delegee authorized under 42 CFR 483.30(e), and be read back in their entirety by personnel authorized to take the verbal order.

(3) Identification of all personnel authorized to take and transcribe verbal orders.

(4) The policy on fax or secure electronic transmissions.

Authority

The provisions of this § 211.3 amended under sections 102, 201(12), 601, 801.1 and 803 of the Health Care Facilities Act (35 P.S. §§ 448.102, 448.201(12), 448.601, 448.801a and 448.803); and section 2102(a) and (g) of The Administrative Code of 1929 (71 P.S. § 532(a) and (g)).

Source

The provisions of this § 211.3 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended February 11, 1977, effective February 12, 1977, 7 Pa.B. 437; amended May 26, 1978, effective May 27, 1978, 8 Pa.B. 1466; amended April 23, 1982, effective April 24, 1982, 12 Pa.B. 1316; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999; amended December 23, 2022, effective July 1, 2023, 52 Pa.B. 8098. Immediately preceding text appears at serial pages (397592) and (329217).

Cross References

This section cited in 49 Pa. Code § 42.25 (relating to orders).

§ 211.4. Procedure in event of death.

- (a) Written postmortem procedures shall be available to all personnel.
- (b) Documentation shall be on the resident's clinical record that the next of kin, guardian or resident representative has been notified of the resident's death. The name of the notified party shall be written on the resident's clinical record.

Authority

The provisions of this § 211.4 amended under sections 102, 201(12), 601, 801.1 and 803 of the Health Care Facilities Act (35 P.S. §§ 448.102, 448.201(12), 448.601, 448.801a and 448.803); and section 2102(a) and (g) of The Administrative Code of 1929 (71 P.S. § 532(a) and (g)).

Source

The provisions of this § 211.4 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999; amended December 23, 2022, effective July 1, 2023, 52 Pa.B. 8098. Immediately preceding text appears at serial pages (329217) to (329218).

§ 211.5. Medical records.

- (a) [Reserved].
- (b) Information contained in a resident's record shall be privileged and confidential. Written consent of the resident or the resident representative is required for release of information, except as follows:
 - (1) Written consent is not necessary for authorized representatives of the Federal and State government during the conduct of their official duties.
 - (2) Written consent is not necessary for the release of medical records for treatment purposes in accordance with Federal and State law.
- (c) [Reserved].
- (d) Records of discharged residents shall be completed within 30 days of discharge. Medical information pertaining to a resident's stay shall be centralized in the resident's record.

(e) When a facility closes, resident medical records may be transferred with the resident if the resident is transferred to another health care facility. Otherwise, the owners of the facility shall make provisions for the safekeeping and confidentiality of resident medical records and shall provide to the Department, within 30 days of providing notice of closure under § 201.23 (relating to closure of facility), a plan for the storage and retrieval of medical records.

(f) In addition to the items required under 42 CFR 483.70(i)(5) (relating to administration), a resident's medical record shall include at a minimum:

- (i) Physicians' orders.
 - (ii) Observation and progress notes.
 - (iii) Nurses' notes.
 - (iv) Medical and nursing history and physical examination reports.
 - (v) Admission data.
 - (vi) Hospital diagnoses authentication.
 - (vii) Report from attending physician or transfer form.
 - (viii) Diagnostic and therapeutic orders.
 - (ix) Reports of treatments.
 - (x) Clinical findings.
 - (xi) Medication records.
 - (xii) Discharge summary, including final diagnosis and prognosis or cause of death.
- (g) [Reserved].
- (h) [Reserved].
- (i) The facility shall assign overall supervisory responsibility for the medical record service to a medical records practitioner. Consultative services may be utilized; however, the facility shall employ sufficient personnel competent to carry out the functions of the medical record service.

Authority

The provisions of this § 211.5 amended under sections 102, 201(12), 601, 801.1 and 803 of the Health Care Facilities Act (35 P.S. §§ 448.102, 448.201(12), 448.601, 448.801a and 448.803); and section 2102(a) and (g) of The Administrative Code of 1929 (71 P.S. § 532(a) and (g)).

Source

The provisions of this § 211.5 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999; amended December 23, 2022, effective July 1, 2023, 52 Pa.B. 8098. Immediately preceding text appears at serial pages (329218) and (352793).

Notes of Decisions

Alteration of medical records during the course of a licensure survey in order to produce the appearance of compliance with regulations constitutes fraud and deceit justifying the Department of Health to refuse to renew a nursing home license. *Colonial Gardens Nursing Home, Inc. v. Department of Health*, 382 A.2d 1273 (Pa. Cmwlth. 1978).

§ 211.6. Dietary services.

(a) Menus shall be planned and posted in the facility or distributed to residents at least 2 weeks in advance. Records of menus of foods actually served shall be retained for 30 days. When changes in the menu are necessary, substitutions shall provide equal nutritive value.

(b) [Reserved].

(c) [Reserved].

(d) [Reserved].

(e) [Reserved].

(f) Dietary personnel shall practice hygienic food handling techniques. Employees shall wear clean outer garments, maintain a high degree of personal cleanliness and conform to hygienic practices while on duty. Employees shall wash their hands thoroughly with soap and water before starting work, after visiting the toilet room and as often as necessary to remove soil and contamination.

Authority

The provisions of this § 211.6 amended under sections 102, 201(12), 601, 801.1 and 803 of the Health Care Facilities Act (35 P.S. §§ 448.102, 448.201(12), 448.601, 448.801a and 448.803); and section 2102(a) and (g) of The Administrative Code of 1929 (71 P.S. § 532(a) and (g)).

Source

The provisions of this § 211.6 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended April 23, 1982, effective April 24, 1982, 12 Pa.B. 1316; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999; amended December 23, 2022, effective July 1, 2023, 52 Pa.B. 8098. Immediately preceding text appears at serial pages (352793) to (352794).

Notes of Decisions

Although hygienic food handling and general dietary supervision are required by Health Care Facilities Act regulations, alleged wrong doing of skilled nursing facility that led to resident's death by salmonella poisoning did not involve "furnishing of medical services" as contemplated by the Act's definition of "professional liability" and therefore, was outside coverage by the Medical Professional Liability Catastrophe Loss Fund. *Stenton Hall v. Medical Liability Loss Fund*, 829 A.2d 377, 384 (Pa. Cmwlth. 2003); appeal denied 857 A.2d 681 (Pa. 2004).

§ 211.7. Physician assistants and certified registered nurse practitioners.

(a) [Reserved].

(b) If the facility utilizes the services of physician assistants or certified registered nurse practitioners, the following apply:

(1) [Reserved].

(2) There shall be a list posted at each workstation of the names of the supervising physician and the persons, and titles, whom they supervise.

(3) A copy of the supervising physician's registration from the State Board of Medicine or State Board of Osteopathic Medicine and the physician assistant's or certified registered nurse practitioner's certificate shall be available in the facility.

(4) A notice plainly visible to residents shall be posted in prominent places in the institution explaining the meaning of the terms "physician assistant" and "certified registered nurse practitioner."

- (c) [Reserved].
- (d) [Reserved].
- (e) [Reserved].

Authority

The provisions of this § 211.7 amended under sections 102, 210(12), 601, 801.1 and 803 of the Health Care Facilities Act (35 P.S. §§ 448.102, 448.201(12), 448.601 and 448.801a and 448.803); and section 2102(a) and (g) of The Administrative Code of 1929 (71 P.S. § 532(a) and (g)).

Source

The provisions of this § 211.7 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended April 23, 1982, effective April 24, 1982, 12 Pa.B. 1316; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999; amended October 1, 2010, effective October 2, 2010, 40 Pa.B. 5578; amended December 23, 2022, effective July 1, 2023, 52 Pa.B. 8098. Immediately preceding text appears at serial pages (352794) to (352795).

§ 211.8. Use of restraints.

- (a) [Reserved].
- (b) [Reserved].
- (c) [Reserved].

(c.1) If restraints are used, a facility shall use the least restrictive method for the least amount of time to safely and adequately respond to individual resident needs in accordance with the resident's comprehensive assessment and comprehensive care plan. The following shall apply:

(1) When a recurring restraint is ordered, the facility shall document the need for the restraint and the personnel responsible for performing the intervention on each shift.

(2) A facility shall document the type of restraint and each time a restraint is used or removed.

(3) In determining the least restrictive method for the least amount of time, the following minimums apply:

(i) Physical restraints shall be removed at least 10 minutes out of every 2 hours during normal waking hours to allow the resident an opportunity to move and exercise.

(ii) During normal waking hours, the resident's position shall be changed at least every 2 hours.

(d) An order from a physician, or physician's delegee authorized under 42 CFR 483.30(e) (relating to physician services), shall be required for a restraint.

(e) The physician, or physician's delegee authorized under 42 CFR 483.30(e), shall document the reason for the initial restraint order and shall review the continued need for the use of the restraint order by evaluating the resident. If the order is to be continued, the order shall be renewed by the physician, or physician's delegee authorized under 42 CFR 483.30(e), in accordance with the resident's total program of care.

(f) Every 30 days, or sooner if necessary, the interdisciplinary team shall review and reevaluate the use of all restraints ordered by a physician or physician's delegee authorized under 42 CFR 483.30(e).

Authority

The provisions of this § 211.8 amended under sections 102, 201(12), 601, 801.1 and 803 of the Health Care Facilities Act (35 P.S. §§ 448.102, 448.201(12), 448.601, 448.801a and 448.803); and section 2102(a) and (g) of The Administrative Code of 1929 (71 P.S. § 532(a) and (g)).

Source

The provisions of this § 211.8 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999; amended December 23, 2022, effective July 1, 2023, 52 Pa.B. 8098. Immediately preceding text appears at serial page (352795).

§ 211.9. Pharmacy services.

- (a) Facility policies shall ensure that:
- (1) Facility staff involved in the administration of resident care shall be knowledgeable of the policies and procedures regarding pharmacy services including medication administration.
 - (2) [Reserved].
- (b) Facility policies shall ensure that medications are administered by authorized persons as indicated in § 201.3 (relating to definitions).
- (c) Medications and biologicals shall be administered by the same licensed person who prepared the dose for administration and shall be given as soon as possible after the dose is prepared.
- (d) Medications, both prescription and non-prescription, shall be administered under the orders of the attending physician, or the physician's delegee authorized under 42 CFR 483.30(e) (relating to physician services).
- (e) [Reserved].
- (f) Residents shall be permitted to purchase prescribed medications from the pharmacy of their choice. If the resident does not use the pharmacy that usually services the facility, the resident is responsible for securing the medications and for assuring that applicable pharmacy regulations and facility policies are met. The facility:
- (1) Shall notify the resident or the resident representative, at admission and as necessary throughout the resident's stay in the facility, of the right to purchase medications from a pharmacy of the resident's choice as well as the resident's and pharmacy's responsibility to comply with the facility's policies and Federal and State laws regarding packaging and labeling requirements.
 - (2) Shall have procedures for receipt of medications from outside pharmacies including requirements for ensuring accuracy and accountability. Procedures shall include the review of medications for labeling requirements, dosage and instructions for use by licensed individuals who are authorized to administer medications.
 - (3) Shall ensure that the pharmacist or pharmacy consultant will receive a monthly resident medication profile from the selected pharmacy provider.
 - (4) Shall have a policy regarding the procurement of medications in urgent situations. Facilities may order a 7-day supply from a contract pharmacy if the resident's selected pharmacy is not able to comply with these provisions.

- (g) [Reserved].
- (h) [Reserved].
- (i) [Reserved].
- (j) [Reserved].
- (j.1) The facility shall have written policies and procedures for the disposition of medications that address all of the following:
 - (1) Timely and safe identification and removal of medications for disposition.
 - (2) Identification of storage methods for medications awaiting final disposition.
 - (3) Control and accountability of medications awaiting final disposition consistent with standards of practice.
 - (4) Documentation of actual disposition of medications to include the name of the individual disposing of the medication, the name of the resident, the name of the medication, the strength of the medication, the prescription number if applicable, the quantity of medication and the date of disposition.
 - (5) A method of disposition to prevent diversion or accidental exposure consistent with applicable Federal and State requirements, local ordinances and standards of practice.
- (k) The oversight of pharmaceutical services shall be the responsibility of the quality assurance committee. Arrangements shall be made for the pharmacist responsible for the adequacy and accuracy of the services to have committee input. The quality assurance committee, with input from the pharmacist, shall develop written policies and procedures for drug therapy, distribution, administration, control, accountability and use.
 - (1) A facility shall have at least one emergency medication kit that is readily available to staff. The kit used in the facility shall be governed by the following:
 - (1) The facility shall have written policies and procedures pertaining to the use, content, storage, security, refill of and inventory tracking for the kits.
 - (2) The quantity and categories of medications and equipment in the kits shall be based on the immediate needs of the facility and criteria for the contents of the emergency medication kits shall be reviewed not less than annually.
 - (3) The emergency medication kits shall be under the control of a practitioner authorized to dispense or prescribe medications under the Pharmacy Act (63 P.S. §§ 390-1—390-13).
 - (4) [Reserved].

Authority

The provisions of this § 211.9 amended under sections 102, 201(12), 601, 801.1 and 803 of the Health Care Facilities Act (35 P.S. §§ 448.102, 448.201(12), 448.601, 448.801a and 448.803); and section 2102(a) and (g) of The Administrative Code of 1929 (71 P.S. § 532(a) and (g)).

Source

The provisions of this § 211.9 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended April 23, 1982, effective April 24, 1982, 12 Pa.B. 1316; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999; amended December 23, 2022, effective July 1, 2023, 52 Pa.B. 8098. Immediately preceding text appears at serial pages (352795) to (352796) and (287199).

§ 211.10. Resident care policies.

(a) Resident care policies shall be available to admitting physicians, sponsoring agencies, residents and the public and shall reflect an awareness of, and provision for, meeting the total medical, nursing, mental and psychosocial needs of residents.

(b) The policies shall be reviewed at least annually and updated as necessary.

(c) The policies shall be designed and implemented to ensure that each resident receives treatments, medications, diets and rehabilitative nursing care as prescribed.

(d) The policies shall be designed and implemented to ensure that the resident receives proper care to prevent pressure sores and deformities; that the resident is kept comfortable, clean and well-groomed; that the resident is protected from accident, injury and infection; and that the resident is encouraged, assisted and trained in self-care and group activities.

Authority

The provisions of this § 211.10 amended under sections 102, 201(12), 601, 801.1 and 803 of Health Care Facilities Act (35 P.S. §§ 448.102, 448.201(12), 448.601, 448.801a and 448.803); and section 2102(a) and (g) of The Administrative Code of 1929 (71 P.S. § 532(a) and (g)).

Source

The provisions of this § 211.10 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999; amended December 23, 2022, effective July 1, 2023, 52 Pa.B. 8098. Immediately preceding text appears at serial pages (287199) to (287200).

Notes of Decisions*Transfer*

The transfer of a nursing home patient from an immediate care facility to a domiciliary care facility was proper as the decision to transfer was based on documentation in the clinical record which included the attending physician's statement and consideration was given to the patient's mental and psychological well being as well. *Grkman v. Department of Public Welfare*, 637 A.2d 761 (Pa. Cmwlth. 1994).

§ 211.11. [Reserved].**Authority**

The provisions of this § 211.11 deleted under sections 102, 201(12), 601, 801.1 and 803 of the Health Care Facilities Act (35 P.S. §§ 448.102, 448.201(12), 448.601, 448.801a and 448.803); and section 2102(a) and (g) of The Administrative Code of 1929 (71 P.S. § 532(a) and (g)).

Source

The provisions of this § 211.11 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999; deleted December 23, 2022, effective July 1, 2023, 52 Pa.B. 8098. Immediately preceding text appears at serial pages (287200) to (287201).

§ 211.12. Nursing services.

(a) [Reserved].

(b) There shall be a full-time director of nursing services who shall be a qualified licensed registered nurse.

(c) The director of nursing services shall have, in writing, administrative authority, responsibility and accountability for the functions and activities of the nursing services personnel and shall serve only one facility in this capacity.

(d) The director of nursing services shall be responsible for:

- (1) Standards of accepted nursing practice.
- (2) Nursing policy and procedure manuals.
- (3) Methods for coordination of nursing services with other resident services.
- (4) Recommendations for the number and levels of nursing services personnel to be employed.
- (5) General supervision, guidance and assistance for a resident in implementing the resident's personal health program to assure that preventive measures, treatments, medications, diet and other health services prescribed are properly carried out and recorded.

(e) The facility shall designate a charge nurse who is responsible for overseeing total nursing activities within the facility on each tour of duty each day of the week.

(f) [Reserved].

(f.1) In addition to the director of nursing services, a facility shall provide all of the following:

- (1) Nursing services personnel on each resident floor.
- (2) Effective July 1, 2023, a minimum of 1 nurse aide per 12 residents during the day, 1 nurse aide per 12 residents during the evening, and 1 nurse aide per 20 residents overnight.
- (3) Effective July 1, 2024, a minimum of 1 nurse aide per 10 residents during the day, 1 nurse aide per 11 residents during the evening, and 1 nurse aide per 15 residents overnight.
- (4) Effective July 1, 2023, a minimum of 1 LPN per 25 residents during the day, 1 LPN per 30 residents during the evening, and 1 LPN per 40 residents overnight.
- (5) Effective July 1, 2023, a minimum of 1 RN per 250 residents during all shifts.

(f.2) To meet the requirements of subsections (f.1)(2) through (5):

- (1) A facility may substitute an LPN or RN for a nurse aide but may not substitute a nurse aide for an LPN or RN.
- (2) A facility may substitute an RN for an LPN.
- (3)(i) A facility may not substitute an LPN for an RN except as provided under subparagraph (ii).
 - (ii) A facility with a census of 59 or under may substitute an LPN for an RN on the overnight shift only if an RN is on call and located within a 30-minute drive of the facility.

(g) [Reserved].

(h) [Reserved].

(i) A minimum number of general nursing care hours shall be provided for each 24-hour period as follows:

(1) Effective July 1, 2023, the total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 2.87 hours of direct resident care for each resident.

(2) Effective July 1, 2024, the total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 3.2 hours of direct resident care for each resident.

(i.1) Only direct resident care provided by nursing services personnel may be counted towards the total number of hours of general nursing care required under subsection (i).

(j) [Reserved].

(k) [Reserved].

(l) [Reserved].

Authority

The provisions of this § 211.12 amended under sections 102, 201(12), 601, 801.1 and 803 of the Health Care Facilities Act (35 P.S. §§ 448.102, 448.201(12), 448.601, 448.801a and 448.803); and section 2102(a) and (g) of The Administrative Code of 1929 (71 P.S. § 532(a) and (g)).

Source

The provisions of this § 211.12 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, except subsections (e) and (f) effective July 1, 1988, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999; amended December 23, 2022, subsections (a)—(f.1)(2), (4) and (5), (f.2)—(i)(1) and (i.1)—(1) are effective July 1, 2023, subsections (f.1)(3) and (i)(2) are effective July 1, 2024, 52 Pa.B. 8098. Immediately preceding text appears at serial pages (287201) to (287202).

Cross References

This section cited in 28 Pa. Code § 201.3 (relating to definitions).

§ 211.13. [Reserved].

Source

The provisions of this § 211.13 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; corrected June 19, 1987, 17 Pa.B. 2462; reserved July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (240339) to (240340).

§ 211.14. [Reserved].

Source

The provisions of this § 211.14 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; reserved July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (240340) to (240341).

§ 211.15. Dental services.

In addition to the requirements in 42 CFR 483.55 (relating to dental services), a facility shall make provisions to assure that resident dentures are retained by the resident. Dentures shall be marked for each resident.

Authority

The provisions of this § 211.15 amended under sections 102, 201(12), 601, 801.1 and 803 of the Health Care Facilities Act (35 §§ 448.102, 448.201(12), 448.601, 448.801a and 448.803); and section 2102(a) and (g) of The Administrative Code of 1929 (71 P.S. § 532(a) and (g)).

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Source

The provisions of this § 211.15 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999; amended December 23, 2022, effective July 1, 2023, 52 Pa.B. 8098. Immediately preceding text appears at serial pages (287202) to (287203).

§ 211.16. Social services.

(a) A facility shall employ a qualified social worker on a full-time basis except:

(1) A facility with 26 to 59 beds may employ a part-time qualified social worker if the facility assessment indicates that a full-time qualified social worker is not needed.

(2) A facility with 25 beds or less may either employ a part-time qualified social worker or share the services of a qualified social worker with another facility.

(b) [Reserved].

Authority

The provisions of this § 211.16 amended under sections 102, 201(12), 601, 801.1 and 803 of the Health Care Facilities Act (35 P.S. §§ 448.102, 448.201(12), 448.601, 448.801a and 448.803); and section 2102(a) and (g) of The Administrative Code of 1929 (71 P.S. § 532(a) and (g)).

Source

The provisions of this § 211.16 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999; amended December 23, 2022, effective July 1, 2023, 52 Pa.B. 8098. Immediately preceding text appears at serial page (287203).

§ 211.17. Pet therapy.

If pet therapy is utilized, a facility shall have written policies and procedures to ensure all of the following:

(1) Animals are not permitted in the kitchen or other food service areas, dining rooms when meals are being served, utility rooms and rooms of residents who do not want animals in their rooms.

(2) Careful selection of types of animals is made so the animals are not harmful or annoying to residents.

(3) The number and types of pets are restricted according to the layout of the building, type of residents, staff and animals.

(4) Animals are carefully selected to meet the needs of the residents involved in the pet therapy program.

(5) [Reserved].

(5.1) Animals are up to date on vaccinations, are in good health and do not pose a risk to the health and safety of residents.

(6) Animals and places where they reside or visit are kept clean and sanitary.

(7) Infection prevention and control measures, such as hand hygiene, are followed by residents and personnel when handling animals.

Authority

The provisions of this § 211.17 amended under sections 102, 201(12), 601, 801.1 and 803 of the Health Care Facilities Act (35 P.S. §§ 448.102, 448.201(12), 448.601, 448.801a and 448.803); and section 2102(a) and (g) of The Administrative Code of 1929 (71 P.S. § 532(a) and (g)).

Source

The provisions of this § 211.17 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 30, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999; amended December 23, 2022, effective July 1, 2023, 52 Pa.B. 8098. Immediately preceding text appears at serial pages (287203) to (287204).

§ 211.18. [Reserved].**Source**

The provisions of this § 211.18 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; reserved January 30, 1987, effective July 1, 1987, 17 Pa.B. 514. Immediately preceding text appears at serial page (70697).

§ 211.19. [Reserved].**Source**

The provisions of this § 211.19 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; reserved January 30, 1987, effective July 1, 1987, 17 Pa.B. 514. Immediately preceding text appears at serial page (70697).

§ 211.20. [Reserved].**Source**

The provisions of this § 211.20 adopted April 23, 1982, effective April 24, 1982, 12 Pa.B. 1316; reserved January 30, 1987, effective July 1, 1987, 17 Pa.B. 514. Immediately preceding text appears at serial pages (70698) to (70699).

§ 211.21. [Reserved].**Source**

The provisions of this § 211.21 adopted April 23, 1982, effective April 24, 1982, 12 Pa.B. 1316; reserved January 30, 1987, effective July 1, 1987, 17 Pa.B. 514. Immediately preceding text appears at serial page (70699).

§ 211.22. [Reserved].**Source**

The provisions of this § 211.22 adopted April 23, 1982, effective April 24, 1982, 12 Pa.B. 1316; reserved January 30, 1987, effective July 1, 1987, 17 Pa.B. 514. Immediately preceding text appears at serial pages (70700) to (70704).

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