

3701-17-01

Definitions.

As used in rules 3701-17-01 to 3701-17-26 of the Administrative Code:

(A) "Accommodations" means housing, meals, laundry, housekeeping, transportation, social or recreational activities, maintenance, security, or similar services that are not personal care services or skilled nursing care.

(B) "Activities of daily living" means bed mobility, locomotion and transfer, bathing, grooming, oral hygiene, toileting, dressing, and eating.

(C) "Administrator" means the individual, licensed as a nursing home administrator under Chapter 4751. of the Revised Code, who is responsible for planning, organizing, directing and managing the operation of the nursing home.

~~(D)~~ "Adult care facility" has the same meaning as in section 5119.70 of the Revised Code.

~~(E)~~(D) "Chemical restraint" means ~~any medication bearing the American hospital formulary service therapeutic class 4.00, 28:16:08, 28:24:08, or 28:24:92 that alters the functioning of the central nervous system in a manner that limits physical and cognitive functioning to the degree that the resident cannot attain his highest practicable physical, mental, and psycho-social well-being.~~any drug that is used for discipline or staff convenience and not prescribed to treat medical symptoms.

~~(F)~~(E) "Complex therapeutic diet" has the same meaning as "therapeutic diet" as that term is defined in paragraph ~~(F)(NN)~~ of this rule.:

~~(G)~~(F) "Department" means the department of health of the state of Ohio.

~~(H)~~(G) "Dietitian" means an individual licensed under Chapter 4759. of the Revised Code to practice dietetics.

~~(I)~~(H) "Director" means the director of the department of health of the state of Ohio or the director's duly authorized representative.

(I) "Elopement" occurs when a resident leaves a home or safe area without the facilities knowledge or without supervision. A situation in which a resident with decision-making capacity leaves the home will not be considered an elopement unless the home has reason to suspect, or the circumstances surrounding the resident's departure indicate, that the departure is unusual or atypical.

(J) "Full-time" means an individual works thirty hours or more per week.

~~(K)~~(J) "Habitable floor area" means the clear floor area of a room and the floor area occupied by the usual bedroom furniture, such as beds, chairs, dressers, and tables

and does not include the floor area occupied by wardrobes unless the wardrobe is of the resident's own choice and it is in addition to the individual closet space in the resident's room, and areas partitioned off in the room such as closets and toilet rooms.

~~(K)~~(L) "Home" has the same meaning as in division (A)(1) of section 3721.01 of the Revised Code.

~~(L)~~(M) "Hospice care program" or "hospice" means an entity licensed under Chapter 3712. of the Revised Code.

~~(M)~~(N) "Lot" means a plot or parcel of land considered as a unit, devoted to a certain use, or occupied by a building or group of buildings that are united by a common interest and use, and the customary accessories and open spaces belonging to the same.

~~(N)~~(O) "Licensed practical nurse" means a person licensed under Chapter 4723. of the Revised Code to practice nursing as a licensed practical nurse.

~~(O)~~(P) "Maximum licensed capacity" means the authorized type and number of residents in a nursing home as determined in rule 3701-17-04 of the Administrative Code.

~~(P)~~(Q) "Mechanically altered food" means that the texture of food is altered ~~altered~~ by chopping, grinding, mashing, or pureeing so that it can be successfully chewed and safely swallowed.

~~(Q)~~(R) "Mental impairment" means a condition in which a part of a person's brain has been damaged or is not working properly. Mental impairment does not mean mental illness as defined in section 5122.01 of the Revised Code or mental retardation intellectual disability as used in Chapter 5123. of the Revised Code.

~~(R)~~(S) "Nurse" means a registered nurse or a licensed practical nurse.

~~(S)~~(T) "Nurse aide" means an individual as defined in paragraph (A)(3) of rule 3701-17-07.1 of the Administrative Code.

~~(T)~~(U) "Nursing home" has the same meaning as in section 3721.01 of the Revised Code.

~~(U)~~(V) "Ohio building code" means the building ~~requirements~~standards as adopted by the board of building standards pursuant to section 3781.10 of the Revised Code.

~~(V)~~(W) "On duty" means being in the nursing home, awake, and immediately available.

~~(W)~~(X) "Operator" means the person, firm, partnership, association, or corporation which is ~~required~~obligated by section 3721.05 of the Revised Code to obtain a license in order to open, maintain, or operate a home.

~~(X)~~(Y) "Personal care services" means services including, but not limited to, the following:

- (1) Assisting residents with activities of daily living;
- (2) Assisting residents with self-administration of medication, in accordance with rules adopted under section 3721.04 of the Revised Code;
- (3) Preparing special diets, other than therapeutic diets, for residents pursuant to the instructions of a physician or a licensed dietitian, in accordance with rules adopted under section 3721.04 of the Revised Code.

"Personal care services" does not include "skilled nursing care" as defined in paragraph ~~(HH)~~JJ of this rule.

~~(Y)~~(Z) "Pharmacist" means an individual licensed under Chapter 4729. of the Revised Code to practice pharmacy.

~~(Z)~~(AA) "Physically restrained" means that residents are confined or in the home in such a manner that the freedom for normal egress from the home is dependent upon the unlocking or unbolting by others of one or more doors or barriers, or the removal of physical restraints, except as permitted under paragraph (B)(3) of rule 3701-17-15 of the Administrative Code.

~~(AA)~~(BB) "Physical restraint" means, but is not limited to, any article, device, or garment that interferes with the free movement of the resident and that the resident is unable to remove easily, a geriatric chair, or a locked room door.

~~(BB)~~(CC) "Physician" means an individual licensed under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.

~~(CC)~~(DD) "Resident" means an individual for whom the nursing home provides accommodations.

~~(DD)~~(EE) "Residential care facility" has the same meaning as in section 3721.01 of the Revised Code.

(FF) "Residential facility" has the same meaning as in section 5119.34 of the Revised Code.

~~(EE)~~(GG) "Residents' rights advocate" means:

- (1) An employee or representative of any state or local government entity that has a responsibility regarding residents and that has registered with the department of health under division (B) of section 3701.07 of the Revised Code;

(2) An employee or representative of any private nonprofit corporation or association that qualifies for tax-exempt status under section 501(a) of the "Internal Revenue Code of 1986," 100 Stat. 2085, 26 U.S.C.A. 1, as amended (2015), and that has registered with the department of health under division (B) of section 3701.07 of the Revised Code and whose purposes include educating and counseling residents, assisting residents in resolving problems and complaints concerning their care and treatment, and assisting them in securing adequate services to meet their needs;

(3) A member of the general assembly.

~~(FF)~~(HH) "Registered nurse" means an individual licensed to practice nursing as a registered nurse under Chapter 4723. of the Revised Code.

~~(GG)~~(II) "Resident call system" means a set of devices that are connected electrically, electronically, by radio frequency transmission, or in a like manner that can effectively alert the staff member or members on duty, at the nurses' station or at another point in the nursing unit, of emergencies or resident needs and that can not be deactivated from any location except from where the resident initiated the call.

~~(HH)~~(JJ) "Skilled nursing care" means procedures that ~~require~~include technical skills and knowledge beyond those the untrained person possesses and that are commonly employed in providing for the physical, mental, and emotional needs of the ill or otherwise incapacitated. "Skilled nursing care" includes, but is not limited to, the following:

- (1) Irrigations, catheterizations, application of dressings, and supervision of special diets and therapeutic diets;
- (2) Objective observation of changes in the resident's condition as a means of analyzing and determining the nursing care ~~required~~necessary and the need for further medical diagnosis and treatment;
- (3) Special procedures contributing to rehabilitation including programs that prevent falls and other incidents that can result in loss of physical function;
- (4) Administration of medication by any method ordered by a physician, such as hypodermically, rectally, or orally, including observation of the resident after receipt of the medication and including intravenously-administered medication;
- (5) Carrying out other treatments prescribed by the physician that involve a similar level of complexity and skill in administration. This is including but not limited to:-

(a) Treatments and services to prevent or heal pressure sores;

(b) Tube feeding management;

(c) Respiratory and trachea care management;

(d) Suctioning; and

(e) Pain management.

~~(H)~~(KK) "Special diet" means a therapeutic diet limited to:

- (1) Nutrient adjusted diets, including high protein, no added salt, and no concentrated sweets;
- (2) Volume adjusted diets, including small, medium, and large portions;
- (3) The use of finger foods or bite-sized pieces for a resident's physical needs; or
- (4) Mechanically altered food.

~~(JJ)~~(LL) "Sponsor" means an adult relative, friend, or guardian of a resident who has an interest or responsibility in the resident's welfare.

~~(KK)~~(MM) "Supervision" means the monitoring of a resident to ensure that the health, safety, and welfare of the resident is protected.

~~(LL)~~(NN) "Therapeutic diet" means a diet ordered by a health care practitioner:

- (1) As part of the treatment for a disease or clinical condition;
- (2) To modify, eliminate, decrease, or increase certain substances in the diet; or
- (3) To provide mechanically altered food when indicated.

~~(MM)~~(OO) "Toilet room" means a room or rooms conforming to the Ohio building code, and including a water closet and a lavatory which is located in or adjacent to the room in which the water closet is located.

~~(NN)~~(PP) "Volunteer" means an individual working in or used by a home who does not receive or expect to receive any form of compensation for services the individual performs other than reimbursement for actual expenses.

Effective: 7/17/2025

Five Year Review (FYR) Dates: 4/25/2025 and 07/17/2030

CERTIFIED ELECTRONICALLY

Certification

07/07/2025

Date

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Rule Amplifies: 3721.01, 3721.08, 3721.072, 3721.071, 3721.07,
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Prior Effective Dates: 05/02/1966, 07/01/1973, 12/02/1989, 12/21/1992,
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3701-17-02

Application of rules.

- (A) All nursing homes ~~shall~~will comply with rules 3701-17-01 to 3701-17-26 of the Administrative Code and the applicable provisions of Chapter 3721. of the Revised Code.
- (B) Nothing contained in rules 3701-17-01 to 3701-17-26 of the Administrative Code ~~shall~~is to be construed as authorizing the supervision, regulation, or control of the spiritual care or treatment of residents in any nursing home who rely upon treatment by prayer or spiritual means in accordance with the creed or tenets of any recognized church or religious denomination; provided, however, each nursing home ~~shall~~will otherwise comply with rules 3701-17-01 to 3701-17-26 of the Administrative Code, and each resident ~~shall~~will otherwise be provided with the services and care ~~required~~ obligated by such rules.

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3701-17-03**Initial, renewal, and change of operator license applications; fees; issuance; revocation; notice.**

(A) Initial application. Not less than forty five days before the proposed opening of a nursing home, the operator of a nursing home will submit, on a form prescribed by the director, a completed initial application, and pay the non-refundable application fee specified in section (E) 3721.02 of the Revised Code, with the fee made payable to the "Treasurer, State of Ohio" in the form of a check or money order to be deposited in the state treasury to the credit of the general operations fund created by section 3701.83 of the Revised Code. A completed application includes:

(1) Disclosure of:

(a) The proposed operator, including the proposed operator's name, address, electronic mail address, and telephone number, and the following information:

(i) All direct and indirect owners owning at least five per cent of:

(a) The operator;

(b) The owner of the building or buildings in which the nursing home is housed, if the owner of the building or buildings is a different person or government entity from the entering operator;

(c) The owner of the legal rights associated with the ownership and operation of the nursing home beds, if the owner of the legal rights is a different person or government entity from the entering operator; and

(d) Each related party that provides or will provide services to the nursing home, through contracts with any party identified in division (A)(1)(a)(i) of this section.

(ii) The name, business address, electronic mail address, and telephone number of the proposed administrator of the nursing home, if different from the proposed operator;

(iii) The name and business address of the statutory agent of the:

(a) Proposed operator;

(b) Proposed owner of the building or buildings in which the nursing home is housed, if the owner of the building or

buildings is a different person or government entity from the entering operator; and

(c) Proposed owner of the legal rights associated with the ownership and operation of the nursing home beds, if the owner of the legal rights is a different person or government entity from the proposed operator.

(b) Whether a person or government entity identified in paragraph (A)(1)(a)(i) of this rule has or had a direct or indirect ownership or operational interest in a current or previously licensed nursing home in this state or another state, including disclosure of whether any of the following occurred with respect to an identified nursing home within the five years immediately preceding the date of application:

(i) Voluntary or involuntary closure of the nursing home;

(ii) Voluntary or involuntary bankruptcy proceedings;

(iii) Voluntary or involuntary receivership proceedings;

(iv) License suspension, denial, or revocation;

(v) Injunction proceedings initiated by a regulatory agency;

(vi) The nursing home is listed in table A, table B, or table D on the SFF list under the special focus facility program; and

(vii) A civil or criminal action was filed against it by a state or federal entity.

(2) An attestation that the applicant:

(a) Has the financial ability to staff, equip, and operate the nursing home in accordance with Chapter 3721. of the Revised Code, and rules 3701-17-01 to 3701-17-26 of the Administrative Code, and that the applicant has sufficient capital or financial reserve to cover not less than six months operation;

(b) Has plans for quality assurance and risk management for the operation of the nursing home;

- (c) Has general and professional liability insurance coverage that provides coverage of at least one million dollars per occurrence and three million dollars aggregate;
- (d) Has sufficient qualified staff, by training or experience, who will be employed to properly care for the type and number of nursing home residents;
- (e) Or any person identified in paragraph (A)(1)(a)(i) of this rule:

 - (i) Has not been convicted of a felony or a crime involving moral turpitude;
 - (ii) Is not violating any of the rules adopted by the director of health or any order issued by the director;
 - (iii) Has not had a license to operate the home revoked pursuant to section 3721.03 of the Revised Code because of any act or omission that jeopardized a resident's health, welfare, or safety nor has the applicant had a long-standing pattern of violations of this chapter or rules adopted under it that caused physical, emotional, mental, or psychosocial harm to one or more residents;
 - (iv) Is or are suitable financially and morally to operate a home;
 - (v) Is equipped to furnish humane, kind, and adequate treatment and care;
 - (vi) The home does not maintain or contain:

 - (a) Facilities for the performance of major surgical procedures;
 - (b) Facilities for providing therapeutic radiation;
 - (c) An emergency ward;
 - (d) A clinical laboratory unless it is under the supervision of a clinical pathologist who is a licensed physician in this state;
 - (e) Facilities for radiological examinations unless such examinations are performed only by a person licensed to practice medicine, surgery, or dentistry in this state.
 - (vii) The home does not accept or treat outpatients, except upon the written orders of a physician licensed in this state, maternity cases,

boarding children, and does not house transient guests, other than participants in an adult day-care program, for twenty-four hours or less; and

(viii) The home is in compliance with sections 3721.28 and 3721.29 of the Revised Code.

(3) A statement by the applicant of the status of the proposed nursing home under any applicable zoning ordinances or rules, or a statement by the applicant that there is no zoning authority where the proposed home is to be located;

(4) Copies of the:

(a) Inspection report of the state fire marshal or a township, municipal, or other legally constituted fire department approved by the state fire marshal, performed within the previous fifteen months, showing zero uncorrected deficiencies; and

(b) Certificate of use in accordance with paragraph (A) of rule 3701-17-22 of the Administrative Code showing a I-1 or I-2 use group.

(B) Renewal application. The operator of a nursing home will submit, on a form prescribed by the director, a completed renewal application, and pay the non-refundable application fee specified in section (E) 3721.02 of the Revised Code, with the fee made payable to the "Treasurer, State of Ohio" to be deposited in the state treasury to the credit of the general operations fund created by section 3701.83 of the Revised Code. A completed renewal application includes:

(1) Any necessary updates of the information provided on the initial or last renewal application, whichever is more recent;

(2) Any required updates to the disclosure required by (A)(1) of this rule;

(3) Any required update to the attestation required by paragraph (A)(2) of this rule; and

(4) An inspection report of the state fire marshal or a township, municipal, or other legally constituted fire department approved by the state fire marshal, performed within the previous fifteen months, showing zero uncorrected deficiencies.

(C) Notice of change of information. Except as provided in paragraph (D) of this rule, the operator or administrator will notify the director in writing or electronically of any

changes in the information contained in paragraphs (A) or (B) of this rule not later than ten days after the change occurs.

(D) Change of operator (CHOP) application. At least forty-five days before the proposed assignment or transfer of a license to operate a nursing home, the entering operator of a nursing home will submit a completed change of operator, on a form prescribed by the director, and paying the non-refundable application fee of three thousand and two hundred dollars payable to "Treasurer, State of Ohio." The department will deposit the fee in the state treasury to the credit of the general operations fund created by section 3701.83 of the Revised Code. A completed change of operator application includes:

(1) The disclosures, attestations, inspection reports, and certificate of use specified in paragraphs (A)(1), (2), (4) and (B)(4) of this rule.

(2) Except for applications that demonstrate that the entering operator, or a person or government entity that directly or indirectly owns at least fifty per cent of the entering operator, directly or indirectly owns at least fifty per cent of the nursing home and its assets, a surety bond for an amount not less than the product of the number of licensed beds in the nursing home, as reflected in the application, multiplied by ten thousand dollars.

(a) A surety bond supplied under this paragraph:

(i) May be provided by either the entering operator or the property owner of the nursing home; and

(ii) Will be renewed, replaced, or maintained for five years after the effective date of the change of operator by the entering operator or the property owner of the nursing home, as applicable.

(b) The aggregate liability of a surety will not exceed the sum of the bond, which is not cumulative from period to period; and

(c) If the bond or other financial security is not renewed, replaced, or maintained in accordance with this division, the director will revoke the nursing home operator's license after providing thirty days' notice to the operator.

(E) The entering operator will not complete the change of operator until the director issues a notice of intent to grant a change of operator license.

(1) Within five days after of completion of the change of operator, the applicant is obligated to provide a copy of the completed bill of sale, operations transfer

agreement, member substitution agreement, or any other document evidencing the change of operator; and

(2) If the document(s) presented do not evidence the change of operator as proposed in the change of operator license application or reveal additional parties not disclosed by the entering operator in the application, the director will deny the change of operator license or revoke the license if previously issued.

(F) CHOP denials. The director will deny a change of operator license application if any of the following circumstances exist:

(1) The requirements established by this section are not satisfied;

(2) The entering operator or a person or government entity identified in division (D) (1)(a)(i) of this section who directly or indirectly has twenty-five per cent or more ownership of the entering operator meets both of the following criteria:

(a) The entering operator or the person or government entity has or had either of the following relationships to a currently or previously licensed nursing home in this state or another state:

(i) Fifty per cent or more direct or indirect ownership in the nursing home; and

(ii) Alone or together with one or more other persons, operational control of the nursing home.

(b) Any of the following occurred with respect to the current or previously licensed nursing home described in division (F)(2)(a) of this rule within the five years immediately preceding the date of application:

(i) Involuntary closure of the nursing home by a regulatory agency or voluntary closure in response to licensure or certification action;

(ii) Voluntary or involuntary bankruptcy proceedings that are not dismissed within sixty days;

(iii) Voluntary or involuntary receivership proceedings that are not dismissed within sixty days; and

(iv) License suspension, denial, or revocation for failure to comply with operating standards.

- (3) If a change of twenty-five per cent or more of the property ownership interest in a nursing home occurs in connection with the change of operator, the person or government entity who acquired the property ownership interest meets both of the following criteria:
- (a) The person or government entity has or had either of the following relationships to a currently or previously licensed nursing home in this state or another state:
 - (i) Fifty per cent or more direct or indirect property ownership in the nursing home; and
 - (ii) Alone or together with one or more other persons, operational control of the nursing home.
 - (b) Any of the following occurred with respect to the current or previously licensed nursing home described in division (F)(3)(a) of this rule within the five years immediately preceding the date of application:
 - (i) Involuntary closure of the nursing home by a regulatory agency or voluntary closure in response to licensure or certification action;
 - (ii) Voluntary or involuntary bankruptcy proceedings that are not dismissed within sixty days;
 - (iii) Voluntary or involuntary receivership proceedings that are not dismissed within sixty days;
 - (iv) License suspension, denial, or revocation for failure to comply with operating standards.
- (G) CHOP denial appeal. An applicant for licensure may appeal the denial of a change of operator license application in accordance with Chapter 119. of the Revised Code.
- (H) CHOP notices to the director. An entering operator will:
- (1) Notify the director immediately upon discovery of any error, omission, or change of information in a change of operator license application.
 - (2) Notify the director within ten days of any change in the information or documentation required by this section that occurs after the effective date of the change of operator.

- (3) Truthfully supply any additional information or documentation requested by the director.
- (4) If an entering operator fails to notify the director or supply additional information or documentation in accordance with this division, the director will impose a civil penalty of two thousand dollars for each day of noncompliance.
- (I) CHOP notices. The entering operator will notify, the homes' residents and their sponsors or legal representatives, the state long-term care ombudsman, and the regional long-term care ombudsman program, designated under section 173.16 of the Revised Code, serving the area where the home is located, in writing or electronically of any change of operator not later than ten days after the receipt of the change of operator license.
- (J) In the case of a change of operator, the entering operator is responsible and liable for compliance with any notice of proposed action or order issued under section 3721.08 of the Revised Code prior to the effective date of the change of operator.
- (K) Alteration of the home or relocation of beds within a home. If the nursing home alters its physical facilities in a manner that affects bed capacity or proposes to relocate existing beds to a unlicensed portion of the facility, the facility will provide the director with written notice at least forty-five days prior to the date the facility wants to commence filling the new beds or relocating existing beds. The nursing home will not use the altered or unlicensed area until the department notifies the facility, in writing, that the alteration or move complies with the applicable provisions of Chapter 3721. of the Revised Code and rules 3701-17-01 to 3701-17-26 of the Administrative Code. The administrator will provide the director with written notice of the relocation of beds within twenty-four hours after the relocation of a bed or beds due to emergency circumstances. The written notice from the facility will be written on company letterhead and include:

 - (1) A floor plan of the area, including beds;
 - (2) The results of the inspection by the state fire marshal or a township, municipal, or other legally constituted fire department approved by the state fire marshal for the area;
 - (3) A certificate of occupancy for the area; and
 - (4) Either an approved certificate of need or a or reviewability determination noting the activity is not reviewable.
- (L) An operator who operates one or more nursing homes in more than one building will obtain a separate license for each building except if such buildings are on the same lot and constitute a single nursing home, such nursing home may be operated under

a single license. However, no nursing home will be licensed in the same building as another nursing home.

(1) On or after the effective date of this rule, an operator who operates a nursing home in more than one building, where the buildings are intersected by a public roadway, will not be granted a license to operate the buildings as a single nursing home, unless before the effective date of this rule, the buildings were so licensed.

(M) The license will be posted in a conspicuous place in the nursing home.

(N) Upon the issuance of any order of revocation or denial, the person whose license is revoked or denied may appeal in accordance with Chapter 119. of the Revised Code.

(O) When closing a home, the operator will provide the director written notification of closure at least ninety days prior to the proposed closing date. This notice will include:

(1) An address where the operator may be reached after the closing of the home;

(2) Assurances that the residents will be transferred to the most integrated and appropriate facility or other setting in terms of quality, services, and location, taking into consideration the needs, choice, and best interests of each resident.

(P) While providing a written notification of closure, the operator will, in accordance with Chapter 3701-61 of the Administrative Code, also provide written notice of the proposed date of closing of the home to its residents and their sponsors or legal representatives, the state long-term care ombudsmen program, and the regional long-term care ombudsman designated under section 173.16 of the Revised Code, serving the area where the home is located.

(Q) The nursing home will include in all official correspondence with the department pertaining to the home, its name, address, electronic mail address, and Ohio department of health issued license number as it appears on the nursing home license.

(R) Any person(s) identified in paragraph (A)(1)(a)(i) or paragraph (D)(1)(a)(i) of this rule will notify the director within ten days of commencement of a suit against them, meaning a party suing has filed a written complaint or petition with the clerk of the court, the result of which could be the nursing home or building housing the nursing home being placed into receivership.

(S) Beds in a home that has closed that are not subject to a certificate of need are considered surrendered to the department the three hundred sixty sixth day after the home has closed.

(T) Any application submitted to the department pursuant to paragraphs (A) or (D) of this rule are considered abandoned if the applicant or entering operator have not responded to requests from the director for one hundred eighty days from the date of the director's request. The director will withdraw this application, and the applicant or entering operator will need to reapply and pay the applicable fee. If the application was submitted under paragraph (D) of this rule, the director will not accept the application until the entering operator pays the fine assessed under paragraph (H) of this rule, if any.

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3701-17-03.1

Expedited initial licensure inspections.

- (A) An applicant for licensure as a nursing home may request an expedited initial licensure inspection by providing the department of health with all of the following:
- (1) A complete initial nursing home application and fee ~~required as set forth in~~ by paragraph (A) of rule 3701-17-03 of the Administrative Code:
 - (a) An application will be deemed complete when the department verifies all information contained therein is complete and accurate and meets the ~~requirements of~~ criteria set forth in paragraphs (B) and (C) of rule 3701-17-03 of the Administrative Code;
 - (b) An applicant may elect an expedited licensure ~~licensure~~ inspection on the initial nursing home application and, if electing such an inspection, provide a fee in addition to that ~~required~~ obligated by paragraph (A) of rule 3701-17-03 of the Administrative Code, in the amount of two thousand two hundred fifty dollars;
 - (c) ~~A~~ Any fee collected by the department ~~shall~~ will be deposited in the state treasury to the credit of the general operations fund created by section 3701.83 of the Revised Code, and the fee ~~shall~~ will not be refunded;
 - (2) Certificate of need confirmation that all certificate of need ~~requirements~~ criteria are met, as applicable; and
 - (3) Notice of readiness for inspection.
- (B) Upon receipt of a completed request for expedited initial inspection made pursuant to paragraph (A) of this rule, the department will commence an inspection of the nursing home not later than ten business days. Inspections under this rule will be scheduled in the order in which the request for expedited initial licensure inspection is determined to be complete.
- (C) If the nursing home does not meet the ~~requirements~~ standards for licensure upon the initial licensure inspection requested under paragraph (B) of this rule, the department of health may deny the license.
- (D) This rule applies only to applicants for licensure as a new nursing home and does not apply to an existing licensed nursing home.

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3701-17-04

Type and number of residents in home; beds.

- (A) The director ~~shall~~will determine the type and number of residents a nursing home can accommodate which ~~shall~~will ~~establish~~ be the authorized maximum licensed capacity of a nursing home. Such determination ~~shall~~will be made on the basis of the physical facilities, personnel of the nursing home and the services and care needed by the residents to be admitted or retained in the nursing home, and the permitted occupancy approved by the department of commerce.
- (B) In determining the number of residents in a nursing home for the purpose of licensing, the director ~~shall~~will consider all the individuals for whom the home provides accommodations as one group unless one of the following is the case:
- (1) The home is both a nursing home and ~~an adult care~~ a residential facility as defined in paragraph (A)(42) of rule 5122-30-03 of the Administrative Code. In that case, all individuals in the part or unit licensed as a nursing home ~~shall~~will be considered as one group and all the individuals in the part or unit licensed as ~~an adult care~~ a residential facility ~~shall~~will be considered as another group;
 - (2) The home maintains, in addition to a nursing home, a separate and discrete part or unit that provides accommodations to individuals who do not ~~require~~need or receive skilled nursing care and do not receive personal care services from the home, in which case the individuals in the separate and discrete part or unit ~~shall~~will not be considered in determining the number of residents in the home if the separate and discrete part or unit is in compliance with the Ohio building code established by the board of building standards under Chapters 3781. and 3791. of the Revised Code and the home permits the director, on request, to inspect the separate and discrete part or unit and speak with the individuals residing there, if they consent, to determine whether the separate and discrete part or unit meets the ~~requirements~~ standards of this division;
 - (3) The home provides an adult day care program on the same site as the home, in which case the participants ~~shall~~will not be considered in determining the number of residents in the home if, except as otherwise permitted in rules 3701-17-01 to 3701-17-26 of the Administrative Code, the program is operated in a separate area which is not part of the licensed home.
- (C) If the nursing home alters its physical facilities in a manner that proposes to move existing beds to an area of the home not previously used for this purpose or proposes to add new beds, the home ~~shall~~will notify the director, in writing, at least sixty days prior to the date the home wants to commence filling the new beds or moving existing beds. The home ~~shall~~will not commence filling the new beds or moving existing beds until the director notifies the home, in writing, that the alteration or

move complies with the applicable provisions of Chapter 3721. of the Revised Code and rules 3701-17-01 to 3701-17-26 of the Administrative Code.

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3701-17-05

Prohibitions.

- (A) No nursing home, except a nursing home that is owned and operated by, and physically part of, a hospital ~~registered~~licensed under section ~~3701.07~~3722.06 of the Revised Code, may use the word "hospital" in its name or letterhead.
- (B) No applicant for a license to operate a nursing home ~~shall is authorized to~~ accept more than two residents, who ~~require~~are in need of skilled nursing care or personal care services, before receiving a license.
- (C) No operator, administrator, employee, or other person ~~shall~~will:
- (1) Interfere with the inspection of a licensed nursing home by any state or local official who is performing duties ~~required by~~under Chapter 3721. of the Revised Code. All licensed nursing homes shall be open for inspection. As used in this paragraph, "interfere" means to obstruct directly or indirectly any individual conducting an authorized inspection from carrying out his or her prescribed duties. Interference includes, but is not limited to: ~~harassment, intimidation, delay of access to premises or records, and refusal to permit the director or his authorized representative upon presentation of official department identification, for the purpose of inspecting or investigating the operation of a nursing home, to enter and inspect at any time a building or premise where a home is located, or to enter and inspect records which are kept concerning the operation of the home for information pertinent to the legitimate interest of the department including, but not limited to, the records and reports required by rule 3701-17-19 of the Administrative Code.~~
 - (a) Harassment;
 - (b) Intimidation;
 - (c) Delay of access to premises or records, including electronic and video records; and
 - (d) Refusal to permit the director or his authorized representative upon presentation of official department identification, for the purpose of inspecting or investigating the operation of a nursing home:
 - (i) To enter and inspect at any time, a building or premise where a home is located; or
 - (ii) To enter and inspect records which are kept concerning the operation of the home for information pertinent to the legitimate interest of

the department including, but not limited to, the records and reports set forth in rule 3701-17-19 of the Administrative Code.

- (2) Use profane or abusive language directed at or in the presence of residents or the director or his authorized representatives.
 - (3) Exceed the nursing home's authorized maximum licensed capacity.
 - (4) Knowingly falsify records, or misrepresent information to the director.
 - (5) Allow transient guests to remain in a licensed part of a home for more than thirty-six hours in any seventy-two hour period. Accommodations for transient guests may be provided in an area or areas outside the licensed part of a home.
- (D) For purposes of this rule, "transient guest" means an individual, whether related to a resident or staff member or not, who stays in a home. "Transient guest" does not include an individual who stays in a home for a period of time not exceeding fourteen days and is:
- (1) Admitted to the home for short term respite care;
 - (2) Staying with a resident upon admission to the home; or
 - (3) Staying with a resident receiving end-of-life care.

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10/20/2001, 04/01/2012, 01/01/2018

3701-17-06

**Responsibility of operator and nursing home administrator;
quality assurance and performance improvement.**

(A) The operator is responsible for:

- (1) Operation of the nursing home;
- (2) Payment of the annual license renewal fee to the director;
- (3) Submission of ~~such reports as may be required,~~ using an electronic system prescribed by the director, including the immediate reporting of the following: real, alleged, or suspected abuse, neglect, or misappropriation; and
 - (a) Real, alleged, or suspected abuse, neglect, or exploitation of a resident, or misappropriation of the property of a resident;
 - (b) Elopement of a resident as defined in paragraph (J) of rule 3701-17-01 of the Administrative Code;
 - (c) Instances when the operator is subject to cash on delivery requirements by any vendors or vendor-initiated contract or delivery cancellations due to non-payment or delinquency;
 - (d) Non-payment or delinquent payment of federal, state, or local taxes; and
 - (e) Inadequate food, medical, durable medical equipment, incontinence, respiratory or pharmaceutical supplies at the nursing home.
- (4) Compliance with Chapter 3721. of the Revised Code, Chapters 3701-13 and 3701-61, and rules 3701-17-01 to 3701-17-26 of the Administrative Code, and all federal, state, and local laws applicable to the operation of a nursing home.

(B) Each operator ~~shall~~ will appoint an administrator. The administrator is responsible for:

- (1) Daily operation of the nursing home in accordance with rules 3701-17-01 to 3701-17-26 of the Administrative Code;
- (2) Implementation of the provisions of section 3721.12 of the Revised Code, including the development of policies and procedure that ensure the rights of residents are not violated;
- (3) Ensuring that individuals used by the home are competent to perform their job responsibilities and that services are provided in accordance with acceptable standards of practice; ~~and~~

(4) Notifying the department of any of the following:

- (a) Interruption of essential services or a notice of potential interruption of essential services, due to lack of payment. Essential services include, but are not limited to, therapy, phone, internet service provider, a utility, food delivery, fire alarm monitoring, and maintenance contracts;
- (b) Inadequate staffing, meaning the nursing home does not have enough staff available to meet the needs of residents based on the acuity and/or number residents as per the facility's assessment; and
- (c) A known change in the control, ownership or operator of the facility or a change in the company to which the administrator reports.

~~(4)~~(5) If the nursing home is physically part of a hospital, inform a prospective resident, prior to admission, that the home is licensed as a nursing home and is not part of the acute care service of the hospital.

(C) Each nursing home ~~shall~~will establish and maintain an ongoing quality assurance and performance improvement (QAPI) program to address all systems of care and management practices, including clinical care, quality of life, and resident choice. As part of the QAPI program, each home ~~shall~~will, at minimum:

(1) Ensure the involvement of the following personnel in the QAPI program as appropriate:

- (a) Medical director;
- (b) Nursing Home administrator;
- (c) Director of nursing;
- (d) Activities director;
- (e) Social services director;
- (f) Dietary manager;
- (g) Infection control coordinator;
- (h) A representative from the nursing home's contracted pharmacy;
- (i) A representative from the nursing home's nurse aides staff; and

- (j) After QAPI meetings or discussions, make the resident council president or their designee aware of necessary items directly concerning them when applicable.
- (2) Establish an effective system to obtain and use feedback and input from residents and resident representatives on an ongoing basis and communicate QAPI priorities with the resident council on a regular basis.
- (1)(3) Establish a quality assurance committee that ~~shall~~ will meet on an ongoing basis, but at least quarterly to systematically:
- (a) Monitor and evaluate the quality of care and quality of life provided in the home;
 - (b) Track, conduct a root cause analysis, investigate, and monitor incidents, accidents, and events that have occurred in the home;
 - (c) Track and monitor the effectiveness of the infection control program;
 - (d) Identify problems and trends; and
 - (e) Develop and implement appropriate action plans to correct identified problems; ~~and~~
- (2) ~~Participate in at least one quality improvement project every two years from those approved by the department of aging through the nursing home quality initiative established under section 173.60 of the Revised Code.~~
- (D) The records of meetings of the quality assurance committee ~~by this rule~~ are not ~~required~~ subject to be ~~disclosed~~ disclosed to the director. The nursing home ~~shall~~ will document, and the director ~~shall~~ will verify through interviews with committee members and, as necessary, direct care staff, that:
- (1) The home has a quality assurance committee which addresses quality concerns;
 - (2) Staff know how to access that process; and
 - (3) The committee has established a protocol or method for addressing specific quality problems in the nursing home that the home believes to have now been resolved.
- (E) Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.

(F) The administrator is obligated to ensure that the nursing home participate in at least one quality improvement project every two years per section 3721.07 of the Revised Code.

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3701-17-07

Qualifications and health of personnel.

- (A) Every nursing home administrator ~~shall~~will be licensed pursuant to Chapter 4751. of the Revised Code, unless specifically exempted from licensing under that chapter.
- (B) No person with a disease which may be transmitted in the performance of the person's job responsibilities ~~shall~~will work in a nursing home during the stage of communicability unless the person is given duties that minimize the likelihood of transmission and follows infection control precautions and procedures.
- (C) No person ~~shall~~is allowed to work in a nursing home under either of the following circumstances:
- (1) Under the influence of alcohol, intoxicants or illegal drugs; or
 - (2) When the person is using medications to the extent that the use adversely affects the performance of ~~his or her~~their duties or the health or safety of any resident of the home.
- (D) No individual ~~shall~~is allowed to work in a nursing home in any capacity for ten or more hours in any thirty-day period unless the individual has been examined within thirty days before commencing work, or on the first day of work, by a physician or other licensed health professional acting within their applicable scope of practice and certified as medically capable of performing ~~his or her~~their prescribed duties. Operators ~~shall~~will retain documentation evidencing compliance with this paragraph and ~~shall~~ furnish such documentation to the director upon request. This paragraph does not apply to volunteers.
- (E) Employees of temporary employment services or, to the extent applicable, paid consultants working in a nursing home, ~~shall~~will have medical examinations in accordance with paragraph (D) of this rule, except that a new medical certification is not ~~required~~obligated for each new assignment. Each nursing home in which such an individual works ~~shall~~will obtain verification of the medical certification result, as applicable, from the employment agency or consultant before the individual begins work and ~~shall~~ maintain this documentation on file.
- (F) Individuals used by an adult day care program provided by and on the same site as the nursing home ~~shall~~will have medical examinations in accordance with paragraph (D) of this rule if the adult day care program is located or shares space within the same building as the nursing home or if there is a sharing of staff between the nursing home and adult day care program.

- (G) The individual ~~required~~ responsible for the comprehensive activities program set forth in paragraph (A) of rule 3701-17-09 of the Administrative Code to direct the activities program ~~shall~~ will meet one of the following qualifications:
- (1) Has two years of experience in a social or recreational program within the five years preceding the date of hire, one year of which was full-time in a resident activities program in a health care setting;
 - (2) Is licensed as an occupational therapist under Chapter 4755. of the Revised Code;
 - (3) Is licensed as an occupational therapy assistant under Chapter 4755. of the Revised Code;
 - (4) Is certified by a nationally recognized accrediting body as a therapeutic recreation specialist or activities professional; or
 - (5) Has successfully completed training covering activities programming from a technical or vocational school, college, university, or other educational institution, and has one year of experience in recreational or activities services. Training may also be provided by an out-of-state provider certified in the state in which the provider is located to offer technical or vocational programs or to offer degrees and college credits. For individuals hired after April 18, 2002, the minimum amount of training needed to meet this requirement ~~shall is~~ be ninety hours.
- (H) A food service manager designated pursuant to paragraph ~~(K)~~ (J) of rule 3701-17-18 of the Administrative Code who has supervisory and management responsibility and the authority to direct and control food preparation and service ~~shall~~ will obtain the level two certification in food protection according to rule 3701-21-25 of the Administrative Code.
- (I) All individuals used by the nursing home who function in a professional capacity ~~shall~~ will meet the standards applicable to that profession, including but not limited to, possessing a current Ohio license, registration, or certification, if ~~required~~ mandated by law.
- (J) The operator or administrator ~~shall~~ will ensure that each staff member, consultant and volunteer used by the nursing home receives orientation and training to the extent necessary to perform their job responsibilities prior to commencing such job responsibilities independently. ~~The orientation and training shall include that includes appropriate orientation and training about residents rights, person-centered care, the physical layout of the nursing home, the applicable job responsibilities, the home's policies and procedures applicable to assuring safe and appropriate resident care,~~

infection control, emergency assistance procedures, and the disaster preparedness plan.

(K) No nursing home ~~shall~~ is allowed to employ or continue to employ a person who applies for a position that involves the provision of direct care to an older adult, if the person:

- (1) Has been convicted of or pleaded guilty to an offense listed in division (C)(1) of section 3721.121 of the Revised Code, unless the individual is hired under the personal character standards set forth in rule 3701-13-06 of the Administrative Code;
- (2) Fails to complete the form(s) or provide fingerprint impressions ~~as required by~~ in accordance with division (B)(3) of section 3721.121 of the Revised Code;
- (3) Is the subject of a finding of abuse, neglect, or exploitation of a resident, or misappropriation of the property of a resident ~~abuse or neglect of a resident or misappropriation of the property of a resident~~ on the nurse aide registry, established pursuant to section 3721.32 of the Revised Code;
- (4) Is the subject of a finding of abuse, neglect, or exploitation of a resident, or misappropriation of the property of a resident ~~abuse or neglect of a resident or misappropriation of the property of a resident~~ on the nurse aide registry established by another state where the home believes or has reason to believe the person resides or resided; or
- (5) Has ~~had~~ a disciplinary action that is currently in effect and has been taken out against a professional license by a state licensure body ~~as a result of a finding of abuse, neglect, mistreatment of residents or misappropriation of resident property~~ as a result of a finding of abuse, neglect, or exploitation of a resident, or misappropriation of the property of a resident.

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3701-17-07.1

~~Required training~~ Training and competency evaluation for nurse aides working in long-term care facilities.

(A) For the purposes of this rule:

- (1) "Competency evaluation program" means a program conducted by the director or the director's designee under division (C) of section 3721.31 of the Revised Code and rule 3701-18-22 of the Administrative Code.
- (2) "Licensed health professional" means all of the following:
 - (a) An occupational therapist or occupational therapy assistant licensed under Chapter 4755. of the Revised Code;
 - (b) A physical therapist or physical therapy assistant licensed under Chapter 4755. of the Revised Code;
 - (c) A physician as defined in section 4730.01 of the Revised Code;
 - (d) A physician's assistant for whom a physician holds a valid certificate of registration issued under section 4730.04 of the Revised Code;
 - (e) A registered nurse, including those authorized to practice in an advance practice role, or a licensed practical nurse licensed under Chapter 4723. of the Revised Code;
 - (f) A social worker or independent social worker licensed, or social work assistant certified under Chapter 4757. of the Revised Code;
 - (g) A speech pathologist or audiologist licensed under Chapter 4753. of the Revised Code;
 - (h) A dentist or a dental hygienist licensed under Chapter 4715. of the Revised Code;
 - (i) An optometrist licensed under Chapter 4725. of the Revised Code;
 - (j) A pharmacist licensed under Chapter 4729. of the Revised Code;
 - (k) A psychologist licensed under Chapter 4732. of the Revised Code;
 - (l) A chiropractor licensed under Chapter 4734. of the Revised Code;
 - (m) A nursing home administrator licensed or temporarily licensed under Chapter 4751. of the Revised Code;

- (n) A dietitian licensed under Chapter 4759. of the Revised Code;
 - (o) A respiratory care professional licensed under Chapter 4761. of the Revised Code; and
 - (p) A massage therapist licensed under section 4731.17 of the Revised Code.
- (3) "Long-term care facility" or "facility" means either of the following:
- (a) A nursing home as defined in section 3721.01 of the Revised Code, other than a nursing home or part of a nursing home certified as an intermediate care facility for the mentally retarded under Title XIX of the Social Security Act, 49 Stat. 620 (1935), 42 U.S.C. 301, as amended; or
 - (b) A facility or part of a facility that is certified as a skilled nursing facility or a nursing facility under Title XVIII or XIX of the Social Security Act.
- (4) "Nurse aide" means an individual who provides nursing and nursing-related services to residents in a long-term care facility, other than a licensed health professional practicing within the scope of his or her license or an individual who provides nursing or nursing-related services as a volunteer without monetary compensation.
- (5) "Nursing and nursing-related services" when performed by a nurse aide in a long term care facility, means activities including attending to the personal care needs of residents, and providing personal care services and activities delegated by a nurse which may include implementation of portions of the nursing regimen, as defined in section 4723.01 of the Revised Code, for residents whose care does not ~~require~~ need a nursing assessment or the judgment of a nurse during the performance of the delegated activity. "Nursing and nursing-related services" does not include activities that are part of the nursing regimen which ~~require~~ demand the specialized knowledge, judgment, and skill of a registered nurse or the application of the basic knowledge and skill ~~required~~ of a licensed practical nurse licensed under Chapter 4723. of the Revised Code or any other activities that ~~are required~~ need to be performed by a licensed nurse under Chapter 4723. of the Revised Code. "Nursing and nursing-related services" does not include assisting residents with feeding when performed by a dining assistant pursuant to rule 3701-17-07.2 of the Administrative Code.
- (6) To "use an individual as a nurse aide" means to engage the individual to perform nursing and nursing-related services in and on behalf of a long-term care facility.

(7) "Training and competency evaluation program" means a program of nurse aide training and evaluation of competency to provide nursing and nursing-related services approved by the director under division (A) of section 3721.31 of the Revised Code and Chapter 3701-18 of the Administrative Code.

(B) No long-term care facility ~~shall~~is allowed to use an individual as a nurse aide for more than four months unless the individual is competent to provide the services he or she is to provide; the facility has received from the nurse aide registry, established under section 3721.32 of the Revised Code, the information concerning the individual provided through the registry; and one of the following is the case:

(1) The individual was used by a facility as a nurse aide on a full-time, temporary, per diem, or other basis at any time during the period commencing July 1, 1989, and ending January 1, 1990, and successfully completed, not later than October 1, 1990, a competency evaluation program conducted under former rule 3701-18-07 of the Administrative Code, in effect prior to October 1, 1990;

(2) The individual either has successfully completed a training and competency evaluation program or has satisfied the ~~requirements~~demands of paragraphs (B)(2)(a) and (B)(2)(b) of this rule and, in either case, also has completed successfully the competency evaluation program. An individual ~~shall~~will be considered to have ~~satisfied the requirement of having~~ successfully completed a training and competency evaluation program if the individual meets both of the following:

(a) The individual, as of July 1, 1989, completed at least sixty hours divided between skills training and classroom instruction in the topic areas described in divisions (B)(1) to (B)(8) of section 3721.30 of the Revised Code; and

(b) The individual received, as of that date, at least the difference between seventy-five hours and the number of hours actually spent in training and competency evaluation in supervised practical nurse aide training or regular in-service nurse aide education. For an individual to satisfy the ~~requirements~~demands of this paragraph, the combination of skills training, classroom instruction, supervised practical nurse aide training and in-service nurse aide education ~~shall~~will have addressed the topic areas and subject matter components prescribed by former rule 3701-18-07 of the Administrative Code and its appendix in effect at the time of the determination.

(3) Prior to July 1, 1989, if the long-term care facility is certified as a skilled nursing facility or a nursing facility under Title XVIII or XIX of the Social Security

Act, 49 Stat. 620 (1935), 42 U.S.C. 301, as amended, or prior to January 1, 1990, if the facility is not so certified, the individual completed a program that the director determines included a competency evaluation component no less stringent than the competency evaluation program conducted under former rule 3701-18-07 of the Administrative Code in effect at the time of the determination and was otherwise comparable to approved training and competency evaluation programs;

- (4) The individual is listed in a nurse aide registry maintained by another state and that state certifies that its program for training and evaluation of competency of nurse aides complies with Titles XVIII and XIX of the Social Security Act, 49 Stat. 620 (1935), 42 U.S.C. 301, as amended, and regulations adopted thereunder;
- (5) Prior to July 1, 1989, the individual was found competent to serve as a nurse aide after the completion of a course of nurse aide training of at least one hundred hours' duration. The determination of competency ~~shall~~will have been made by the director or by an instructor of the course of nurse aide training;
- (6) The individual is enrolled in a prelicensure program of nursing education approved by the board of nursing or by an agency of another state that regulates nursing education, has provided the long-term care facility with a certificate from the program indicating that the individual has successfully completed the courses that teach basic nursing skills including infection control, safety and emergency procedures and personal care, and has successfully completed the competency evaluation program; or
- (7) The individual has the equivalent of twelve months or more of full-time employment in the preceding five years as a hospital aide or orderly and has successfully completed a competency evaluation program.

~~Before allowing an individual to serve as a nurse aide for more than four months in accordance with this paragraph, a facility shall receive registry verification that the individual has met the competency requirements under this paragraph unless the individual can prove that he or she has recently met the requirements and has not yet been listed on the registry. In the event that an individual has not yet been listed on the registry, facilities shall follow up by contacting the nurse aide registry to ensure that such an individual actually becomes listed on the registry. Once the facility receives written registry verification, it shall maintain such verification on file.~~

- (8) The individual has successfully completed a prelicensure program of nursing education approved by the board of nursing under section 4723.06 of the

Revised Code or by an agency of another state that regulates nursing education and has passed the examination accepted by the board of nursing under section 4723.10 of the Revised Code, which will be deemed as the successful completion of a competency evaluation program conducted by the director under division (C) of section 3721.31 of the Revised Code.

Before allowing an individual to serve as a nurse aide for more than four months in accordance with this paragraph, a facility will conduct a registry verification that the individual has met the competency demands under this paragraph unless the individual can prove that they have recently met the demands and has not yet been listed on the registry. In the event that an individual has not yet been listed on the registry, facilities will follow up by contacting the nurse aide registry to ensure that such an individual actually becomes listed on the registry. Once the facility receives written registry verification, it will maintain such verification on file.

(C) During the four month period provided for in paragraph (B) of this rule, during which a long-term care facility may, subject to paragraph (H) of this rule, use as a nurse aide an individual who does not have the qualifications specified in paragraphs (B)(1) to (B)(7) of this rule, a facility ~~shall~~will require demand the individual to participate in one of the following:

- (1) If the individual has successfully completed a training and competency evaluation program, a competency evaluation program conducted by the director;
- (2) If the individual is enrolled in a prelicensure program of nursing education described in paragraph (B)(6) of this rule, and has completed or is working toward completion of the courses described in that paragraph, or the individual has the experience described in paragraph (B)(7) of this rule, a competency evaluation program; or
- (3) A training and competency evaluation program and the competency evaluation program.

(D) No long-term care facility ~~shall~~is allowed to continue for longer than four months to use as a nurse aide for longer than four months, an individual who previously met the ~~requirements~~demands of paragraph (B) of this rule but since most recently doing so has not performed nursing and nursing-related services for monetary compensation for twenty-four consecutive months, unless the individual successfully completes additional training and competency evaluation by complying with paragraphs (D)(1) and (D)(2) of this rule:

- (1) Doing one of the following:

- (a) Successfully completing a training and competency evaluation program;
 - (b) Successfully completing a training and competency evaluation program described in paragraph (B)(4) of this rule; or
 - (c) Meeting the ~~requirements~~ demands specified in paragraph (B)(6) or (B)(7) of this rule; and
 - (2) In the case of an individual who is described in paragraph (D)(1)(a) or (D)(1)(c) of this rule, successfully completing the competency evaluation program.
- (E) During the four-month period provided for in paragraph (D) of this rule during which a long-term care facility may, subject to paragraph (H) of this rule, use as a nurse aide an individual who does not have the qualifications specified in paragraphs (D)(1) and (D)(2) of this rule, a facility ~~shall~~will ~~require~~ demand the individual to participate in one of the following:
- (1) If the individual has successfully completed a training and competency evaluation program, a competency evaluation program conducted by the director;
 - (2) If the individual is enrolled in a prelicensure program of nursing education described in paragraph (B)(6) of this rule and has completed or is working toward completion of the courses described in that paragraph or the individual has the experience described in paragraph (B)(7) of this rule, a competency evaluation program; or
 - (3) A training and competency evaluation program and, in addition, a competency evaluation program.
- (F) For the purposes of paragraphs (C) and (E) of this rule, an individual ~~shall~~will be considered to be participating in a training and competency evaluation program or a competency evaluation program, as applicable, if, at minimum, the individual has a document signed by a representative of the program attesting that the individual is scheduled to attend the program.
- (G) The four month periods provided for in paragraphs (B) and (D) of this rule include any time, on or after June 1, 1990, that an individual is used as a nurse aide on a full time, temporary, per diem or other basis by the facility or any other long-term care facility.
- (H) A long-term care facility ~~shall~~is not allowed to permit an individual used by the facility as a nurse aide while participating in a training and competency evaluation program to provide nursing and nursing-related services unless both of the following are the case:

- (1) The individual has completed the number of hours of training that ~~he or she~~ they must be mandated to complete prior to providing services to residents as prescribed by paragraph (A)(4) of rule 3701-18-05 of the Administrative Code through the program in which the individual is enrolled; and
- (2) The individual is under the personal supervision of a registered or licensed practical nurse licensed under Chapter 4723. of the Revised Code.

An individual used by a long-term care facility as a nurse aide while participating in a training and competency evaluation program ~~shall~~ will wear a name pin at all times that clearly indicates that the individual is a trainee. As used in this paragraph, "personal supervision" means being present physically on the floor where the individual is providing services, being available at all times to respond to requests for assistance from the individual, and being within a distance which allows the nurse periodically to observe the individual providing services.

- (I) No long-term care facility ~~shall be allowed to~~ impose on a nurse aide any charge for participation in any competency evaluation program or training and competency evaluation program, including any charge for textbooks, other ~~required~~ needed course materials or a competency evaluation.
- (J) No long-term care facility ~~shall require~~ is allowed to mandate that an individual used by the facility as a nurse aide or seeking employment as a nurse aide pay or repay, either before or while the individual is employed by the facility or when the individual leaves the facility's employ, any costs associated with the individual's participation in a competency evaluation program or training and competency evaluation program.
- (K) In addition to competency evaluation programs and training and competency evaluation programs ~~required~~ demanded by this rule, each long-term care facility ~~shall~~ will provide all of the following to each nurse aide it uses:
 - (1) An orientation program that includes at least an explanation of the organizational structure of the facility, its policies and procedures, its philosophy of care, principles of person-centered care, a description of its resident population, and an enumeration of its employee rules. The orientation program ~~shall~~ will be of sufficient duration to cover the topics enumerated in this paragraph adequately in light of the size and nature of the facility, its resident population, and the anticipated length of employment of the nurse aide. The orientation program for nurse aides permanently employed by the long-term care facility ~~shall~~ will be at least three hundred and sixty minutes in length to occur during the first forty hours worked, with one hundred and eighty minutes occurring before the nurse aide has any resident contact;

- (2) Regular performance review to assure that individuals working in the facility as nurse aides are competent to perform the nursing and nursing-related services they perform. Performance reviews ~~shall~~will be conducted at least ninety days after the nurse aide completes successfully the competency evaluation program or commences work in the facility and annually thereafter. The performance review ~~shall~~will be conducted by the aide's immediate supervisor or a nurse designated by the facility to conduct the performance evaluations and consist, at minimum, of an evaluation of the nurse aide's working knowledge, application of the principles of person-centered care, and clinical performance. The facility ~~shall~~will maintain a written record of each performance review; and
- (3) Regular in-service education, both in groups and, as necessary in specific situations, on a one-to-one basis, based on the outcome of performance reviews ~~required~~demanded by paragraph (K)(2)(a) of this rule. For the purposes of this provision, "specialty unit" means a discrete part of the nursing home that houses residents who have common specialized care needs, including, but not limited to, dementia care, hospice care, or mental health care units.
- (a) Formal in-service education ~~shall include~~ will include an instructional presentation and may include skills demonstration with return demonstration and in-service training. In-service training may be provided on the unit as long as it is directed toward skills improvement, is provided by trained individuals and is documented.
- (b) In-service education ~~shall be~~ will be sufficient to ensure the continuing competence of nurse aides and address areas of weakness as determined in nurse aides' performance reviews and ~~shall~~ address the assessed needs of residents as determined by their care plan. It also shall include, but is not limited to, training for nurse aides providing nursing and nursing-related services to residents with cognitive impairment. The in-service education for nurse aides working in specialty units shall address the assessed needs of the residents in the unit.
- (c) The facility ~~shall~~will assure that each nurse aide receives at least twelve hours of formal in-service education each year. In-service education may be obtained through web-based training programs. For purposes of this paragraph, the year within which a nurse aide ~~must~~will receive continuing education is calculated based on the commencement of employment.
- (d) The facility ~~shall~~will maintain a written record of each formal in-service session ~~which shall include~~ including a description of the subject matter, the identity of the individual or individuals providing the in-service

education, a list of the nurse aides and other individuals attending the session that is signed by each attendee and the duration of the session.

- (4) In addition to the ~~requirements~~ demands of this paragraph, a nursing home that holds itself out as providing specialty care to residents ~~shall~~ will ensure each nurse aide who provides specialty care receives sufficient additional hours of training each year to ensure competency and to meet the individual needs of the residents. For purposes of this paragraph, a nursing home or part thereof is considered to "hold itself out as providing specialty care" when it advertises the home provides specialty care, represents to the department or the public that it provides specialty care, or admits ten or more individuals with common specialized care needs. "Specialty care" includes, but is not limited to, dementia care, behavioral care, mental health care, or hospice care.

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3701-17-07.2 **Dining assistants.**

(A) For purposes of this rule:

- (1) "Long term care facility" has the same meaning as in rule 3701-17-07.1 of the Administrative Code.
- (2) "Dining assistant" means an individual who meets the ~~requirements~~ standards specified in this rule and who is paid to feed long term care facility residents by a long term care facility or who is used under an arrangement with another agency or organization.
- (3) "Supervision" means that the nurse is in the unit where the feeding assistance is furnished and is immediately available to provide help in an emergency.
- (4) "Suspension of approval" means that a dining assistant training course is ~~prohibited from providing~~ not authorized to provide training to individuals under this rule until the suspension is lifted pursuant to paragraph (K) of this rule.
- (5) "Training and competency evaluation program" has the same meaning as in rule 3701-17-07.1 of the Administrative Code.
- (6) "Withdrawal of approval" means that a dining assistant training course is no longer eligible to provide training under this rule, but does not ~~prohibit~~ prevent the submission of a new application for approval.

(B) A long term care facility may use dining assistants to feed residents who, based on the charge nurse's assessment of the resident and the most recent resident assessment performed pursuant to rule 3701-17-10 of the Administrative Code and plan of care developed pursuant to rule 3701-17-14 of the Administrative Code, meet the following conditions:

- (1) Need assistance or encouragement with eating and drinking;
- (2) Do not have a complicated feeding problem, such as the need for tube or parenteral feeding, recurrent lung aspirations or difficulty swallowing that ~~requires~~ necessitates assistance with eating and drinking by a registered nurse, licensed practical nurse, or nurse aide.

(C) If a facility uses a dining assistant the facility ~~must~~ will ensure that the dining assistant meets the following ~~requirements~~ criteria:

- (1) Except as provided in paragraph (D) of this rule, has successfully completed a dining assistant training course approved by the director as specified in paragraph (G) of this rule;
 - (2) Is not the subject of a finding of abuse or neglect of a resident or misappropriation of the property of a resident on the nurse aide registry, established pursuant to section 3721.32 of the Revised Code; and
 - (3) Performs duties only for residents who do not have a complicated feeding problem, and under the supervision of a registered nurse or licensed practical nurse.
- (D) A person who has successfully completed a training course for dining assistants and has not worked in a long term care facility as a dining assistant for a period of twelve consecutive months ~~shall is not~~ allowed to be used as a dining assistant in a long term care facility until the person successfully retakes the training course. The facility ~~must~~ will maintain a record of all individuals, used by the facility as dining assistants.
- (E) The training course for dining assistants ~~shall~~ will provide a combined total of at least nine hours of instruction, including a one hour clinical portion. The eight hours of didactic instruction may be presented online with the instructor being available at the end of the class for discussion and questions. The clinical portion ~~shall~~ will be provided for no more than eight participants at one time. The training course ~~shall~~ will follow the curriculum specified in the appendix attached to this rule and address the following topics:
- (1) Feeding techniques;
 - (2) Assistance with feeding and hydration, including the use of assistive devices;
 - (3) Communication and interpersonal skills;
 - (4) Appropriate responses to resident behavior;
 - (5) Safety and emergency procedures, including the ~~Heimlich maneuver~~ abdominal thrust;
 - (6) Infection control;
 - (7) Residents rights;
 - (8) Recognizing changes in residents that are inconsistent with their normal behavior and the importance of reporting those changes to the supervisory nurse;

- (9) Special diets and therapeutic diets;
 - (10) Documentation of type and amount of food intake; and
 - (11) Meal observation and actual feeding assistance to a resident.
- (F) The instructor or instructors for a dining assistant course ~~shall~~will have appropriate experience and one of the following qualifications:
- (1) A current valid license issued under Chapter 4723. of the Revised Code to practice as a nurse; ~~as defined in paragraph (R) of rule 3701-17-01 of the Administrative Code;~~
 - (2) A current valid license issued under Chapter 4759. of the Revised Code to practice as a dietitian;:
 - (3) A current valid license issued under Chapter 4753. of the Revised Code to practice as a speech-language pathologist; or
 - (4) A current valid license issued under Chapter 4755. of the Revised Code to practice as an occupational therapist.
- (G) A long term care facility, employee organization, person, governmental entity, or a training and competency evaluation program seeking approval of a dining assistant training course ~~shall~~will make an application to the director on a form prescribed by the director and ~~shall~~ provide any documentation or additional information requested by the director. ~~The A complete application shall include~~includes:
- (1) An attestation that the information contained in the curriculum attached as appendix A of this rule is understood and will be adhered to; and
 - (2) The name and documentation of the qualifications of the instructor or instructors, as specified in paragraph (F) of this rule.
- (H) The director ~~shall~~will approve an application of a dining assistant training course that demonstrates compliance with the ~~requirements~~standards of this rule and, if the course is operated by or in a long term care facility, the facility is not the subject of an action listed in paragraph (I)(2) of this rule. An approved dining assistant training course is not ~~required~~necessary to renew an approval provided that the director is notified of any changes to the information provided in the original application.
- (I) The director may suspend or withdraw approval of a dining assistant training course if at least one of the following applies:

- (1) The course is not operated in compliance with this rule; or
 - (2) The course is operated by or in a long term care facility and one of the following applies;
 - (a) The director has notified the facility of a real and present danger under section 3721.08 of the Revised code;
 - (b) An action has been taken against the facility under section 5165.77 of the Revised Code; or
 - (c) The license of the facility is revoked under section 3721.03 of the Revised Code.
- (J) Suspension or withdrawal of approval is not subject to appeal. If the director determines that one of the criteria listed in paragraph (I) of this rule applies to a dining assistant training course the director may, upon written notice, immediately suspend the approval of the training course. The written notice to the dining assistant training course ~~shall~~will provide the following:
- (1) The criteria listed in paragraph (I) of this rule giving rise to the suspension or proposed withdrawal of approval;
 - (2) An opportunity to submit documentation demonstrating that the matter giving rise to the suspension has been corrected;
 - (3) An opportunity to request an informal review;
 - (4) An indication of whether the director proposes to withdraw the approval.
- (K) If the director determines that the training course has satisfactorily demonstrated that the matter which gave rise to the suspension has been satisfactorily corrected or otherwise does not apply to the training course, the director ~~shall~~will lift the suspension and, if applicable, rescind the proposal to withdraw.
- (L) If the director determines that the training course has not satisfactorily demonstrated that the matter which gave rise to the suspension has been corrected the director ~~shall~~will withdraw the training course approval.

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STATE OF OHIO DINING ASSISTANT PROGRAM STANDARDS AND GUIDELINES

Revised 09/18/2024

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DEFINITIONS

DEFINITIONS

Classroom Instruction

Means the training and information, excluding clinical experience, provided by a facility. Classroom instruction may include laboratory demonstration/return demonstration.

Clinical Experience

"Clinical experience" means the portion of the TCEP during which trainees provide feeding assistance to patients and residents in an Ohio long-term care facility as part of the training process and under the supervision of the approved program instructor.

Director

Means the Director of Health. The Director may delegate any of the authorities or duties under Rule 3701.18 of the Administrative code to any employee of the Department of Health or any person or governmental entity with whom the Director has executed a contract for that purpose.

Facility-Based (Paragraph (G) of Rule 3701-18-01)

Means a Dining Assistant program that is owned, operated and conducted by a LTCF.

Instructor

Means an individual who is responsible for providing the instruction and performing the skills testing for the dining assistant as defined in Paragraph (F) of rule 3701-17-07.2 of the Administrative Code.

Laboratory Demonstration/Return Demonstration

Means the use of individuals and equipment in a classroom setting for instructional purposes to approximate residents in a long-term care facility.

Licensed Health Professional

Means all of the following:

1. A registered nurse or licensed practical nurse who holds a valid license as defined in Paragraph (5) of rule 3701-17-01 of the Administrative Code.
2. Occupational therapist licensed under Section 4755 of the Revised Code;
3. A speech therapist licensed under Section 4753 of the Ohio Revised Code
4. A registered dietitian licensed under Section 4759 of the Revised Code;

Long-Term Care Facility (Paragraph (K) of Rule 3701-18-01)

Means a nursing home as defined in Section 3721.01 of the Revised Code or a facility, or part of a facility, that is certified as a skilled nursing facility or a nursing facility under Title XVIII or XIX of the “Social Security Act.”

Minimum Hours

Means the least amount of time required to cover each subject matter component contained in a topic area.

Non-Facility Based

Means a program which is other than facility based.

Dining Assistant (3701-17-07.2) (A) (2)

“Dining Assistant” means an individual who meets the requirements specified in this rule and who is paid to feed residents by a long-term care facility or another agency or who is used under an arrangement with another agency or organization.

Nursing and Nursing-Related Services (Paragraph (4) of Rule 3701-17-07.1)

Means activities including attending to the personal care needs of residents, and providing personal care services and activities delegated by a nurse which may include implementation of portions of the nursing regimen, as defined in section 4723.01 of the Revised Code, for residents whose care does not require nursing assessment or the judgment of a nurse during the performance of the delegated activity. Nursing and nursing-related services does not include activities that are part of the nursing regimen which require the specialized knowledge, judgment, and skill of a registered nurse or the application of the basic knowledge and skill required of a licensed practical nurse licensed under Rule 4723. of the Revised Code or any other activities that are required to be performed by a licensed nurse under Rule 4723. of the Revised Code. Nursing and nursing-related services does not include assisting residents with feeding when performed by a Dining Assistant pursuant to rule 3701-17-07.2 of the Administrative Code.

Performance Objective

Means a statement that is specified, in measurable terms, what the Dining Assistant trainees and participants are expected to know and execute as a result of successfully completing a training program.

Required Hours

Means the total number of clock hours that are necessary to cover the content of a specific topic area.

Skills Testing

Means the instructors observing the Dining Assistant's ability to perform a specified task by determining the presence or absence of those critical elements essential for its successful execution.

Standard

Means a statement that specifies the subject matter that is required to be taught for each specific topic area in a training program.

Training and Evaluation Program

Means a program of Dining Assistant training and evaluation of competency to provide feeding assistance.

Trainee

Means an individual who is enrolled in a Dining Assistant training course approved by the Director pursuant to Rule 3701-17-07.2 of the Administrative Code.

INTRODUCTION

Application

Anyone may apply to conduct a Dining Assistant program as long as they meet the requirements as specified in Rule 3701-17-07.2 (G) of the Administrative Code. Such training programs may be based either in a long-term care facility or be non-long term care facility based. In the case where a Dining Assistant program is not based in a long-term care facility, the program may make arrangements with the long-term care facility for the provision of the clinical experience.

There are no other important definitions, distinctions and requirements which must be met by either or both the facility based and non-facility-based Dining Assistant Program. This information can be found in Rule 3701-17-07.2 of the Administrative Code.

Questions concerning the Dining Assistant Program should be addressed to: The Ohio Department of Health, ATTENTION: NATCEP Unit, 246 North High Street Columbus, Ohio 43215, or 614-752-8285; NATCEP@odh.ohio.gov
FAX 614-564-2596.

Introduction

Rule 3701-17-07.2 of the Administrative Code for the State of Ohio establishes the requirements for Ohio's Dining Assistant Training and Competency Evaluation Program. These requirements mandate that all Dining Assistants working in Ohio's long-term care facilities must complete a **(9)** hour training program. The objective of this Dining Assistant training requirement is the provision of quality assistance at meal times to residents in long-term care facilities by Dining Assistants who are able to:

1. Form a relationship, communicate and interact competently on a one-to-one basis with long-term care facility residents;
2. Demonstrate sensitivity to the residents' physical, emotional, social, and mental health needs through trained, directed interactions;
3. Assist residents in attaining and maintaining functional independence; and
4. Exhibit behavior in support and promotion of residents' rights.

The information that follows relates directly to the training of Dining Assistants in Ohio. Every effort has been made in constructing this information to follow the format for Dining Assistant training as found in Rule 3701-17-07.2 of the Ohio Administrative Code. In addition, it is the intent of this document to serve as a:

- guide for persons training Dining Assistants to interpret Ohio's Standards for Dining Assistant training;
- framework for the development and implementation of Dining Assistant training curriculum; and
- basis for the development of the monitoring guidelines to be used by evaluators for on-going program review and approval.

TRAINING PROGRAM OF RULE 3701-17-07.2 OF THE OAC

The training program is designed to ensure that Dining Assistants have a basic understanding of the nutritional needs of the residents, communication and interactions involving the residents and facility staff, behavior challenges and safety procedures of the long-term care facility in which they are employed.

The training program is to be provided by the facility employing the Dining Assistant. The training must include:

- (1) Feeding techniques;
- (2) Assistance with feeding and hydration, including the use of assistive devices;
- (3) Communication and interpersonal skills;
- (4) Appropriate responses to resident behavior;
- (5) Safety and emergency procedures, including the Abdominal Thrust;
- (6) Infection control;
- (7) Resident rights;
- (8) Recognizing changes in residents that are inconsistent with their normal behavior and the importance of reporting those changes to the supervisory nurse;
- (9) Special diets;
- (10) Documentation of type and amount of food intake; and
- (11) Meal observation and actual feeding assistance to a resident.

BIBLIOGRAPHY

Assisting with Nutrition and Hydration in Long-Term Care, Albuquerque: Hartman, 2004. Print

Cantu, Adelita, PhD, RN. Nurse Assistant Training, (4th ed.) American Red Cross 2018. Print

Dugan, Diana L., RN. Nursing Assisting, A Foundation in Caregiving, (5th ed.) Albuquerque: Hartman, 2020. Print

Kostelnick, C. (2020). Mosby's Textbook for Long Term Care Nursing Assistants (8th ed.). St. Louis, Missouri: Elsevier, Inc.

"MDS 3.0 RAI Manual." Centers for Medicare & Medicaid Services. N.p., Oct. 2019. Web. 08 September 2021. (<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursinghomeQualityInits/MDS30RAIManual.html>).

CURRICULUM

DINING ASSISTANT PROGRAM (RULE 3701-17-07.2 (OAC))

The Dining Assistant Program is composed of a **(9)** hour curriculum. The curriculum is composed of the following topic areas.

Topic Areas

Introduction to the Dining Assistant Program
 Communication and Interpersonal Skills
 Infection Control
 Safety and Emergency Procedures
 experienceRespecting Residents' Rights
 Mealtime, Nutrition and Fluid Needs

Pre-Resident Contact

8 total hours classroom (including lab simulation)

Resident Contact

1-hour clinical

The following is a chart on the required hours for a Dining Assistant Program in Ohio. Please use this as a guide for your Dining Assistant program. You may have more than the required number of hours, but you cannot have less.

Topic Area	Required Classroom Hours
I. Overview	0.5
II. Communication & Interpersonal Skills	2.0
III. Infection Control	1.0
IV. Safety and Emergency Procedures	1.0
V. Respecting Residents' Rights	0.5
VI. Nutrition and Fluid Needs	1.0
VII. Mealtime	2.0
Clinical	1.0

Organization of the Standards, Objectives and Content

The Topic Areas are broken up into Standards. Below is an outline of the Topic Areas with each Standard that is contained within. The language at the beginning of each Standard specifically outlines the State of Ohio's requirements which must be contained in or addressed through the Dining Assistant program. The objectives specify in behavioral terms what the trainees in the Dining Assistant program are expected to be able to do as a result of successfully completing the Dining Assistant program. Each Dining Assistant program may enhance the content by using textbooks, handouts, and online resource materials.

Pre-Resident Contact (8 Hours) Topic Areas I-VII

Topic Area I Introduction to Dining Assistant Program

Standard I.1 Program Overview

Topic Area II Communication and Interpersonal Skills

Standard II.1 Communication and Interpersonal Skills

Standard II.2 Communicating and Interacting with Residents with Impairments

Topic Area III Infection Control

Standard III.1 Infection Control

Standard III.2 Practices which Prevent the Growth and Spread of Pathogenic Micro-organisms

Topic Area IV Safety and Emergency Procedures

Standard IV.1 General Safety Practices and Procedures

Topic Area V Respecting Residents' Rights

Standard V.1 The Residents' Rights

Topic Area VI Nutrition and Fluid Needs

Standard VI.1 Nutrition and Fluid Needs

Topic Area VII Mealtime

Standard VII.1 Mealtime

Topic Area I – Introduction to the Dining Assistant Program

Standard I.1

Ohio's Dining Assistant Program has been designed to meet the requirements of Rule 3701-17-07.2 of the Administrative Code as well as provide a meaningful, practical skill development opportunity for persons wishing to be a Dining Assistant in Ohio's long-term care facilities.

The Dining Assistant program is composed of **(9)** hours curriculum of instruction which is balanced between classroom and skills training. All hours of instruction must be completed before any clinical experience is undertaken. Additionally, no Dining Assistant will perform direct care on a resident. At the conclusion of a Dining Assistant program the Dining Assistant will be required to pass a test conducted by the instructor before being approved to work as a Dining Assistant in Ohio's long-term care facilities.

A Dining Assistant shall only be assigned to feed those residents who do not have complex feeding problems such as IV or parenteral feedings, swallowing problems, or recurrent aspiration problems.

After successful completion of the Dining Assistant program conducted by the instructor the facility shall be responsible for maintaining all Dining Assistant training and employment records and make available for review to the surveyors during the survey process. This helps to ensure that employers can verify that a Dining Assistant is approved to work as a Dining Assistant in an Ohio long-term care facility.

Topic Area II – Communication and Interpersonal Skills

Standards II.1 – II.2

Communication and interpersonal skills are critical to the well-being of residents, the people who care for, or about them, and to the flow of information within the long-term care facility. Because of their contact with the residents, Dining Assistants play an important role in the flow of information in the long-term care facility. The ability of the Dining Assistant to communicate changing conditions of the resident to proper staff may be critical to the resident's well-being. The Dining Assistant must also interact effectively with other members of the health care team including staff from other departments. Therefore, the Dining Assistant should receive training in basic verbal and nonverbal communication techniques, identification of factors which may impair communication, methods to enhance interpersonal skills and communication with appropriate staff regarding change in resident behavior.

Topic Area III – Infection Control
Standards III.1 – III.2

Residents, by the very nature of their living environment and physical/emotional status are prone to a variety of infections. The Dining Assistant is in a unique position to assist residents and to prevent infection. The Dining Assistant needs to recognize and report signs and symptoms of infection quickly should these symptoms appear. The Dining Assistant must also be able to identify behaviors which prevent the spread of infection.

Topic Area IV – Safety and Emergency Procedures
Standards IV.1

Knowledge and the ability to act properly regarding safety and emergency procedures are critical to the well-being of residents and caregivers in the long-term care facility. Residents are largely dependent on the staff of the long-term care facility to provide a safe environment for them, and to see to their safety in the event of fire or natural disaster. Therefore, the Dining Assistant must not only be aware of proper safety and emergency techniques but must be able to perform the correct procedures when necessary.

Topic Area V – Respecting Residents' Rights
Standard V.1

Residents of long-term care facilities have the same rights as any person. However, because residents of long-term care facilities are entrusting their lives to others, they have, through federal statute and the State of Ohio's Resident Bill of Rights, specific rights that are designed to afford them additional protections. The additional protection helps to ensure that their dignity, human rights and lives will be honored. Because of the relationships they build with residents and the amount of direct contact they have with the individual; Dining Assistants play a key role in implementation of the residents' rights.

Topic Area VI – Nutrition and Fluid Needs
Standard VI

The amount and quality of foods and fluids in the resident's diet affect physical and mental well-being. The Dining Assistant needs to be aware of the factors affecting the nutritional state of the resident. There are modified diets to meet the special nutritional needs of the resident. The Dining Assistant will be aware of the various therapeutic diets and will ensure that the resident is fed according to the dietary plan.

Topic Area VII – Mealtime Standard VII

The Dining Assistant interacts with the resident on a daily basis in the long-term care facility. Therefore, the Dining Assistant needs to be competent in the assistance with providing proper feeding and nutritional care. The resident depends on the Dining Assistant to perform these skills, to seek help for the resident when help is needed, and to accurately report a change in the resident's condition to the proper authority. The instructor shall follow a curriculum which will result in the trainee obtaining the skills necessary to competently perform basic feeding procedures.

Standard I.1 Program Overview

Rule 3701-17-07.2 of the Administrative Code requires the training of Dining Assistants. This is done through a Dining Assistant Program (Dining Assistant program). The Dining Assistant program shall contain subject matter designed to ensure that the Dining Assistant will be able to state the:

- Purpose of the Dining Assistant program
- Role and responsibilities of the trainer and Dining Assistant
- Reporting and recording process in Ohio for abuse, mistreatment and neglect of a resident by a Dining Assistant.

Objective	Content Curriculum	Hours Class	Title of Teacher	Method of Evaluation Teaching Method
The Dining Assistant trainee will be able to: 1. Identify the purpose of the Dining Assistant Training Program 2. List the role and responsibilities of the Instructor and Dining Assistant	1. Purpose of Dining Assistant Training Program a. Prepare Dining Assistant in LTCFs to feed the assigned residents in a dignified and caring manner b. Prepare the Dining Assistant to function as part of the health care team c. Make Dining Assistant aware of the principles of nursing as it applies to delegation by a nurse. 2. Role and Responsibility a. Instructor 1) Provide classroom and clinical			Teaching Alert Review CFR 483.35 (h). "A facility must ensure that a feeding assistant feeds only residents who have no complicated feeding problems." "A feeding assistant must work under the supervision of a registered nurse"

3. Explain the Ohio Nurse Aide Registry 4. Discuss issues related to abuse, mistreatment, neglect, exploitation and misappropriation of resident property according to State Law	knowledge and experience to trainee and follow rules to maintain compliance with State of Ohio rules on Dining Assistants 2) Provide each student with appropriate handouts and training tools 3) Facilitate learning and evaluate Dining Assistant competency in skill performance 4) Utilize the impact of cultural, age, gender diversity issues with the Dining Assistant trainees b. Dining Assistant Trainee 1) Attend class 2) Follow program rules 3) Provide feeding for LTC residents under the direction and supervision of the instructor 4) Maintain safe environment 5) Review all handouts and review skills checklists for classroom testing 6) Promote and respect residents' rights 3. NAR Information a. NA registry includes all NAs who have completed STNA Training and successfully completed the state test. b. Dining Assistants cannot be listed on the NA Registry c. 4. Abuse, neglect, exploitation and misappropriation a. Definition of terms according to State Law: 1) abuse 2) neglect 3) misappropriation b. Findings of abuse or neglect of a resident or misappropriation of the property of a			(RN) or licensed practical nurse (LPN).” Teaching Alert A finding of abuse is never removed from Nurse Aide Registry (NAR) Signs & Symptoms of Abuse https://ncea.acl.gov/faq/index.aspx
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	resident is included in the NA registry c. Results of allegation: 1) investigation 2) reporting 3) consequences d. If a Dining Assistant observes or commits abuse, neglect, exploitation, or misappropriation of property, it must be reported to the charge nurse			
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Standard II.1 Communication and Interpersonal Skills

Basic communication techniques and behaviors which can be effective for Dining Assistants when communicating with residents, family members and fellow employees in the long-term care facility shall be presented. Classroom demonstrations and exercises shall be used to ensure acquisition of communication skills by the trainees. Subject matter covered shall include:

- Attitudes and behaviors which promote effective communication;
- Factors which promote as well as block effective communication with residents, the resident's family, friends and health care members.

Objective	Content Curriculum	Hours Class	Title of Teacher	Method of Evaluation Teaching Method
The Dining Assistant trainee will be able to: 1. Define communication	1. Communication a. Two-way process b. Sender, receiver and message are needed for communication c. Communication can be oral, written or by body language d. Dining Assistant's communicate with healthcare team, residents, families and visitors A. Verbal Communication 1. May be oral or written 2. Tips for oral communication a. Control volume and tone of voice b. Speak slowly, clearly, and distinctly c. Avoid slang, profanity, and vulgar			Teaching Alert Use a current Dining Assistant text, workbook and/or audio-visual aid as a resource. http://pioneerwork.net/culturechange/language Integrate Into Future Clinical Experience Identify various communication strategies observed during the feeding experience. Dining Assistant needs permission to

2. Describe behaviors which promote communication between people	- words d. Repeat information as needed e. Ask questions one at a time f. Position yourself at resident's eye level g. Use person-centered language B. Non-Verbal Communication 1. More accurately reflects a person's feelings 2. Gestures, postures, touch, facial expressions, eye contact, body movement and appearance 3. Non-verbal communication is involuntary and more difficult to control 4. Understand the importance of touch 5. Understand all expressions mean something and are communication 2. Behavior which promotes effective communication between the Dining Assistant and residents a. Understand and respect the resident as a person 1. Look at the resident as an individual 2. Respect the resident's condition and limitations. Focus on the resident's abilities 3. Accept the resident's culture and religion 4. Be aware of resident's primary language 5. Talk directly to the resident, not over them 6. Ask for permission to assist and explain what you are doing b. Provide an opportunity for the resident to express thoughts and feelings		answer a resident's phone Show examples or situations of how to handle conflict, anger and stress. Differentiate between empathy and sympathy.
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3. Identify factors which promote good interpersonal relationships with the resident, resident's family and friends 4. Identify factors which may block effective communication between the resident and their family and friends	1. Listen to the resident's comments 2. Allow enough time for communication c. Observe non-verbal behavior during interaction 1. Body position 2. Facial expression d. Listen carefully to expressed thoughts and feelings and to the tone of voice 1. Express acceptance of the resident 2. Be an attentive, sympathetic listener e. Encourage focus on the resident's concerns 1. Don't criticize other staff 2. Be responsive to the resident's needs f. Avoid gossip g. Assist the resident with personal communication by reporting the resident's wishes to the charge nurse h. Control your emotions i. Develop empathy j. Be courteous k. Be gentle 3. Factors which promote good interpersonal relationships a. Kindness b. Patience c. Listening to family members d. Non-interference in private family business 4. Factors which block effective communication a. The family's feeling of guilt or grief with admitting a resident to a nursing facility. b. The resident's feelings of anger and sadness related to losing their independence and personal residence.			
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5. Identify factors which promote effective communication between the Dining Assistant and other healthcare members.	c. The resident, resident's friends, and/or family's concerns including money, provision of care, the future, separation from loved ones, etc. d. Using unfamiliar language e. Cultural differences f. Changing subject g. Interrupting when the other person is speaking h. Giving your opinion when not asked i. Excessive talking j. Continuing to work or do other tasks while others are talking k. Giving pat answers such as "don't worry" l. Illness/pain. m. Stressed about something else 5. Factors which promote effective communication a. Report the following information promptly to the nurse 1) Information about a resident that could result in their harm 2) Changes in the resident's behavior or physical condition 3) Personal information about the Dining Assistant which could interfere with their performance 4) Questions or concerns from residents and/or visitors 5) Accurate documentation of level of care for meals			Level of care for meals: • Independent: if resident completed activity with no help or oversight every time. • Supervision: if oversight, encouragement, or cueing was provided. (No touching. Verbal guidance, watching for safety.) • Limited assistance: if resident was highly involved in activity and received physical help in guided maneuvering of limb(s) or other non-weight-bearing. (Light touch. No weight bearing at all.) • Extensive assistance: if resident performed part of the activity weight-bearing support was provided (bearing a little OR a lot.) • Total dependence: if there was full staff performance of an activity with no participation by resident for any aspect of the feeding activity. The resident must be unwilling or unable to perform any part of the activity. (Resident does not move a muscle to help.) • Activity did not occur: if the activity
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				did not occur or family and/or non-facility staff provided care 100% of the time.
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Standard II.2 Communicating and Interacting with Residents with Impairments

Dining Assistants must be prepared to communicate and interact effectively with residents who have a variety of impairments. The Dining Assistant program shall contain subject matter and classroom demonstration of techniques which are appropriate for communication and interaction with residents who are:

- Vision, hearing, speech and/or physically impaired;
- Confused, depressed, agitated or restless;
- Withdrawn or combative.

Objective	Current Curriculum	Hours Class	Title of Teacher	Method of Evaluation Teaching Method
The Dining Assistant trainee will be able to: 1. Define impairment. 2. Describe appropriate communication techniques for vision, hearing, speech and/or physically impaired residents	1. Definition of impairment 2. Methods to overcome communication barriers with residents a. Vision impaired 1. Keep eyeglasses clean and in place 2. Keep environment clear and free of clutter 3. Do not rearrange the environment 4. Put everything away where it was found 5. Introduce self and offer explanation of what you are about to do when entering the room 6. Always tell the resident what you are doing while providing care 7. Tell resident when you are going to leave the room 8. Talk directly to the resident and not to the visitor or family			Teaching Alert Use demonstration, modeling and role play techniques. Describe alternative to oral communications such as communication boards, cards, gestures, modeling Don't change anything in resident's environment, without checking with nurse

	9. Lighting of a room is important 10. Position yourself directly in front of the person –face to face for conversation 11. When serving the meal, arrange food and utensils on the tray. Try using the positions of the clock for arrangement and tell resident where food items are located 12. Remember a guide dog is not a pet but rather a working dog, do not distract or play with the dog b. Hearing Impaired 1. Face the resident who is hearing impaired and on the same level whenever possible 2. The light should shine on the speaker's face rather than in the eyes of the hearing impaired 3. Speak in a normal voice without shouting or elaborately mouthing words. Words spoken slowly with a lower tone of voice are clearer than those shouted or exaggerated 4. Keep hands away from your face while talking 5. Do not chew gum, smoke, or eat while speaking 6. Remember that everyone, even the hearing impaired, hear less when tired or ill 7. Avoid lengthy sentences or sudden topic changes 8. The hearing impaired may be very sensitive to loud sounds, even though the individual does not hear faint ones 9. Turn the television, radio, or other			
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	sources of noise volume down if necessary to be heard 10.If the resident wears hearing aids, check for placement of hearing aids. 11. Stand or sit on the side of the better ear 12. Say things in a different way if the resident does not appear to understand 13. Provide aids such as picture cards, communication boards or notepad c. Speech-impaired 1. Listen and give the resident your full attention 2. Ask the resident questions to which you know the answer so you can become familiar with the sound of their speech 3. Watch the resident's lip movement 4. Watch the resident's facial expressions for clues to the meaning of their communication 5. Ask the resident to write down their messages if necessary 6. Ask the resident to repeat as needed 7. Repeat what you think the message is for clarification 8. Provide aids to communication such as picture cards, communication boards or notepad 9. Be patient; it is important to encourage resident to speak 10. If resident wears dentures, check to see if they are in place d. Physically Impaired 1. Verify the physical impairment with the nurse 2. Listen carefully and patiently to resident 3. Speak directly to the resident			
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4. Identify techniques to communicate with non-English speaking residents	c. Communicating with the restless, agitated or combative resident 1. Stay calm and use a low-pitch tone of voice 2. Avoid agitation with the following approach: a. Show a positive attitude b. Remain calm c. Stay flexible d. Be patient e. Stay neutral 3. Remember emotions are contagious between you and the resident 4. Do not use gestures that could startle or frighten the resident 5. Stay at a safe distance from the resident and respect need for personal space 6. Do not confront or accuse the resident of wrongdoing 7. Do not argue or try to reason with the resident 8. Ask for assistance to have resident taken away from the triggering event or person to a quiet, controlled space 9. Offer reassurance through gentle touch and express support when the resident can hear you 4. Communicating with non-English speaking residents a. Speak slowly and clearly b. Keep messages short and simple c. Be alert for words the resident may understand d. Use gestures, pictures, photos e. Seek the assistance of family members, friends, staff, other residents who speak		Teaching Alert Learn or have cards with written
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	the resident's first language f. Be patient and calm g. Avoid using medical terms, abbreviations, slang h. Be alert for signs the resident is pretending to understand			basic words available in the resident's language
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Standard III.1 Infection Control

The Dining Assistant program subject matter shall contain the basics of infection control, and factors which promote the growth and spread of pathogenic microorganisms.

Objective	Content Curriculum	Hours Class	Title of Teacher	Method of Evaluation Teaching Method
The Dining Assistant trainee will be able to: 1. Identify the basic principle of infection control 2. Define terms related to infection control 3. Identify reasons why infection prevention and control are important	1. Basic principle of infection control a. To reduce the number and hinder the transfer of disease producing micro-organisms from one person to another or from one place to another. 2. Definitions related to infection control: a. Micro-organisms b. Contamination c. Pathogens d. Carrier e. Healthcare-associated Infection (HAI) f. Infection g. Clean 3. The importance of infection control and prevention a. Micro-organisms are always present in the environment. Some of these micro-organisms can cause disease (pathogens) 1. Names of possible pathogens include: bacteria, streptococcus, staphylococcus, and viruses.			. Teaching Alert Utilize a current text, workbook, and/or handouts for examples of practices. Teaching Alert Ask trainees to identify and name micro-organisms. Teaching Alert

	b. Elderly people and individuals with chronic diseases are often more susceptible to pathogens c. Reducing the number of micro-organisms and hindering their transfer increases the safety of the environment			Refer to current pathogens (COVID-19, Norovirus, flu virus, etc.) https://www.cms.gov/About-CMS/Agency-Information/OMH/resource-center/COVID-19-Resources
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4. Identify ways pathogenic microorganisms are spread	d. The actions of the healthcare team are to protect residents, family and staff from infection 4. Factors which promote the spread of pathogenic micro-organisms - Lack of hand washing - Use of artificial nails c. Direct contact with body secretions: - Blood - Urine - Feces - Semen - Mucous - Vaginal secretions/excretions - Wound drainage - Any other secretion/excretion of the human body except oral secretions and sputum that do not contain blood d. Indirect contact: Touching objects, dishes, linens, instruments, equipment, tubing, etc., which may contain body secretions e. Through the air by droplets spread from coughing or talking, or by dust particles in the air f. Through a vehicle: Contaminated food, drugs, water, or blood g. Vector borne – Insect bites or stings		Teaching Alert Give examples of specific conditions to illustrate modes of transmission. Clinical Alert The Dining Assistant trainee should understand the micro-organisms are spread from resident to resident, staff to resident, staff to staff and resident to staff. Integrate Into Future Clinical Experience Emphasize these practices throughout the course.
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5. Identify diseases which are transmissible through food 6. Identify symptoms caused by illness, infection or other source that can be related to food borne illnesses 7. Incorporate facility personal protective equipment policy and isolation precautions into discussion.	5. Diseases that are transmissible through food: a. Salmonella b. Shigella c. Escherichia coli d. Hepatitis A virus e. Campylobacter f. Cryptosporidium g. Cyclospora h. Giardia i. Yersinia 6. Symptoms of illness, infection or other source include: a. Diarrhea b. Fever c. Vomiting d. Jaundice e. Sore throat f. Lesion containing pus or infected wound that is open or draining			Refer to OAC 3717-01-02.1 (A)(1)(2) http://codes.ohio.gov/oac/3717-1-02.1v1
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Standard III.2 Practices Which Prevent the Growth and Spread of Pathogenic Micro-organisms

The key to preventing infection is to know and practice techniques which prevent pathogenic micro-organisms from growing and spreading. The Dining Assistant program shall contain subject matter and demonstrations of practices which prevent the growth and spread of pathogenic micro-organisms including:

- Proper hand washing technique;
- Methods to control or eliminate pathogenic micro-organisms on supplies and equipment; and
- The concepts of clean, and contaminated as applied to micro-organisms.

Objective	Content Curriculum	Hours Class	Title of Teacher	Method of Evaluation Teaching Model
The Dining Assistant trainee will be able to: 1. Identify practices which hinder the spread of infection 2. Identify method used to control or eliminate micro-organisms on supplies and equipment 3. Discuss reasons for correct hand washing	1. Practices which hinder the spread of infection a. Washing your hands b. Disposing of contaminated articles correctly c. Keeping yourself and the resident clean 2. Methods of controlling microorganisms a. Disinfect b. Sterilize 3. Reasons for correct hand washing a. Everything you touch has micro-organisms on it b. In your work you use your hands constantly c. Your hands carry micro-organisms from resident to resident and from resident to you. Washing your hands will help prevent this transfer of micro-organisms d. Hand washing is the first line of defense against spreading micro-organisms			Teaching Alert: Hand washing is not specifically mentioned in other parts of the guidelines which describes personal care products. The instructor should re-emphasize the need for hand washing and other infection control practices throughout the course Demonstrate hand washing and practice hand washing technique Emphasize keeping clean and dirty items separate Example: Transport clean trays with cover Don't place used trays with

4. Demonstrate effective hand washing techniques	4. Hand washing routine a. Wash your hands before and after contact with each resident b. Use enough soap to produce adequate lather c. Rub soap vigorously over the surface of your hands for 15 seconds (including fingers and wrists) to help remove micro-organisms, per OAC 3701-17-11(D)(1) d. Hold your hands lower than your elbows while washing e. Rinse hands thoroughly under running water with fingertips pointed downward f. Dry your hands with clean paper towels g. Use clean dry paper towels to turn off the faucet h. If hand washing facilities are not readily available use a waterless alcohol-based product.			clean trays Refer to OAC 3701-17-11 Infection Control to teach current licensure rule Refer to Skill Check List CFR 483.35(i)(2) www.cdc.gov/handhygiene/
5.State the purpose of standard precautions	5.Standard Precautions - Concepts and Terminology of Standard Precautions as identified in the OAC: Each LTCF shall establish and implement appropriate written policies and procedures to assure safe, sanitary and comfortable environment for residents and to control the development and transmission of infections and disease.			
6.Demonstrate standard precaution techniques.	6. Each LTCF shall use standard precautions in caring for all residents a. At a minimum, individuals working in a LTCF shall wash their hands immediately after patient contact, after removing gloves, after handling potentially contaminated objects and before caring for another patient or resident			Discuss the proper use of gloves during the feeding process

	b. Place articles contaminated with body substances (including linens) in a container impervious to moisture. Reusable items contaminated with body substances shall be bagged, then sent for decontamination. c. Wear gloves for contact with any resident's body substances, non-intact skin or mucous membranes. The hands shall be washed, and gloves shall be changed before contact with another resident or if contaminated.			Refer to skill check list on gloves
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Standard IV.1 General Safety Practices and Procedures

The residents of the long-term care facility are largely dependent on the facility staff for the maintenance of a safe environment. Many residents are wheelchair bound, have vision or balance problems and may have problems with confusion. The Dining Assistant Program shall contain subject matter which:

- Presents reasons why safety is important in the long-term care facility;
- Demonstrates techniques and precautions Dining Assistants can take to prevent residents from falling;
- Demonstrates techniques aimed at preventing residents from being burned by hot liquids etc.; and
- Describes or demonstrates techniques to prevent residents from choking or ingesting harmful substances and the procedures to use should a resident choke or ingest a harmful substance.

Objective	Content Curriculum	Hours Class	Title of Teacher	Method of Evaluation Teaching Method
The Dining Assistant trainee will be able to: 1. Identify safety concerns in LTCFs 2. Identify safety precautions which help to prevent residents from falling	1. Reasons for safety precautions for the elderly a. Mental confusion: Alzheimer's or dementia b. Impaired mobility c. Diminished senses: sight, hearing, touch, taste, smell 2. Safety precautions the Dining Assistant should know to help residents prevent falls a. Wipe up all spills immediately b. Notify nurse if resident needs to			Teaching Alert (Give Definitions) of Alzheimer's and Dementia Use a current text, or workbook and/or

3. Identify precautions the Dining Assistant should take to prevent residents from being burned 4. Identify the safety precautions the Dining Assistant should take to help prevent the resident from choking 5. Demonstrate the steps of the Abdominal Thrust procedure	be repositioned in bed, chair or wheelchair c. Keep traffic areas clear of objects and furniture d. Observe the resident frequently e. Make sure the resident's shoelaces are tied 3. Safety precautions the Dining Assistant should know to prevent the residents from being burned a. Assist a resident when they are given hot liquids and/or foods to eat or drink (especially if resident is confused or has tremors). b. Monitor carefully any equipment which produces heat when in use (i.e. plate warmers or steam tables). Residents sometimes have decreased sensation and may not feel that the skin is being burned. 4. Safety precautions that Dining Assistant should know to help prevent a resident from choking a. Make sure the resident received the accurate and appropriate diet b. Check with the nurse before changing or offering foods that are not on the tray c. Make sure food is cut or chopped in small enough pieces for the resident to swallow d. Notify the nurse if the resident is not positioned properly for feeding e. Alternate solid foods and liquids f. Feed the resident slowly, allowing time for the resident to chew and swallow g. Stop feeding the resident immediately if any problems arise, notify the nurse. 5. Abdominal Thrust a. Know universal signs of choking b. Do not leave victim; notify charge nurse immediately; Key points to include: a. Hand placement			handouts. Teaching Alert Use demonstration, modeling and role-playing techniques to describe proper positioning of resident in chair, wheelchair and bed Handout and demonstrate first aid for choking
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6. Identify measures the Dining Assistant should take to prevent ingestion of harmful substances 7. Identify measures the Dining Assistant should take should a resident ingest a harmful substance	b. Stance behind person c. Never practice on a LIVE person due to injury to ribs, abdominal organs. 6. Precautions the Dining Assistant should take to help prevent ingestion of harmful substances by residents. a. Never leave potentially poisonous or harmful substances in the residents' reach. b. Remove wrappers and packaging from the trays of confused residents c. Monitor the placement of house plants, leaves can be poisonous. 7. Measures to take should a resident ingest a harmful substance a. Notify nurse immediately b. Identify the ingested substance, if possible			Refer to skills check list
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Standard V.1 The Residents' Rights

The Dining Assistant must be familiar with the specific rights enumerated by the Ohio Resident Bill of Rights for residents of long-term care facilities. The Dining Assistant program shall contain a discussion of the resident's rights contained in the Ohio Resident Bill of Rights. A copy of those rights shall be available for the trainee's review.

Objective	Content Curriculum	Hours Class	Title of Teacher	Method of Evaluation Teaching Method
1. Identify legal rights of the resident contained in the Ohio Resident Bill	1. Resident's Rights a. Residents of LTCFs have legal rights. These are enumerated in the ORBR of which must be posted in the LTCF. A			Teaching Alert The State of Ohio Resident Bill of

of Rights (ORBR)	copy of these rights must be read and signed by each resident and/or legal representative and included in the chart b. Types of rights which are found in the ORBR of which the Dining Assistant should be aware c. Ways to respect residents' rights and dignity 1) Know the ORBR 2) Encourage residents to exercise their rights 3) Report infractions to the nurse			Rights (ORBR) should be used as an example http://codes.ohio.gov/orc/3721.13 Refer back to statement from page 17 – Topic V There is an inherent tension between the need for protection because of impaired function or status and the protection of the resident's autonomy. Teaching Alert Incorporate person centered care training (e.g. resident choice).
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Standard VI.1 Nutrition and Fluid Needs

Nutrition and fluid needs are essential to maintain and/or restore a resident's sense of well-being. The Dining Assistant program shall contain content which:

- Discusses factors that affect the nutritional state of the resident;
- Explains and provides examples of modified diets;

Objective	Content Curriculum	Hours Class	Hours Clinical	Title of Teacher	Method of Evaluation Teaching Method
The Dining Assistant trainee will be able to: 1. Discuss factors which affect the nutritional state of the resident 2. Name examples of a modified diet	1. Factors which affect the nutritional status of the elderly a. Tooth loss, poorly fitting dentures or a sore mouth b. Loss of muscle control over part of the mouth and throat to include difficulty swallowing c. Diminished hand and arm muscle strength or control from paralysis or tremor d. Diminished sense of smell, taste, and vision e. Decreased activity resulting in a decreased requirement for calories f. Serving foods the resident may not like g. Mood and behavior problems h. Pain and/or discomfort 2. Modified diets a. Low sodium and salt restricted 1) Contains limited amounts of food containing sodium (Na) and salt. No salt used in cooking. No salt at the table or on the tray. Salt substitutions may be				Discuss culture and religious influences Teaching Alert Some dietary departments prepare all food without added salt. Explain the use of dietary tray cards

3. Identify the Dining Assistant's responsibility for residents who require a therapeutic diet 4. Describe the role of the dietary department in providing nutrition for the resident	used by some residents 2) Used for residents with fluid retention, heart or kidney disease b. Diabetic diet/carbohydrate controlled 1) Contains a balance of carbohydrates, protein, and fat according to individual needs. Designed to be as similar to regular diet as possible 2) Used for residents with diabetes/pre-diabetes. Food intake is balanced with the insulin need. Residents should eat only food which is part of the diet and should be encouraged to eat all the food served to them c. Other diets as needed 1) Mechanical soft 2) Pureed 3. A resident may require a therapeutic diet, which is prescribed by the physician or other licensed health professional acting within their scope of practice, and planned by the dietitian a. Do not interchange food from one resident's tray to another b. Report resident's request for diet substitutions to the nurse 4. Responsibilities of dietary in providing nutrition for the resident a. It is the responsibility of the dietary or food service dept. to plan the				Review the importance of dietary control. Explain that specific foods are not forbidden to diabetic residents, but that the total intake must be balanced and avoids concentrated sweets. Teaching Alert Report intake deficits to the charge nurse so appropriate substitutions may be made if necessary Communicate with dietary department for review of diets that may be seen during clinical experience Discuss appearance of pureed and common types of pureed foods Teaching Alert Incorporate person centered care practices into the dietary department's role of providing
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	meals for all residents				nutrition for the resident (e.g. food preferences, meal times and alternate meal choices).
	b. The diet should be balanced and have adequate nutrients to meet the resident's needs				
	c. The food should be prepared and presented in a form which the resident can manage.				
	d. The food should be presented in a manner which is visually appealing				
	e. Infection control procedures need to be followed				
5. Identify the importance of adequate hydration	f. Tray cards provided by dietary 1) identifies type of diet (e.g. regular, soft, puree, low sodium, etc...) 2) identifies likes and dislikes 3) identifies food allergies				
	5. Importance of adequate liquid intake:				
	a. Helps prevent constipation and urinary incontinence				Demonstrate the use of assistive devices in the clinical setting
6. Describe methods to encourage fluid intake	b. Helps dilute wastes and flush out urinary system				
	c. Helps maintain skin turgor				
	d. May help to prevent confusion				
	6. Methods for adequate fluid intake				Teaching Alert
	a. Offer water to the resident each time you feed a resident				Reinforce the need for hand-washing to maintain cleanliness.
	b. Be aware of resident preferences for various fluids (juices, water, milk)				
	c. Some residents prefer fluids without ice				Instructor may choose to invite a dietitian to speak to class on the responsibility of dietary to meet the resident's nutrition needs.
	d. Snacks of juice and other fluids may be distributed between meals				
	e. To encourage a resident to drink fluids, one should offer small amounts frequently				

					Teaching Alert Incorporate person centered care techniques (e.g. fluid preferences and fluid temperature). Teaching Alert Use current textbook, workbook and/or handouts as a reference. See bibliography.
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Standard VII.1 Mealtime

Many residents of long-term care facilities will need assistance at mealtime. The Dining Assistant program shall discuss ways to promote a positive atmosphere at mealtime by:

- Identifying devices and techniques to assist a resident to maintain independence while eating;
- Identifying proper techniques for feeding residents;
- Discussing ways to identify and demonstrate ways to intervene with a choking victim;
- Discussing why a resident needs to receive a therapeutic diet;
- Clarifying the role of the dietary department in providing nutrition for the resident; and
- Emphasizing the importance of hydration and how to encourage fluid intake.

Objective	Content Curriculum	Hours Class	Hours Clinical	Title of Teacher	Method of Evaluation Teaching Method
The Dining Assistant trainee will be able to: 1. Discuss how to pro-	1. Promote a positive atmosphere at mealtime. This is probably the most important social function of the				Teaching Alert Use current textbook, workbooks

mote a positive atmosphere at meal-time	resident's day. Dignity must be preserved, and independence encouraged - The resident should be physically comfortable. (Positioning, empty bladder, dry clothing, etc.) Ask for nursing assistance for positioning - The surroundings should be pleasant and comfortable - The social aspect of mealtime should be considered - Whenever possible, the Dining Assistant should express positive attitudes regarding the mealtime experience - Have conversation only with the resident during feeding. It is important not to carry on causal conversation with other staff members without including the resident.				and/or handouts as resources. See bibliography. Teaching Alert Incorporate person centered care techniques (e.g. minimize the use of trays, clothing protectors, discourage standing while feeding the resident and discourage the use of terms such as feeder).
2. Identify devices and techniques which may be used to help the resident maintain independence while eating	2. Devices and techniques to help resident with eating - Provide food in a manageable form (i.e., bread is buttered, meat cut only when necessary) - Visually impaired residents may require assistance in locating food and utensils. The numbers of a clock are used to help visually impaired residents - Special eating devices, such as a plate guard or adapted spoon to aid handicapped resident in self-feeding may be used				Teaching Alert Describe how to assist visually impaired residents. Describe safe food handling

3. Describe and demonstrate how to feed a resident	3. Feeding a resident - Allow time for prayer if requested - Sit facing the resident - Check items on resident's tray with the dietary card - Help prevent choking by maintaining proper body alignment - Ask resident if they would like a napkin, clothing protector or towel to protect clothing. - Tell the resident what food and fluids are on the tray - Offer food & fluids according to resident's choice - Offer fluids during the meal; fluids help resident chew and swallow - Offer to wipe the resident's hands and face during the meal as needed - Spoons should be used if necessary because they are less likely to cause injury and should be no more than 1/3 full. Check to be sure the mouth is clear before offering more food. - Encourage the resident to help by having them hold finger foods - Season foods according to the resident's preference but not in opposition to prescribed diets - Maintain separate flavors of foods. Do not stir all foods together before feeding - Identify the foods as you feed them to the resident: "This is mashed potatoes. Now, I'll give you some meatloaf."				An occupational therapist or dietitian may be able to provide examples of adaptive eating devices. Provide adaptive devices. Teaching Alert The students may role play this experience Skills check list for feeding Skill check list for passing trays Student should adapt facing the resident based upon the resident's physical needs
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3701-17-07.3

Nurse aide registry.

- (A) The director ~~shall~~will maintain a nurse aide registry listing all individuals who have met the competency ~~requirements~~standards of division (A) of section 3721.32 of the Revised Code. The registry also ~~shall~~will include both of the following:
- (1) The statement ~~required~~necessitated by section 3721.23 of the Revised Code detailing findings by the director under that section regarding alleged abuse or neglect of a resident or misappropriation of resident property;
 - (2) Any statement provided by an individual under section 3721.23 of the Revised Code disputing the director's findings.
- (B) The department ~~shall~~will not continue to list an individual on the registry as eligible to work in a long-term care facility unless the department has received verification in accordance with paragraph (C) of this rule that the individual provided at least seven and one-half consecutive hours or eight hours in a forty-eight-hour period of nursing and nursing-related services for compensation during the twenty-four month period immediately following either the date that the individual was placed on the registry or the most recent date of verified work. As used in this rule, "nursing and nursing-related services" means:
- (1) Attending to the personal care needs of individuals;
 - (2) Providing personal care services as defined at divisions (A)(5)(a)(i) to (A)(5)(a)(iii) of section 3721.01 of the Revised Code; and
 - (3) Performing activities delegated by a nurse which may include implementation of portions of the nursing regimen, as defined by section 4723.01 of the Revised Code, for individuals whose care does not ~~require~~need nursing assessment or the judgment of a nurse during the performance of the delegated activity, but does not include activities that are part of the nursing regimen which ~~require~~need the specialized knowledge, judgment, and skill of a registered nurse or the application of the basic knowledge and skill ~~required~~needed of a licensed practical nurse licensed under Chapter 4723. of the Revised Code or any other activities that are ~~required~~set forth to be performed by a licensed nurse under Chapter 4723. of the Revised Code.
- (C) If an individual desires to remain on the registry as eligible to work as a nurse aide but is not eligible because more than twenty-four consecutive months have passed since the last date of verified work, the individual ~~must~~will do one of the following:
- (1) Submit documentation showing that he or she has provided at least seven and one-half consecutive hours or eight hours in a forty-eight-hour period of nursing

and nursing-related services for compensation during that twenty-four month period; or

- (2) Successfully complete additional training and competency evaluation by complying with paragraphs (D)(1) and (D)(2) of rule 3701-17-07.1 of the Administrative Code.

(D) The documentation ~~required~~ set forth in paragraph (C)(1) of this rule ~~shall~~ will include either of the following:

- (1) In the case of a facility, agency, or any other health care provider that is authorized under applicable law to provide services that include implementation of portions of a nursing regimen, as defined by section 4723.01 of the Revised Code, a statement verifying the dates and hours that the individual performed nursing and nursing-related services for compensation; or
- (2) A statement by a physician or nurse verifying that he or she has personal knowledge that the individual provided nursing and nursing-related services to a patient under the physician's or nurse's care. The statement ~~shall~~ will further verify:
 - (a) The name of the individual that provided nursing and nursing-related services for such patient;
 - (b) The nature of the nursing and nursing-related services and the date or dates the individual last provided seven and one-half consecutive hours or eight hours in a forty-eight-hour period of nursing and nursing-related services;
 - (c) That the individual received compensation for the services specified in paragraph (D)(2)(b) of this rule. If the physician or nurse is unable to verify that the individual was compensated for those services, the individual ~~must~~ will provide further proof that he or she received compensation for the specified services.

(E) No long-term care facility ~~shall~~ will continue for longer than four months to use as a nurse aide an individual who previously met the ~~requirements~~ standards set forth in ~~of~~ paragraph (B) of rule 3701-17-07.1 of the Administrative Code but is not able to verify in accordance with this rule that he or she is currently eligible to work in a long-term care facility, unless the individual successfully completes additional training and competency evaluation by complying with paragraphs (D)(1) and (D)(2) of rule 3701-17-07.1 of the Administrative Code.

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3701-17-08

Personnel ~~requirements~~ standards.

- (A) Each nursing home with fewer than a one hundred beds licensed capacity ~~shall~~ will arrange for the services of an administrator who ~~shall~~ will be present in the home to the extent necessary for effectively managing the home and assuring that needs of the residents are being met, but not less than sixteen hours during each calendar week. For nursing homes with a one hundred or more bed licensed capacity, the administrator will be present in the home on a full-time basis as defined in paragraph (K) of rule 3701-17-01 of the Administrative Code. The administrator will designate another staff member to be the point of contact of the nursing home when the administrator is absent from the nursing home due to illness, vacation or an emergency situation.
- (B) Each nursing home ~~shall~~ will:
- (1) Employ a registered nurse ~~who shall~~ to serve as director of nursing:
 - (a) This ~~requirement-standard~~ may be met by two registered nurses who share the position as co-directors of nursing.
 - (b) The director of nursing or co-directors of nursing ~~shall~~ will be on duty five days per week, eight hours per day predominantly between the hours of six a.m. and six p.m. to direct the provision of nursing services.
 - (c) The nursing home will post the name of the director of nursing ~~shall be posted~~ in a place easily accessible to residents, resident's families or sponsors, and staff.
 - (2) Designate another registered nurse in its employ to serve as acting director of nursing in the event the director of nursing or co-directors of nursing are absent from the nursing home due to illness, vacation or an emergency situation. The nursing home will post the name of the acting director of nursing ~~shall be posted~~ in a place easily accessible to residents, residents' families or sponsors, and staff.
- (C) Each nursing home ~~shall~~ will have sufficient direct care staff on each shift to meet the needs of the residents in an appropriate and timely manner and have the following individuals provide a minimum daily average of two and one-half hours of direct care and services per resident per day as follows:
- (1) Nurse aides;
 - (2) Registered nurses, including registered nurses who perform administrative and supervisory duties; and

- (3) Licensed practical nurses, including licensed practical nurses who perform administrative and supervisory duties.
- (D) Each nursing home ~~shall~~will have a registered nurse on call whenever one is not on duty in the home. The nursing home will post the name of the registered nurse who is on call ~~shall be posted~~ in a place easily accessible to residents, residents' families or sponsors, and staff.
- (E) Each nursing home ~~shall~~will also have the following staff who are competent to perform the duties they are assigned:
- (1) Activities program staff as ~~required set forth in~~by paragraph (A) of rule 3701-17-09 of the Administrative Code;
 - (2) Dietary staff as ~~required as set forth in~~by paragraph ~~(K)~~(J) of rule 3701-17-18 of the Administrative Code;
 - (3) Pharmacy services staff as ~~required set forth in~~by paragraph (A)(1) of rule 3701-17-17 of the Administrative Code; ~~and~~
 - (4) Social services staff to assist the home in meeting the medically-related social service needs of the residents and the ~~requirements~~standards of rule 3701-17-09 of the Administrative Code. Each nursing home with more than one hundred twenty beds ~~shall~~will employ, on a full-time basis, one individual licensed as a social worker under Chapter 4757. of the Revised Code; and
 - (5) A designated infection prevention and control coordinator in accordance with paragraph (A) of rule 3701-17-11 of the Administrative Code
- (F) In addition to complying with the ~~requirements~~standards in this rule, each nursing home ~~shall~~will conduct an assessment of the residents admitted to the facility, based on the residents' plans of care, to determine the staffing level needed to provide, in a timely manner, adequate services and care to meet the needs of the residents admitted to or retained in the nursing home and to properly operate the dietary, housekeeping, laundry, and nursing home maintenance facilities.
- (1) The nursing home ~~shall~~will determine the number and type of additional staff ~~required~~needed based on the services needing to be performed as identified in the plans of care ~~required~~set forth by rule 3701-17-14 of the Administrative Code, and authorized scopes of practice.
 - (2) The additional staff ~~shall~~will meet the applicable qualifications of rules 3701-17-07 and 3701-17-07.1 of the Administrative Code and provide services in accordance with applicable scopes of practice.

- (G) With input from the medical director and the director of nursing, the nursing home may adjust the staffing levels based on the needs and acuity levels of the residents, but in no event ~~shall~~will the staffing fail to meet the ~~requirements~~standards of this rule.
- (H) The nursing home ~~shall~~will establish a protocol for staff coverage that includes coverage during vacations, emergency situations, and long-term absences due to illness and unexpected absences and a contingency plan for back-up coverage.
- (I) A nursing home that is physically located in the same building or on the same lot as a licensed residential care facility, or a home certified as a intermediate care facility for individuals with intellectual disabilities that are owned and operated by the same entity, or that provides an adult day care program in the nursing home, may use staff from the nursing home to provide services in the licensed residential care facility, certified intermediate care facility for individuals with intellectual disabilities, or adult day care program or use appropriate and qualified staff from the licensed residential care facility, certified intermediate care facility for individuals with intellectual disabilities, or adult day care program to meet part or all of the staffing ~~requirements~~standards of this rule, if all of the following criteria are met:
- (1) The nursing home ~~at all times~~ meets the minimal staffing levels ~~required by~~of this rule at all times. No staff simultaneously assigned to the staffing schedules of the nursing home and the residential care facility, certified intermediate care facility for individuals with intellectual disabilities, or adult day program ~~shall~~will be counted towards meeting the staffing ~~requirements~~standards of this rule;
 - (2) The other licensed residential care facility or certified intermediate care facility for individuals with intellectual disabilities, ~~at all times~~ meet their applicable staffing ~~level levels~~requirements at all times. Shared nursing home staff ~~shall~~may not be counted towards meeting the minimum staffing ~~requirements~~levels for the other licensed residential care facility;
 - (3) Separate staffing schedules are maintained for the nursing home, residential care facility, certified intermediate care facility for individuals with intellectual disabilities, and adult day care program;
 - (4) The sharing of staff does not adversely affect the quality and timeliness of meeting the care needs of the nursing home, residential care facility, or intermediate care facility for individuals with intellectual disabilities residents and the participants of the adult day care program;

- (5) The nursing home, residential care facility, intermediate care facility for individuals with intellectual disabilities and adult day care program are within two minutes or less response time from each other; and
 - (6) The monitoring of the call signal systems in the nursing home and residential care facility are not disrupted and the use of call signal systems is not limited to emergency use only.
- (J) Each nursing home ~~shall~~will maintain records necessary for the director to ascertain compliance with the ~~requirements~~ standards set forth in of this rule.
- (K) Nothing in this rule ~~shall~~is to be construed as authorizing an unlicensed individual to provide services that ~~require the~~ entail ~~individual to be licensed~~ licensure under Title 47 of the Revised Code or a health care professional to provide services outside the professional's licensed scope of practice.

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3701-17-09

Resident life enrichment.

- (A) All nursing homes ~~shall~~will provide a comprehensive activity program designed to meet the physical, mental, emotional, psycho-social well-being and personal interests of each resident. Activities ~~shall~~will be provided based on the needs and preferences of each resident as identified on their comprehensive assessment and care plan ~~required~~will by rules 3701-17-10 and 3701-17-14 of the Administrative Code, respectively, and needs and preferences identified during resident's time in the home. Activities ~~shall~~will be implemented and adjusted based on resident input and residents' changes in abilities, physical and mental status. Activities ~~shall~~will be scheduled for day time, week end, evening, and include the community to the extent possible.
- (B) All nursing homes ~~shall~~will provide social services to:
- (1) Meet the medically-related social service needs of each resident;
 - (2) Meet the physical, mental, and psycho-social well-being of each resident; and
 - (3) Assist each resident in attaining or maintaining the highest practicable level of functioning.
- (C) Residents may receive visitors of their choice at any time. The nursing home may establish reasonable policies to ensure that visits will not unduly disturb other residents or interfere with the operation of the home and ~~shall~~ provide or arrange for private space for visitation.
- (D) Residents may keep pets if allowed by facility policy. If a nursing home allows residents to keep animals or pets, or has facility pets, the nursing home ~~shall, will in consultation~~consult with the medical director and a veterinarian licensed to practice veterinary medicine under Chapter 4741. of the Revised Code, and develop and implement a written protocol regarding animals and pets that protects the health and safety and rights of residents. At a minimum, the written protocol ~~shall~~will include:
- (1) An annual physical examination, including an examination for internal and external parasites;
 - (2) Vaccinations for common infectious agents, including rabies;
 - (3) Any other preventive care necessary to protect the health, safety and rights of residents;
 - (4) Procedure to follow if an animal:
 - (a) Bites a person; or

(b) Becomes ill or injured;

(5) For resident pets, if the resident is ~~transferred~~transferred, discharged or otherwise unable to care for the pet, responsibilities for care of the pet until a family member or sponsor can retrieve the pet;

(6) In the case of a facility pet, the name of the designated member or members of the staff responsible for the care of the animal and for maintaining the protocol, including medical records for the animal; and

(7) An evaluation of the medical needs of residents.

(E) Residents ~~shall~~will have reasonable access to various methods of communication. The administrator ~~shall~~will ensure that:

(1) Each resident receives all mail, electronic mail, ~~telegrams~~, or other communications addressed to the resident unopened and unread immediately upon receipt at the nursing home, and opened and read to the resident after delivery if the resident so requests;

(2) Each resident's outgoing mail ~~shall~~is to be delivered unscreened, unopened, and unread to the regular postal channels promptly upon its receipt from the resident except when there is no regularly scheduled postal delivery or pick-up service in which case it ~~shall~~is to be placed into the next regularly scheduled delivery or pick-up. The nursing home ~~shall~~will assist a resident in writing a letter or have a letter written for ~~him or her~~them if the resident so requests;

(3) Each resident has access to telephone or a device for video conferencing services that ~~meets~~meet the needs of the resident in an area where calls can be made ~~without being overheard~~in a manner which ensures privacy; ~~and~~

(4) Each resident can use ~~his or her~~their cellular phone, computer, or other technological or video device unless the use of that device is not medically advisable or is disruptive to other residents or the safe and orderly operation of the home-; and

(5) Each resident that is determined to need assistance with communication devices, receives assistance in a timely manner as staffing allows.

(F) The nursing home will have a plan and procedures to provide appropriate visitation in the event of a facility emergency or a public health emergency.

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3701-17-10

Resident assessments; advanced care planning.

- (A) Each nursing home, in accordance with this rule, ~~shall will~~ conduct ~~require~~ written initial and periodic assessments of all residents. The different components of the assessment may be performed by different licensed health care professionals, consistent with the type of information ~~required~~ needed and the professional's scope of practice, as defined by applicable law, and ~~shall~~ be based on personal observation and judgment. This paragraph does not ~~prohibit~~ forbid the licensed health professional from including in the assessment resident information obtained by or from unlicensed staff provided the evaluation of such information is performed by that licensed health professional in accordance with the applicable scope of practice.
- (B) Prior to admission, the nursing home ~~shall will~~ obtain from the prospective resident's physician, other appropriate licensed health professionals acting within their applicable scope of practice, or the transferring entity, the current medical history and physical of the prospective resident, including the discharge diagnosis, admission orders for immediate care, the physical and mental functional status of the prospective resident, and sufficient additional information to assure care needs of and preparation for the prospective resident can be met. This information ~~shall will~~ have been updated no more than five days prior to admission.
- (C) Upon admission, the nursing home ~~shall will~~ assess each resident in the following areas:
- (1) Cardiovascular, pulmonary, neurological status including auscultation of heart and lung sounds, pulses and vital signs; and
 - (2) Hydration and nutritional status, including allergies and intolerances; ~~and~~
 - (3) Presenting physical, psycho-social and mental status;
 - (4) Ability to conduct the activities of daily living;
 - (5) Head to toe skin status assessment;
 - (6) Risk for elopement; and
 - (7) Preferences related to discharge timeline.

The nursing home ~~shall will~~ also review each resident's admission orders to determine if the orders are consistent with the resident's status upon admission as assessed by the nursing home and ~~shall~~ reconfirm, as applicable, the orders with the attending physician or other licensed health care professional acting within the applicable scope of practice. The nursing home ~~shall will~~ obtain any special equipment, furniture or staffing that is needed to address the presenting needs of the resident. The nursing home ~~shall will~~ provide services develop a baseline care plan to meet the specific

needs of each resident identified through this admission assessment until such time as the care plan ~~required~~obligated by rule 3701-17-14 of the Administrative Code is developed and implemented.

(D) The nursing home ~~shall~~will perform a comprehensive assessment meeting the ~~requirements~~criteria of paragraph (E) of this rule on each resident as follows:

- (1) The comprehensive assessment ~~shall~~will be performed within fourteen days after the individual begins to reside in the facility.
- (2) Subsequent to the initial comprehensive assessment, a comprehensive assessment ~~shall~~will be performed at least annually thereafter. The annual comprehensive assessment ~~shall~~will be performed within thirty days of the anniversary date of the completion of the resident's last comprehensive assessment.

(E) The comprehensive assessment ~~shall~~will include documentation of the following:

- (1) Preferences of the resident including hobbies, usual activities, bathing, sleeping patterns, socialization and religious;
- (2) Medical diagnoses;
- (3) Psychological, and intellectual disabilities and developmental diagnoses and history, if applicable;
- (4) Health history and physical, including cognitive functioning, sensory and physical impairments, and the risk of falls;
- (5) Psycho-social history;
- (6) Prescription and over-the-counter medications;
- (7) Nutritional and dietary ~~requirements~~needs, food preferences, and need for any adaptive equipment, and needs for assistance and supervision of meals;
- (8) Height, weight and history of weight changes;
- (9) A functional assessment which evaluates the resident's ability to perform activities of daily living;
- (10) The resident's risk of falls;
- (11) Vision, dental and hearing function, including the need for eyeglasses or other visual aids;

- (12) Dental function; including the need for dentures or partial dentures;
- (13) Hearing function, including the need for hearing aids or other hearing devices;
~~and~~
- (14) Head to toe skin status assessment;
- (15) Ability to conduct activities of daily living;
- ~~(14)~~(16) Any other alternative remedies and treatments the resident is taking or receiving; and
- (17) Risk of elopement.

The documentation ~~required~~needed by this paragraph ~~shall~~will include the name and signature of the individual performing the assessment, or component of the assessment, and the date the assessment was completed.

- (F) Subsequent to the initial comprehensive assessment, the nursing home ~~shall~~will periodically reassess each resident, at minimum, every three months, unless a change in the resident's physical or mental health or cognitive abilities ~~requires~~necessitates an assessment sooner. The nursing home ~~shall~~will update and revise the assessment to reflect the resident's current status. This periodic assessment ~~shall~~will include documentation of at least the following:

- (1) Changes in medical diagnoses;
- (2) Updated nutritional ~~requirements~~needs and needs for assistance and supervision of meals;
- (3) Height, weight and history of weight changes;
- (4) Prescription and over-the-counter medications;
- (5) A functional assessment as described in paragraph (E)~~(8)~~(9) of this rule;
- (6) The resident's risk of falls;
- (7) Any changes in the resident's psycho-social status or preferences as described in paragraph (E)~~(4)~~(5) of this rule; ~~and~~
- (8) Any changes in cognitive, communicative or hearing abilities or mood and behavior patterns;:
- (9) Head to toe skin assessment;

(10) Ability to conduct activities of daily living; and

(11) Risk of elopement.

(G) Nursing homes that conduct resident assessments in accordance with 42 C.F.R. 483.20, using the resident assessment instrument specified by rule ~~5101-3-3-43.1~~ 5160-3-43.1 of the Administrative Code, ~~shall~~ will be considered in compliance with paragraphs (D), (E) and (F) of this rule.

(H) Each nursing home ~~shall~~ will participate in advance care planning with each resident or the resident's sponsor if the resident is unable to participate. ~~The advance care planning shall be provided on admission to the nursing home; and Thereafter, thereafter, for each resident, the advance care planning shall be provided on a quarterly basis each year.~~ For purposes of this paragraph, "advance care planning" means providing an opportunity to discuss the goals that may be met through the care provided by a nursing home.

(I) If the nursing home has a designated smoking area, the nursing home will include the following in the assessment conducted in accordance with paragraphs (D), (E), and (F) of this rule for each resident that smokes:

(1) An assessment of the resident's ability to smoke without supervision and without a smoking apron; and

(2) An evaluation of and changes to cognitive, communicative, mood, or behavioral patterns associated with smoking.

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3701-17-11

Infection control; tuberculosis control plan.

(A) Each nursing home will establish and implement appropriate written policies and procedures to assure a safe, sanitary and comfortable environment for residents and to prevent and control the development and transmission of infections and diseases. Each nursing home will establish an infection prevention and control program to monitor compliance with the home's infection prevention and control policies and procedures, to investigate, control and prevent infections in the home, and to institute appropriate interventions. The nursing home will designate an appropriately licensed health professional with competency in infection prevention and control to serve as the infection prevention and control coordinator who performs part-time infection control duties in the nursing home each week, and participates in the nursing home's quality control and performance improvement (QAPI) committee. The infection prevention and control coordinator will:

- (1) Have completed post-secondary education in a health-related field including but not limited to medicine, nursing, laboratory technology, public health, or biology;
- (2) Work at least part-time at the facility;
- (3) Have education, training, or experience in infection control; and
- (4) Have completed specialized training in infection prevention and control including:
 - (a) Identification of infectious disease processes, including modes of transmission, signs and symptoms;
 - (b) Surveillance and epidemiologic investigation, including syndromic surveillance;
 - (c) Preventing and controlling the transmission of infectious agents, including standard precautions and transmission-based precautions;
 - (d) Environment of care; and
 - (e) Cleaning, disinfection, asepsis, and sterilization best practices.

(B) An effective infection control program includes:

- (1) A tuberculosis control plan that meets the standards set forth in rule 3701-15-03 of the Administrative Code;

- (2) A written surveillance plan outlining the activities for monitoring/tracking infections based on nationally-recognized surveillance criteria such as McGeer criteria and:
 - (a) Includes a surveillance system that includes a data collection tool;
 - (b) Uses surveillance data to:
 - (i) Implement timely corrective action when a greater than expected number healthcare-associated infections are detected; and
 - (ii) Implement timely corrective actions when transmission of targeted MDROs (e.g., CRE, Candida auris) are detected.
- (3) Written standards, policies, and procedures for the program, which must include, but are not limited to:
 - (a) Standard and transmission-based precautions to be followed to prevent spread of infections;
 - (b) When and to whom possible incidents of communicable disease or infections should be reported;
 - (c) When and how isolation should be used for a resident; including but not limited to:
 - (i) The type and duration of the isolation, depending upon the infectious agent or organism involved; and
 - (ii) A condition that the isolation should be the least restrictive possible for the resident under the circumstances.
- (4) Written standards, policies, and procedures under which the facility will prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease;
- (5) The hand hygiene procedures to be followed by staff involved in direct resident contact, including, but not limited to:
 - (a) Washing hands for twenty seconds with soap and water:
 - (i) After using the toilet;
 - (ii) Before direct contact with a resident, dispensing medication, or handling food;

- (iii) Immediately after touching body substances including blood, semen, saliva, vaginal secretions, feces, urine, wound drainage, emesis and any other secretion or excretion of the human body except tears and perspiration;
 - (iv) After handling potentially contaminated objects;
 - (v) Between direct contact with different residents; and
 - (vi) After removing gloves; or
 - (b) Cleaning of hands with an alcohol-based product used according to manufacturer's directions or other alternative methods accepted by the United States Centers for Disease Control and Prevention or US Food and Drug Administration, as being an effective alternative, or handwashing with soap and water.
- (6) Written standards, policies, and procedures for laundry to ensure personnel handle, store, process, and transport linens so as to prevent the spread of infection including:
- (a) Handling soiled laundry as little as possible;
 - (b) Placing of laundry that is wet or soiled with body substances in impervious bags that are secured to prevent spillage; and
 - (c) Wearing of impervious gloves and impervious gowns by individuals performing laundry services, and, if handling soiled or wet laundry on the unit, the wearing of gloves and, if appropriate, other personal protective equipment;
- (7) Written standards, policies and procedures to ensure infection prevention and control in the event of an emergency or disaster needing evacuation or other movement of residents.
- (C) If any resident, or individual used by the nursing home, exhibits signs and symptoms of a disease listed in rule 3701-3-02 of the Administrative Code, the nursing home will ensure that appropriate interventions and follow-up are implemented and make reports to the appropriate local public health authority.
- (D) Each nursing home will establish and implement an effective water management program to identify hazardous conditions, and take steps to manage the risk of occurrence and transmission of waterborne pathogens, including but not limited to legionella, in building water systems in accordance with guidance from the United

States centers for disease control and prevention (available at <https://www.cdc.gov/legionella/wmp/overview.html>) and recommendations of the United States centers for disease control and prevention healthcare infection control practices advisory committee, "Environmental Infection Control Guidelines" (2019) or its successors.

(E) If the nursing home provides an adult day care program which is located, or shares space, within the same building as the nursing home, shares staff between the program and the home, or where the day care participants at any time intermingle with residents of the home, the standards of this rule are also applicable to participants of the adult day care program.

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3701-17-12

Notification and reporting of changes in health status, illness, injury and death of a resident.

The nursing home administrator or the administrator's designee ~~shall~~will:

(A) Immediately inform the resident, consult with resident's physician or other licensed health professional acting within the applicable scope of practice, or the medical director, if the resident's physician or other licensed health professional ~~acting within the applicable scope of practice~~ is not available, and notify the resident's sponsor or authorized representative, with the resident's permission, and other proper authority, in accordance with state and local laws and regulations when there is:

- (1) An accident involving the resident which results in injury and has the potential for ~~requiring~~needing physician intervention;
- (2) A significant change in the resident's physical, mental, or psycho-social status such as a deterioration in health, mental, or psycho-social status in either life-threatening conditions or clinical complications;
- (3) A need to alter treatment significantly such as a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment.

~~The notification shall include a~~ The nursing home administrator or administrator's designee is obligated to assure that the notification and documentation of the occurrence includes a description of the circumstances and cause, if known, of the illness, injury or death in the notification and document. ~~A notation of the change in health status and any intervention taken shall be documented in the resident's medical record. If the resident is a patient of a hospice care program, the notifications required by this paragraph shall be~~ are the responsibility of the hospice care program unless otherwise indicated in the coordinated plan of care ~~required~~ obligated under paragraph (H) of rule 3701-17-14 of the Administrative Code.

- (B) Report the death of a resident within twenty-four hours to the appropriate third-party payer; or, if the office is closed, as soon thereafter as it is open.
- (C) Report any incident of fire, damage due to fire and any incidence of illness, injury or death due to fire or smoke inhalation of a resident within twenty-four hours to the office of the state fire marshal and to the director.
- (D) Report the diseases ~~required~~ obligated to be reported under Chapter 3701-3 of the Administrative Code in the manner specified by that chapter.

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3701-17-13

Medical supervision.

- (A) Each nursing home operator ~~shall will~~ arrange for the services of a physician to serve as the home's medical ~~director~~ director, and; the medical director ~~shall will~~:
- (1) ~~In collaboration~~ Collaborate with the administrator, the nursing director, and other health professionals; to develop formal resident care policies for the nursing home that:
- (a) Provide for the total medical and psycho-social needs of the resident, including admissions, transfer, discharge planning, range of services available to the resident, emergency procedures and frequency of physician visits in accordance with resident needs and the applicable ~~requirements~~ provisions of Chapter 3721. of the Revised Code and of rules 3701-17-01 to 3701-17-26 of the Administrative Code.
- (b) Promote resident rights as enumerated in section 3721.13 of the Revised Code.
- (2) Make available medical care for residents not under the care of their own physicians and to make available emergency medical care to all residents, provided their personal physicians are not readily available.
- (3) Meet periodically with nursing and other professional staff to discuss clinical and administrative issues, including the need for additional staff, specific resident care problems and professional staff needs for education or consultants to assist in meeting special needs such as dentistry, podiatry, dermatology, and orthopedics, offer solutions to problems, and identify areas where policy should be developed. In carrying out this function, the medical director ~~shall will~~:
- (a) Observe residents and facilities at least quarterly or more frequently as needed; ~~and~~
- (b) Review pharmacy reports, at least quarterly, including summaries of the drug regimen reviews ~~required by~~ set forth in paragraph (I) of rule 3701-17-17 of the Administrative Code and the quality assurance activities ~~required by~~ set forth in paragraph (C) of rule 3701-17-06 of the Administrative Code, and take appropriate and timely action as needed to implement recommendations; and
- (c) The medical director will ensure medical standards are adhered to during facility emergencies, voluntary closures, and decertification or licensure actions and this can be performed either in-person or virtually.

- (4) Monitor the clinical practices of, and discuss identified problems with, attending physicians; act as a liaison between the attending physicians and other health professionals caring for residents and the residents' families; and intervene as needed on behalf of residents or the home's administration.
 - (5) Maintain surveillance of the health of the nursing home's staff to avoid the spread of infectious diseases.
 - (6) Assist the administrator and professional staff in ensuring a safe and sanitary environment for residents and staff by reviewing incidents and accidents, identifying hazards to health and safety, and advising about possible correction or improvement of the environment.
 - (7) Review all deficiency statements issued to the nursing home concerning the medical director.
- (B) The nursing home ~~shall~~ is not authorized to administer any medication to any resident unless ordered by a physician or ~~by~~ other licensed health professionals acting within the applicable scope of practice. If orders are given by telephone, ~~they shall the order will be recorded~~ documented with the licensed health professional's name, ~~and the date,~~ and the order and be signed by the person who accepted the order. All orders, including facsimile, telephone, electronic mail, or verbal orders, ~~shall are to be accepted and documented~~ in accordance with United States drug enforcement administration and board of pharmacy of the state of Ohio requirements.
- (C) The nursing home ~~shall~~ is not authorized to administer any treatment to any resident unless ordered by a physician or ~~by~~ other licensed health professionals acting within the applicable scope of practice. If orders are given by telephone, ~~they shall the order will be recorded~~ documented with the licensed health professional's name, ~~the date,~~ and the order and be signed by the person who accepted the order. All orders, including facsimile, telephone, electronic mail, or verbal orders, ~~shall are to be signed and dated by the physician or other licensed health professional working in collaboration with the physician who gave the order within fourteen days after the order was given.~~
- (1) Telephone orders ~~shall are not authorized to~~ be accepted by a person other than a licensed nurse on duty, another physician or a pharmacist, except that a licensed physical, occupational or respiratory therapist, audiologist, speech pathologist, dietitian, or other licensed health professional may receive, document and date treatment orders concerning that individual's specific discipline for residents under their care, to the extent permitted by applicable licensing laws.

- (2) The nursing home may accept signed orders issued by a licensed health professional by electronic mail or facsimile transmission only if the home has instituted procedural safeguards for authenticating and maintaining confidentiality of the facsimile order, and for handling it in an expedient and priority manner.
- (3) An entry that is an electronic record as defined in section 3701.75 of the Revised Code may be authenticated by an electronic signature in accordance with section 3701.75 of the Revised Code, if allowed by law.
- (D) Each resident of a nursing home ~~shall~~ will be under the supervision of a physician and ~~. Each resident of a nursing home shall~~ be evaluated by a physician or other licensed health professionals acting within the applicable scope of practice; at least once every thirty days for the first ninety days after admission, or after three evaluations. After this period, each resident of a nursing home ~~shall~~ will be evaluated by a physician or other licensed health professionals acting within the applicable scope of practice at least every sixty days, except that if the attending physician documents in the medical record why it is appropriate, the resident may be evaluated no less frequently than once every one hundred twenty days.
- (1) The evaluations ~~required~~ obligated by this rule ~~shall~~ will be made in ~~person~~ person and. ~~In conducting the evaluation,~~ the physician or licensed health professional ~~shall~~ will solicit resident input to the extent of the resident's capabilities during the evaluation.
- (2) The physician or licensed health professional ~~shall~~ will write a progress note after each evaluation depicting the current condition of the resident based upon consideration of the physical, mental and emotional status of the resident.
- (3) A physician or licensed health professional visit is considered timely if it occurs no later than ten calendar days after the date the visit was ~~required~~ scheduled.
- (E) ~~Each~~ On an annual basis, each nursing home ~~shall, on an annual basis,~~ will offer to each resident a vaccination against influenza and a vaccination against pneumococcal pneumonia as ~~required by~~ set forth in section 3721.041 of the Revised Code.

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3701-17-14

Plan of care; treatment and care: discharge planning, bathing.

- (A) The nursing home ~~shall will assure ensure~~ that development of a plan of care is initiated upon admission and completed and implemented for each resident within seven days of completion of the initial comprehensive assessment, ~~required conducted in accordance with~~ by rule 3701-17-10 of the Administrative Code. ~~The plan shall be A~~ resident-focused and goal driven plan; ~~and will be~~ prepared by an interdisciplinary team that includes the attending physician or other licensed health professional acting within the applicable scope of practice, or both, a registered nurse with responsibility for the resident and other appropriate staff in disciplines as determined by the needs of the resident including, but not limited to dietary, recreation, and social work staff. The home ~~shall will~~ offer opportunities for the resident, the resident's sponsor, and those of the resident's choice to participate in the care planning process and will provide necessary information, support, and options for engaging in the process to ensure that the resident/sponsor directs the process to the maximum extent possible and is enabled to make informed choices and decisions.
- (1) The plan of care ~~shall will~~ be consistent with the comprehensive assessment with recognition of the capabilities, preferences and goals of the resident, and ~~shall contain contain~~ a written description of what services, supplies and equipment, are needed, when, how often, and by whom services, supplies and equipment will be provided and the measurable goals or outcomes.
- (2) The plan of care ~~shall will~~ be reviewed whenever there is a change in the resident's condition, needs, or preferences that warrant a change in the services, supplies or equipment to be provided, and at least quarterly, by the nursing home and the resident, or sponsor, or both, and ~~shall~~ be updated, as appropriate.
- (3) Each resident ~~shall is authorized to~~ have access to his or her assessment and plan of care at any time upon request.
- (B) All skilled nursing care ~~shall will~~ be provided by a nurse except a nurse may delegate certain tasks as authorized by Chapter 4723. of the Revised Code in accordance with the applicable rules adopted under that chapter.
- (C) The nursing home ~~shall will~~ provide ~~all residents each resident~~ who cannot give themselves adequate personal care with such care as is necessary to keep them clean, ~~and comfortable, and well groomed~~.
- (D) Each nursing home ~~shall will~~ provide adequate supervision of residents who are assessed for risk of falls, or elopement, or both.
- (E) All services, supplies and equipment provided or arranged for by the nursing home ~~shall is to be~~ be provided, in accordance with acceptable standards of practice and

the written plans of care, by individuals who meet the applicable qualifications of this chapter.

(F) The nursing home ~~shall assure~~ will ensure that all residents receive adequate, kind, and considerate care and treatment at all times.

(G) The nursing home ~~shall~~ will transfer ~~and or~~ discharge a resident in an orderly, dignified, and safe manner in accordance with Chapter 3701-61 of the Administrative Code. In anticipation of a discharge, the nursing home ~~shall~~ will:

(1) Prepare the following information to be shared with appropriate persons and agencies upon consent of the resident, except the resident's right to refuse release of such information does not apply in the case of transfer to another home, hospital, or health care system, if the release is ~~required~~ needed by law or rule or by a third-party payment contract;

(a) An updated assessment that addresses the criteria outlined in paragraph (E) of rule 3701-17-10 of the Administrative Code and accurately identifies the resident's condition and continuing care need at the time of transfer and discharge;

(b) A plan that is developed with the resident and ~~those~~ any persons of the resident's choice, that indicates where the individual plans to reside, and any arrangements that have been made for the resident's follow up care and any post-discharge medical and non-medical services. The plan ~~shall~~ will also identify need for the resident and care givers' education, including resident and care giver instruction on the proper use of grab rails and other safety devices, and any accommodations to the physical environment to meet the needs of the resident;

(2) Provide for drugs to be sent with or arranged for the resident pursuant to paragraph (F)(2) of rule 3701-17-17 of the Administrative Code.

(3) With the consent of the resident, arrange and confirm the services, equipment and supplies in advance of discharge or transfer of the resident.

(4) The nursing home will begin discharge planning for any resident for whom the initial and subsequent assessment indicated an interest in discharge.

(H) If the nursing home resident is also a patient of a hospice care program, the nursing home ~~shall~~ will communicate and work with the hospice care program in the development and implementation of a coordinated plan of care between the nursing home and the hospice care program. The nursing home ~~shall~~ will allow the hospice care program to retain professional management responsibility for directing the

implementation of the resident's plan of care related to the resident's terminal illness ~~pursuant~~ and related conditions pursuant to Chapter 3701-19 of the Administrative Code as long as the resident is receiving hospice care. The coordinated plan of care ~~shall~~will:

- (1) Reflect the hospice philosophy;
 - (2) Be based on the assessment of the resident and the unique living situation in the nursing home; and
 - (3) Identify the services, supplies, and equipment to be provided by the nursing home and those to be provided by the hospice care program.
- (I) The nursing ~~shall~~home will ensure that the privacy and dignity of residents is protected when residents are transported to and from bathing facilities, when residents are preparing for bathing, and during resident bathing.
- (J) Upon a resident's transfer, discharge, or death, the nursing home ~~shall~~will make an accounting of all that resident's monies held by the facility. ~~The nursing home and shall~~ convey any remaining funds immediately to the resident or within thirty days to the resident's estate unless otherwise directed by law.

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Restraints.

(A) For purposes of this rule:

- (1) "Attending physician" means the physician with the most significant role in the determination and delivery of medical care to the individual at the time of a restraint order, which may include, the resident's physician, the medical director of the home, or another physician on the staff of the home.
- (2) "Prone restraint" means all items or measures used to limit or control the movement or normal functioning of any portion, or all, of an individual's body while the individual is in a face-down position for an extended period of time. Prone restraint includes physical or mechanical restraint.
- (3) "Transitional hold" means a brief physical positioning of an individual face-down for the purpose of quickly and effectively gaining physical control of that individual in order to prevent harm to self and others, or prior to transport to enable the individual to be transported safely.

(B) Except as provided in paragraph (F) of this rule for emergency situations, the nursing home ~~shall is not~~ allowed to physically or chemically restrain a resident or subject a resident to prolonged isolation except on written order of an attending physician which ~~shall include~~ includes the date, means of restraint to be used, medical reason for restraint, and duration of restraint. Such written orders ~~shall will~~ be made a part of the resident's record.

- (1) The nursing home ~~shall is not~~ authorized to use a physical or chemical restraint or isolation for punishment, incentive, or convenience.
- (2) The use of prone restraints and transitional holds is ~~prohibited~~ forbidden in nursing homes.
- (3) A nursing home's use of the following for the purposes stated in this paragraph ~~shall is not~~ be construed as physically or chemically restraining a resident or subjecting a resident to prolonged isolation:
 - (a) Devices that assist a resident in the improvement of the resident's mental and physical functional status and that do not restrict freedom of movement or normal access to one's body;
 - (b) Medications that are standard treatment or a documented exception to standard treatment for the resident's medical or psychiatric condition which assist a resident in attaining or maintaining the resident's highest practicable physical, mental, and psycho-social well-being; and

- (c) Placement of residents in a unit who are assessed to need specialized care that restricts their freedom of movement throughout the home if:
 - (i) The home has made the determination to place each resident in such unit in accordance with paragraph (C) of this rule;
 - (ii) Care and services are provided in accordance with each resident's individual needs and preferences, not for staff convenience;
 - (iii) The need for the resident to remain in the locked unit is reviewed during each periodic assessment ~~required~~ conducted in accordance with ~~by~~ paragraph (F) of rule 3701-17-10 of the Administrative Code and during the continuing care planning ~~required~~ conducted in accordance with ~~by~~ rule 3701-17-14 of the Administrative Code;
 - (iv) The locked unit meets the ~~requirements~~ provisions of the state building and fire codes; and
 - (v) Residents who are not cognitively impaired are able to enter and exit the unit without assistance.
- (C) Except as provided in this paragraph, and paragraph (F) of this rule for emergency situations, prior to authorizing the use of a physical or chemical restraint on any resident, the nursing home ~~shall~~ will ensure that the attending physician:
 - (1) Makes a personal examination of the resident and an individualized determination of the need to use the restraint on that resident; and
 - (2) In conjunction with an interdisciplinary team of health professionals and other care givers, conducts an individualized comprehensive assessment of the resident. This assessment ~~shall~~ will:
 - (a) Identify specific medical symptoms that warrant the use of the restraint;
 - (b) Determine the underlying cause of the medical symptom and whether that underlying cause can be mitigated;
 - (c) Investigate and determine if possible alternative interventions have been attempted and found unsuccessful. Determine the least restrictive device that is most appropriate to meet the needs of the resident, taking into consideration any contraindications;

- (d) Discuss with the resident or authorized representative, and any other individual designated or authorized by the resident, the risks and benefits of the restraint; and
- (e) Obtain written consent from the resident or the resident's authorized representative.

A nursing home may restrain or isolate a resident transferred from another health care facility based on the resident's transfer orders if such orders include restraint use or isolation authorization and the home complies with the provisions of this paragraph within twenty-four hours of the resident's admission or readmission to the home.

- (D) If a physical restraint is ordered, the nursing home ~~shall~~ will select the restraint appropriate for the physical build and characteristics of the resident and ~~shall~~ follow the manufacturer's instructions in applying the restraint. The nursing home ~~shall~~ will ensure that correct application of the restraint is supervised by a nurse and that the restrained resident is monitored at least every thirty minutes. The visual monitoring of the restrained resident may be delegated as permitted under state law. Jackets, sheets, cuffs, belts, or mitts made with unprotected elements of materials such as heavy canvas, leather, or metal ~~shall~~ are not authorized to be used as restraints.
- (E) The attending physician or a staff physician may authorize continued use of physical or chemical restraints for a period not to exceed thirty days and, at the end of this period and any subsequent period, may extend the authorization for an additional period of not more than thirty days. The use of physical or chemical restraints ~~shall~~ is not allowed to be continued without a personal examination of the resident and the written authorization of the attending physician stating the reasons for continuing the restraint.
- (F) Physical or chemical restraints or isolation may be used in an emergency situation without authorization of, or personal examination by, the attending physician only to protect the resident from injury to self or others. Use of the physical or chemical restraint or isolation ~~shall~~ is not allowed to be continued for more than twelve hours after the onset of the emergency without personal examination and authorization by the attending physician.
- (G) When isolation or confinement is used, the nursing home ~~shall~~ will ensure that:
 - (1) The resident is continually monitored and periodically reassessed for continued use and need of this method of intervention;
 - (2) The door is secured in such a way as to be readily opened in case of an emergency;

- (3) The resident is isolated or confined for the least amount of time to achieve desired outcome.
- (H) Members of the nursing home's quality assurance committee, ~~required as set forth in by rule 3701-17-06 of the Administrative Code, shall will~~ review ~~monthly~~ the use of restraints and isolation and any incidents that resulted from their use, as well as incidents which resulted in the use of restraints or isolation on a monthly basis. The review ~~shall will~~ include an identification of ~~identify~~ any trends, increases, ~~and~~ or problems, and the need for additional training, consultations or corrective action which ~~shall will~~ be discussed and reflected in the minutes of the next quality assurance committee meeting.

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Equipment and supplies.

- (A) Each resident, if the resident so chooses, ~~shall~~will be provided with an individual bed not less than thirty-six inches wide, a clean comfortable flame-resistant mattress suitable for the size of the resident, and clean pillows, sheets, and covering suitable for the resident's comfort. A nursing home ~~shall~~will arrange for the provision of at least a double size bed, upon request of a married couple or other consenting adult residents sharing a room in accordance with the nursing home's policy, unless there is an overriding documented medical reason that puts one of the consenting parties at risk of health and safety or there is a risk to other residents. Mattresses ~~shall~~will be protected with waterproof material unless otherwise ordered by a physician. Roll away beds, cots, double deck beds, stacked bunk beds, hide-a-bed couches, or studio couches ~~shall~~are not authorized to not be used as a substitution for the beds obligated by this rule. All mattresses purchased or obtained by the nursing home, or brought to the nursing home by residents, ~~shall~~will be in safe condition. If the resident chooses to sleep on an alternate piece of furniture, such as a reclining chair, the nursing home will ensure that a bed meeting the provisions of this rule remains available to the resident upon request;
- (B) Unless otherwise ordered by a physician or other licensed health professional acting with the applicable scope of practice, each resident ~~shall~~will be provided with a bedside table, a bedside light that is sufficient for reading and staff rendering of bedside care, a bureau or equivalent, a waste basket with liners, a comfortable chair, and adequate closet or wardrobe space for the storage of personal clothing in the resident's room. A nursing home may provide additional storage space for resident belongings elsewhere in the nursing home. Resident rooms ~~shall~~are to be designed or equipped to assure full visual privacy for each resident including blinds, shades, or curtains for each exterior window in a resident's room that the resident may open and close or have opened or closed for them upon request. For the purposes of this paragraph, "full visual privacy" means that the resident has a means of completely withdrawing from public view while occupying their bed through such means as a curtain, ~~moveable~~movable screens or a private room.
- (C) Each nursing home ~~shall~~will have a call signal system in good working order, is accessible directly or through assistive devices assessed to be most appropriate for the resident's physical and cognitive capacity, and is within reach of the resident that, at minimum, provides for the transmission of calls from resident rooms and toilet and bathing facilities.
- (D) Supplies such as hypodermic syringes, needles, and lancets ~~shall~~will be discarded after use in accordance with state and federal ~~requirements~~provisions. Reusable items ~~shall~~will be cleaned and disinfected according to manufacturer's directions and in accordance with applicable state and federal law and regulations.

- (E) All nursing homes ~~shall~~will, at all times, have the supplies and equipment necessary to provide the services and nursing care needed by the type of residents admitted to or residing in the nursing home. Wheelchairs, gerichairs, quad canes, adaptive eating equipment and utensils, and other assistive devices ~~shall are to~~ be maintained in good and safe working condition and ~~shall~~ be equipped properly for the specific needs of each resident.
- (1) All equipment and supplies in a nursing home ~~shall are to~~ be kept clean and usable and ~~shall~~ be satisfactorily stored when not in use.
- (2) In selecting supplies and equipment, the home ~~shall~~will consider resident needs.
- (F) Within areas generally accessible to residents, all disinfectants, pesticides, and poisons ~~shall~~will be kept in a locked area separate from medications and food.
- (G) The nursing home ~~shall~~will provide a safe, clean, comfortable and homelike environment allowing each resident to use personal belongings to the extent possible. Residents may refuse furnishings, equipment and supplies provided by the nursing home. The nursing home ~~shall~~will allow residents to bring their own furnishings and other personal items into the home to personalize their individual environment if the furnishings and items do not create a health and safety risk, are not medically inadvisable, or infringe upon the rights of other residents. Upon request, the nursing home ~~shall~~will assist the resident in obtaining essential furnishings and supplies.

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Medicines and drugs.

- (A) The nursing home ~~shall~~will provide or obtain routine and emergency medicines, drugs and biologicals for its resident except if ~~prohibited~~restricted by state or federal law. The nursing home ~~shall~~is obligated to permit residents to use and continue to obtain medicines, drugs and biologicals dispensed to them from a pharmacy of choice provided the medicines, drugs and biologicals meet the standards of this rule.
- (1) Each nursing home ~~shall~~will provide pharmacy services by employing a pharmacist on either a full-time, part-time, or consultant basis or by contracting with a pharmacy service. The pharmacist or pharmacy service ~~shall be~~is responsible for maintaining supervision and control of the stocking and dispensing of drugs and biologicals in the home in accordance with state pharmacy rules.
- (2) The nursing home, in conjunction with the pharmacist or pharmacy service, ~~shall~~will:
- (a) Maintain an emergency and contingency drug supply for use in the absence of the pharmacist; and
- (b) Ensure that the contingency drug supply is maintained in accordance with state pharmacy rules.
- (B) Medicines and drugs ~~shall are to~~shall will be given only to the individual resident for whom they are prescribed, ~~shall~~be given in accordance with the directions on the prescription or the physician's orders, provided in a manner to ensure the privacy of the resident, and ~~shall~~be recorded on the resident's medication administration record.
- (C) Every container of medicine and drugs prescribed for a resident ~~shall~~will be properly and clearly labeled in accordance with applicable state regulations as to the following:
- (1) Date dispensed.
- (2) Name of resident.
- (3) Directions for use.
- (4) Name of the prescriber.
- (5) Name of the drug, strength, and prescription number if there is one.
- (D) Containers too small to bear a complete prescription label ~~shall~~will be labeled with at least the prescription number and the name of the resident, unless application of

this label would impair the functioning of the product, and ~~shall~~ be dispensed in a container bearing a complete prescription label.

- (E) The nursing home ~~shall~~will ensure that: ~~all medications and drugs are stored under proper temperature controls and secured against unauthorized access. All medicines and drugs, including those requiring refrigeration, shall be kept in locked storage areas and separate from materials that may contaminate the medicines and drugs such as poisonous substances. Where a pharmacist is not present twenty-four hours-a-day, keys to locked contingency drug supplies shall be made available to a health care professional licensed under Chapter 4723. or 4731. of the Revised Code and authorized by such chapters to administer drugs.~~

- (1) All medications and drugs are stored under proper temperature controls and secured against unauthorized access;
- (2) All medicines and drugs, including those needing refrigeration, will be kept in locked storage areas and separate from materials that may contaminate the medicines and drugs such as poisonous substances; and
- (3) Where a pharmacist is not present twenty-four hours-a-day, keys to locked contingency drug supplies are made available to a health care professional licensed under Chapter 4723. or 4731. of the Revised Code and authorized by such chapters to administer drugs.

- (F) Each nursing home ~~shall~~will ensure that the following ~~requirements~~standards regarding individual resident's drugs are met:

- (1) Appropriate drugs for an individual resident ~~shall~~, upon order of a prescriber, ~~be~~ are sent with or arranged for the resident upon temporary absence other than for hospital leave.
- (2) At the order of a prescriber, a resident's drugs ~~shall be~~ are sent with or arranged for the resident upon transfer and discharge. Drugs not so ordered by the prescriber upon transfer or discharge ~~shall are to~~ be returned to the pharmacy or disposed of in accordance with any applicable state or federal laws, rules and regulations.
- (3) Upon death of a resident all drugs ~~shall are to~~ be returned to the pharmacy, or disposed of in accordance with any applicable state or federal laws, rules, and regulations.
- (4) Prior to admission, the nursing home will ensure that a prospective resident's medications will be available without an interruption in the timely administration of the medication in accordance with the resident's treatment plan as disclosed to the nursing home. If the nursing home is notified of a change

in medication in a resident's plan of care during the admission process or a medication is not available in house or will not be available through the nursing home's pharmacy supplier in time for the resident's next scheduled dose, the nursing home will:

(a) Contact the prescriber to obtain additional instructions and/or a prescription for an appropriate alternative medication to be provided to the resident while waiting on the original prescription to be filled and be made available to the facility; or

(b) If the original prescriber is not available, the nursing home will contact the nursing home medical director for the same assistance.

(G) Paragraph (F) of this rule does not preclude a nursing home from charging a resident for medications and drugs provided to the resident upon discharge for which the resident has not already paid.

(H) Controlled substances ~~shall~~will be ordered, dispensed, administered, and disposed of in accordance with state and federal laws and regulations.

(I) The nursing home ~~shall~~will ensure that the pharmaceutical needs of each resident are met and that the drug regimen of each resident is reviewed and documented at least once a month by a pharmacist.

(J) The nursing home ~~shall~~will coordinate the ordering of medicines, drugs and biologicals for hospice patients with the appropriate hospice care program.

(K) The nursing home will have a plan for making sufficient medications and records of residents' orders available to ensure continuity of care in the event of an emergency evacuation or closure.

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Food and nutrition.

- (A) Each nursing home ~~shall~~will have a kitchen and other food service facilities which are adequate for preparing and serving food for all ~~residents~~ residents. ~~The nursing home shall and~~ develop and implement a policy addressing its method for accommodating religious, ethnic and cultural and personal preferences.
- (B) The nursing home ~~shall~~will store, prepare, distribute and serve food under sanitary conditions and in a manner that protects it against contamination and spoilage in accordance with food service ~~requirements~~standards of Chapter 3717-1 of the Administrative Code.
- (C) Each nursing home ~~shall~~will provide at least three nourishing, palatable, and appetizing meals daily to all residents at regular hours comparable to normal mealtimes in the community. ~~The meals shall be that are~~ varied and meet the nutritional needs of the residents and be capable of providing the dietary referenced intake of the "Food and Nutrition Board" of the "National Academy of Science." Food ~~shall~~will be prepared and served in a form that meets the resident's individual needs based on the assessment conducted pursuant to rule 3701-17-10 of the Administrative Code, the plan of care ~~required by set forth in~~ rule 3701-17-14 of the Administrative Code, allow for resident choice, and accommodate religious, ethnic, cultural and personal preferences. There ~~can shall~~ be no more than sixteen hours between the evening meal and breakfast. Each nursing home ~~shall~~will offer a nourishing snack, consisting of a choice of beverages and a food item from a basic food group, after the evening meal. Food substitutes of similar nutritive value ~~shall are to be~~ offered to residents who ~~refuse choose the alternate the~~ food served and serving size may be adjusted according to resident preference. The nursing home ~~shall~~will accommodate a resident's preference or medical need to eat at different intervals.
- (D) A nursing home may provide any alternate format of meal service that otherwise meets the ~~requirements~~provisions of this rule, if the residents agree to participate in the meal service and the home:
- (1) Ensures safe food handling practices to prevent contamination of food being served; and
 - (2) Assists residents when necessary.
- (E) Each nursing home ~~shall~~will maintain at all times sufficient food supplies for residents. ~~The home shall maintain including~~ at least two days' supply of perishable food items and at least one week's supply of staple food items. The amount of such supplies ~~shall~~will be based on the number of meals that the nursing home provides and the nursing home's census.

- (F) Each nursing home ~~shall~~will have planned menus for all meals that are approved by the dietitian ~~required set forth~~ by paragraph ~~(K)~~(J) of this rule, for all meals at least one week in advance. The nursing home ~~shall~~will maintain records for all meals, including therapeutic diets, as served. The meal records ~~shall~~will be kept on file in the nursing home for at least three months after being served and made available to the director upon request. ~~The records shall and~~ indicate the date that each meal was served along with any food substitutions from the menu.
- (G) ~~The nursing home will provide~~Safe, fresh, and palatable drinking water ~~shall be that is accessible for to~~ residents at all times.
- (H) All diets ~~shall~~will be:
- (1) Ordered by a physician or other licensed health professional acting within their scope of practice;
 - (2) Prepared and provided in accordance with the instructions of a dietitian pursuant to the diet order; and
 - (3) Adjusted as ordered by a physician, dietitian or other licensed health professional acting within their scope of practice.
- (I) The nursing home ~~shall~~will monitor each resident's nutritional intake and make adjustments in accordance with the resident's needs. Notification of any significant unplanned or undesired weight change ~~shall~~will be made to the resident's attending physician and the dietitian ~~required set forth~~ by paragraph ~~(K)~~(J) of this rule. "Significant unplanned or undesired weight change" means a five per cent weight gain or loss over a one month period, a seven and one-half per cent or more weight gain or loss over a three month period, or a ten per cent or more weight gain or loss over a six month period.
- (J) Each nursing home ~~shall~~will employ a dietitian, who may be hired on a full-time, part-time or consultant basis, to plan, direct and implement dietary services that meet the residents' nutritional needs and comply with the ~~requirements~~standards of this rule. If the home does not have the full-time equivalent of a dietitian, the nursing home ~~shall~~will designate a person who meets the qualifications specified in paragraph (H) of rule 3701-17-07 of the Administrative Code, to serve as the food service manager. The part-time or consultant dietitian, at a minimum, ~~shall~~will consult monthly, or sooner, if needed, with the food service manager. Each nursing home ~~shall~~will ensure that the dietitian performs the following functions:
- (1) Assesses, plans, monitors and evaluates nutritional services that meet the needs of the residents;

- (2) Oversees the development and implementation of policies and procedures which assure that all meals are prepared and served as ordered and that food service personnel maintain safe and sanitary conditions in procurement, storage, preparation, distribution and serving of food;
- (3) Monitors food preparation staff and staff responsible for carrying out the duties specified in this rule;
- (4) For each resident receiving a therapeutic diet, on an on-going basis:
 - (a) Determine that the diet ordered is appropriate according to the resident's individual nutritional care plan;
 - (b) Monitor the resident's nutritional intake and acceptance of the diet;
 - (c) Evaluate the home's compliance in the provision of the diet; and
 - (d) Adjust nutritional care plans and diets as needed.
- (5) Oversees, or arranges for, the training of staff in performing the duties specified in this rule and in the preparation of foods for all diets. Trained unlicensed staff, including the dietary manager, may perform routine tasks that:
 - (a) May be assigned pursuant to Chapter 4759. of the Revised Code and this rule; and
 - (b) Do not ~~require~~need professional judgment or knowledge.
- (K) Tube feedings and parenteral nutrition ~~shall~~will be ordered by a physician or other licensed health professional acting within their scope of practice and administered by the appropriate licensed health professionals in accordance with acceptable standards of practice. Tube feedings ~~shall~~are not authorized to be used for convenience or when in conflict with treatment decisions, or a resident's advance directive, in accordance with applicable provisions of Chapters 1337. and 2133. of the Revised Code.

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04/01/2012, 01/01/2018

3701-17-19

Records and reports.

(A) Nursing homes ~~shall~~will keep the following records and such other records as ~~the director may require~~follows:

(1) An individual medical record ~~shall~~will be maintained and routinely updated for each resident. Such record ~~shall~~will be started immediately upon admission of a resident to the home and ~~shall~~ contain the following:

(a) ~~Admission-Identification~~ record: Name, residence, age, ~~sex~~gender, race/ethnicity, religion, date of admission, name and address of nearest relative or legal guardian, admission diagnoses from referral record and name of the resident's physician and, if applicable, other licensed health professional acting within the applicable scope of practice. If applicable, the contact information of the nearest relative or legal guardian is obligated to be reviewed and updated every six months to ensure appropriate notification in the event of an emergency, quarantine, or closure.

(b) Referral record. All records, reports, and orders which accompany the resident ~~as required by~~ in accordance with rule 3701-17-10 of the Administrative Code.

(c) Nursing notes and care notes. A note of the condition of the resident on admission and subsequent notes as indicated to describe changes in condition, unusual events or accidents. Other individuals rendering services to the resident may enter notes regarding the services they render.

(d) Medication administration record. A doctor's order sheet upon which orders are recorded and signed by the physician or other licensed health professional acting within the applicable scope of practice, including telephone orders ~~as required by~~ in accordance with rule 3701-17-13 of the Administrative Code; a nurse's treatment sheet upon which all treatments or medications are recorded as given, showing what was done or given, the date and hour, and signed by the nurse giving the treatment or medication; or other documentation authenticating who gave the medication or treatment.

(e) Resident progress notes. A sheet or sheets upon which the doctor, dentist, advanced practice nurse and other licensed health professionals may enter notes concerning changes in diagnosis or condition of the resident: ~~Resident including a resident's refusal of treatment and services, shall also be documented in the progress notes.~~

- (f) Resident assessment record. All assessments and information ~~required by~~ in accordance with rule 3701-17-10 of the Administrative Code.
 - (g) Care plan. The plan of care ~~required by~~ set forth in rule 3701-17-14 of the Administrative Code.
 - (h) Photograph. A photograph is ~~only~~ necessary for residents who have been identified as being a elopement risk. The photograph of the resident ~~shall~~ will be updated annually.
- (2) The nursing home ~~shall~~ will maintain all records ~~required~~ obligated by state and federal laws and regulations, as to the purchase, delivery, dispensing, administering, and disposition of all controlled substances including unused portions.
- (3) The nursing home ~~shall~~ will maintain a record of all residents admitted to or discharged from the nursing home.
- (B) A record ~~shall~~ will be kept showing the name and hours of duty of all persons who work in the home. ~~The nursing home shall maintain each employee's current home address in its personnel file.~~
- (C) All records and reports ~~required~~ maintained in accordance with ~~under~~ rules 3701-17-01 to 3701-17-26 of the Administrative Code ~~shall~~ will be prepared, maintained, filed, and transmitted ~~when required~~ as necessary, and ~~shall~~ be made available for inspection at all times when requested by the director or ~~his~~ the director's authorized representative. The records may be maintained in electronic format, microfilm, or other method that assures a true and accurate copy of the records are available.
- (1) The nursing home ~~shall~~ will maintain the records and reports ~~required by~~ set forth in paragraph (A)(1) of this rule in the following manner:
- (a) ~~The home shall safeguard~~ Safeguard the records and reports against loss, destruction, or unauthorized use and store them in a manner that protects and ensures confidentiality.
 - (b) ~~The home shall maintain~~ Maintain the records and reports for seven years following the date of the resident's discharge, except if the resident is a minor, the records ~~shall~~ will be maintained for three years past the age of majority but not less than seven years.
 - (c) Upon closure of the home, the operator ~~shall~~ will provide and arrange for the retention of records and reports in a secured manner for not less than

seven years. ~~The operator shall and~~ notify the director of the location where the records will be stored.

- (2) The nursing home ~~shall~~will maintain all other records and reports ~~required by~~ as set forth in rules 3701-17-01 to 3701-17-26 of the Administrative Code for seven years.
- (3) Upon the request of the resident or former resident, or the resident's or former resident's legal representative, the nursing home ~~shall~~will provide:
 - (a) Access to medical and financial records and reports pertaining to the resident within twenty-four hours, excluding holidays and weekends; and
 - (b) Photocopies of any records and reports, or portions thereof, at a cost not to exceed the community standard for photocopying, unless otherwise specified by law, upon two working days advanced notice.
- (D) All records and reports ~~required~~mandated by Chapter 3701-13 of the Administrative Code ~~shall~~will be maintained and made available in accordance with that chapter.
- (E) Upon the change of operator of a nursing home, the records ~~required to be~~ kept pursuant to this rule ~~shall~~will be transferred to the new operator of the home.

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3701-17-20

Smoking, ~~or~~ use of flame producing devices, or electronic smoking device; waste containers and ash trays.

- (A) No employee, resident of a nursing home, visitors, or other persons in the nursing home ~~shall will~~ be permitted to smoke, use an electronic smoking device as defined in section 2927.02 of the Revised Code, carry a lighted cigarette, cigar or pipe or use any spark or flame producing device in any room or area in a nursing home where oxygen is stored or in use. Approved terminals of a piped oxygen supply does not constitute storage.
- (B) "No smoking" signs ~~shall will~~ be posted in areas and on doors of rooms where oxygen is stored or in use.
- (C) Except as provided for in paragraph (D) of this rule, indoor resident smoking ~~shall will~~ only be permitted in separately enclosed and separately ventilated designated areas as allowed for in division (D) of section 3794.03 of the Revised Code that accommodate the needs of the smokers. Nursing homes that allow outdoor resident smoking ~~shall will~~ make accommodations for residents during adverse weather conditions, public health emergencies, incidents of isolation, or quarantine.
- (1) The nursing home ~~shall is not allowed to~~ designate as resident smoking areas the dining and recreation area or room, resident rooms, and areas or rooms where oxygen is stored, except smoking may be permitted in the dining and recreation areas or rooms when such areas or rooms meet the ~~requirements~~ provisions of division (D) of section 3794.03 of the Revised Code and are not being used for their stated purpose.
- (2) The nursing home ~~shall will~~ post smoking signs at all designated resident smoking areas. ~~The nursing home shall and~~ take reasonable precautions to ensure the safety of all residents when residents smoke.
- (D) The nursing home may establish a smoke-free environment if all residents are notified of the policy prior to admission. If a nursing home establishes a policy of this nature, the nursing home ~~shall will~~ continue to accommodate the needs of smokers living in the home on the effective date of the smoke-free policy by complying with the provisions of paragraph (C) of this rule.
- (E) Ash trays, waste baskets or containers where burnable materials may be placed ~~shall not cannot~~ be made of materials which are flammable, combustible or capable of generating quantities of smoke or toxic gases. Ash trays and waste baskets and containers where burnable materials may be placed ~~shall will~~ be noncombustible or carry a fire resistant "UL" or "FM" rating.

- (F) Ash trays ~~shall~~ will be provided in all designated resident smoking areas. ~~These ash trays shall~~ be either self-closing or have a cigarette island in the middle, and ~~shall~~ not have any cigarette holders located around the outside rim of the tray.

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04/01/2012

3701-17-21

Dining and recreation rooms; utility rooms; toilet rooms.

(A) Every building occupied as a nursing home on and in continuous operation since December 22, 1964 ~~shall will~~ have not less than one room or suitable area which ~~shall which is be~~ used for no other purposes than dining and recreation by the residents. Such room or area ~~shall will~~ be so located and of such size as to meet the needs of the residents and ~~shall is not authorized to not~~ be used for adult day care participants or residential care facility residents unless the home meets the square footage ~~requirements~~ provisions of paragraph (B) of this rule. Any building occupied as a nursing home on December 22, 1964, that is discontinued for such use; ~~shall, if such and then use of the building is resumed use is resumed,~~ will comply with paragraph (C) of this rule.

(B) Every building erected or converted to use as a nursing home after and in continuous operation since December 22, 1964, and before July 17, 2002, ~~shall will~~ have a room or suitable area which ~~shall will~~ be used for no other purposes than dining and recreation. The dining and recreation room or area ~~shall will~~ have a minimum total area of twenty-five square feet per resident for seventy-five per cent of the nursing home's licensed capacity. Any building licensed by the state as a nursing home on or after December 22, 1964, that is discontinued for such use; ~~shall, if such use is resumed and then use of the building is resumed is obligated to,~~ comply with paragraph (C) of this rule. Any building licensed by the state as a nursing home who builds an addition or expands into previously unlicensed space will comply with paragraph (C) of this rule.

Each nursing home that shares the dining and recreation room or area with participants of an adult day-care program, residents of a residential care facility, or both, ~~shall will~~ provide an additional twenty-five square feet per participant, resident, or both, for seventy-five per cent of the total number of adult day-care program participants, the licensed capacity of the residential care facility, or both.

(C) Every building erected or converted to use as a nursing home after July 17, 2002, ~~shall will~~ have a room or suitable area or areas ~~which shall be used~~ for dining purposes and a separate room or rooms, or suitable area or areas ~~which shall to be~~ used for recreational purposes. A nursing home may use the dining room or area for recreational purposes when the room or area is not being used for dining, but does not count towards the needed square footage below.

(1) Dining room or area: Twenty-five square feet per resident for the nursing home's licensed capacity.

Each nursing home that shares the dining room or area with participants of an adult day-care program, residents of a residential care facility, or both, ~~shall~~ will provide an additional twenty-five square feet per participant, resident, or

both, for the total number of adult day-care program participants, the licensed capacity of the residential care facility, or both.

- (2) Recreational room or area: Twenty-five square feet per resident for seventy-five per cent of the nursing home's licensed capacity.

Each nursing home that shares the recreation room or area with participants of an adult day-care program, residents of a residential care facility, or both, ~~shall~~ will provide an additional twenty-five square feet per participant, resident, or both, for seventy-five per cent of the total number of adult day-care program participants, the licensed capacity of the residential care facility, or both.

- (D) Every nursing home ~~shall~~ will employ methods and have adequate facilities and supplies for clean and soiled laundry in accordance with prevailing infection control practices.

- (E) Bathrooms and toilet rooms ~~shall~~ will conform to the Ohio building code.

- (F) Bathrooms and all fixtures therein ~~shall~~ will ensure resident privacy and dignity in accordance with paragraph (I) of rule 3701-17-14 of the Administrative Code.

- (G) Bathrooms, toilet rooms and all the facilities therein ~~shall~~ will, at all times, be kept in good repair, in a clean and sanitary condition, free from filth and accumulation of waste, and ~~shall be provided with~~ provide a supply of toilet tissue. Each hand washing basin ~~shall~~ will be provided with a soap dispenser. Bathrooms and toilet rooms ~~shall~~ will be designed or equipped to assure full visual privacy for each resident.

- (H) Grab rails and other safety devices such as non-slip surfaces ~~shall~~ will be provided and maintained in good repair.

- (I) In every building or addition to a building constructed or converted to use as a nursing home on or after ~~October 20, 2001~~ the effective date of this rule, ~~there shall each resident room will have~~ be one room a toilet room directly accessible from each resident sleeping room, except the hand washing basin may be located in either the room containing the toilet or the sleeping room. ~~No more than two residents may share a toilet room.~~ Toilet rooms are not to be shared between rooms.

- (J) For purposes of this rule, "bathroom" means a room or rooms conforming to the Ohio building code containing a group of fixtures consisting of a water closet, lavatory, bathtub or shower, including or excluding a bidet, an emergency floor drain, or both.

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3701-17-22

~~General building and sanitation requirements; overhead~~
~~paging~~**Building, plumbing, and sanitation standards.**

- (A) The building or buildings in which a nursing home is located ~~shall will~~ be in compliance with the applicable provisions of the Ohio building code and ~~shall~~ have a certificate of use issued by the appropriate building authority.
- (B) All plumbing ~~shall will~~ be so installed and maintained as to be free of leakage and odors and as to reasonably ~~insure~~ensure adequate health and safety protection. Plumbing fixtures in nursing homes or additions to nursing homes constructed, erected, altered or relocated after September 10, 1984, and plumbing fixtures in buildings converted into nursing homes after September 10, 1984, ~~shall will~~ conform to the applicable provisions of the Ohio building code.
- (C) Lavatories, bathing facilities, and shower facilities ~~shall will~~ be supplied with hot and cold running water and ~~shall~~ be regulated by approved devices for temperature control. The hot water temperature in areas used by residents ~~shall will~~ be a minimum of one hundred five degrees Fahrenheit and not exceed one hundred and twenty degrees Fahrenheit.
- (D) The nursing home's water supply ~~shall will~~ be adequate in quantity and of suitable chemical and bacteriological quality for drinking, culinary, and cleaning purposes. The water supply for a nursing home ~~shall will~~ be taken from a public supply, if available. If from a source of supply other than a public supply, the water supply ~~shall will~~ comply with all applicable local and state regulations regarding the construction, development, installation, alteration, and use of private water systems.
- (E) All liquid wastes from nursing homes ~~shall will~~ be discharged into a public sanitary sewerage system, if available. Where not available, such wastes ~~shall will~~ be discharged into a sewage disposal system that meets all applicable local and state regulations regarding the construction, development, installation, alteration, and use of private household sewage disposal systems. The nursing home ~~shall will~~ properly maintain its sewage disposal system in good, safe working condition.
- (F) Heating, cooling, electrical, and other building service equipment ~~shall will~~ be maintained in good working and safe condition.
- (G) The buildings and grounds ~~shall will~~ be maintained in a clean and orderly manner.
- (H) All garbage and other refuse ~~shall will~~ be disposed of immediately after production, or ~~shall~~ be stored in leak-proof containers with tight fitting covers until time of disposal, and all wastes ~~shall are to~~ be disposed of in a satisfactory manner.

- (I) Adequate measures ~~shall~~will be taken to prevent the entrance of insects, rodents, and pests into any building used for a nursing home or part thereof and to prevent their infestation of the premises. Extermination of pests should be considered urgent and remediation is obligated to commence as soon as possible
- (J) The extermination of insects, rodents, and pests ~~shall~~will be done in such a manner as not to create a fire or health hazard.
- ~~(K) Beginning July 1, 2015, each nursing home shall prohibit the use of overhead paging within the nursing home, except that the nursing home may permit the use of overhead paging for matters of urgent public safety or urgent clinical operations. The nursing home shall develop a written policy regarding its use of overhead paging and make the policy available to staff, residents, and residents' families.~~

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3701-17-23

Space ~~requirements~~ standards; limitation of number in wards.

- (A) In every building where there is a nursing home, the premises of which were initially licensed by the state as a nursing home prior to December 22, 1964 and have been in continuous operation since being initially licensed, every room occupied for sleeping purposes by one person ~~shall~~ will have a habitable floor area of not less than eighty square feet and every room occupied for sleeping purposes by more than one person ~~shall~~ will have a habitable floor area of not less than eighty square feet per person. Any building licensed by the state as a nursing home prior to December 22, 1964 that is discontinued for such use ~~shall, if such use is resumed, and then use of the building is resumed is obligated to~~ shall, if such use is resumed, and then use of the building is resumed is obligated to comply with paragraph (B) of this rule.
- (B) In every building or addition to a building, erected or converted to use or initially licensed as a home after December 22, 1964, every room occupied for sleeping purposes by one person ~~shall~~ will have a habitable floor area of not less than one hundred square feet and every room occupied for sleeping purposes by more than one person ~~shall~~ will have a habitable floor area of not less than eighty square feet per person. In every building occupied as a nursing home on December 22, 1964, every room added for sleeping purposes ~~shall~~ will comply with this paragraph.
- (C) ~~Except as provided for in paragraph (D) of this rule, no room, ward, section, or similar division used for sleeping purposes by residents shall be occupied by more than four residents.~~ Any building licensed by the state as a nursing home on or after December 22, 1964 that is discontinued for such use, ~~shall, if such use is resumed, and then use of the building is resumed is obligated to~~ shall, if such use is resumed, and then use of the building is resumed is obligated to comply with paragraph (D) of this rule.
- (D) In every building or addition to a building, erected or converted to use or initially licensed as a home on or after July 17, 2002, every room occupied for sleeping purposes by residents ~~shall~~ will be occupied by no more than two residents and ~~shall~~ be designed to assure full visual privacy, as defined in paragraph (B) of rule 3701-17-16 of the Administrative Code, for each resident.

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3701-17-24

Temperature regulation in homes.

(A) For the purposes of this rule:

- (1) "Resident area" means any area within a nursing home that is occupied at any time by a resident except for an area, such as a greenhouse, that is specifically designed to be kept a higher temperature.
- (2) "Temperature range" means between seventy-one degrees fahrenheit and eighty-one degrees fahrenheit.

(B) Each nursing home ~~shall~~will maintain the temperature within the temperature range and the humidity in resident areas at a safe and comfortable level and have a device, such as a hand held hygrometer or infrared thermometer, to check the ambient temperature of the rooms.

(C) Residents in rooms containing separate heating and cooling systems who are capable of controlling them may maintain the temperature of their rooms at any level they desire except the nursing home ~~shall~~will take appropriate intervention if a resident's desired temperature level adversely affects or has potential for adversely affecting the health and safety of the resident or the health, safety and comfort of any other resident sharing the resident room.

(D) Each nursing home in consultation with its medical director, ~~shall~~will develop written policies and procedures for responding to temperatures in resident areas that are outside the temperature range as defined in paragraph (A) of this rule. The policies and procedures ~~shall~~will be signed by the medical director and ~~shall~~ include at least the following:

- (1) An identification of available sites within or outside the nursing home to which residents can be relocated temporarily and of other suitable health care facilities that will be available to receive transfers of residents if the temperature level adversely affects or has potential for adversely affecting the health and safety of residents;
- (2) Measures to be taken to assure the health, safety and comfort of residents who remain in the nursing home when temperatures are outside the temperature range as defined in paragraph (A)(2) of this rule; and
- (3) Identification of the circumstances that ~~require~~need notification of the medical director or a resident's attending physician or that ~~require~~need medical examinations or other medical intervention and appropriate time frames for these actions.

- (E) Whenever the temperature in any resident area is outside the temperature range as defined in paragraph (A)(2) of this rule, the nursing home ~~shall~~will immediately evaluate the situation and monitor residents at risk and take appropriate action to ensure the health, safety and comfort of its residents, including but not limited to implementation of the policies and procedures developed under paragraph (D) of this rule. The nursing home ~~shall~~will document all action taken under this paragraph and ~~shall~~ maintain, on site, documentation of action taken during the current calendar year and during the preceding calendar year.
- (F) Each nursing home ~~shall~~will maintain appropriate arrangements with qualified persons that provide for emergency service in the event of an electrical, heating, ventilation or air conditioning failure or malfunction and ~~shall~~ maintain documentation of the arrangements such as employment or other written agreements. The nursing home ~~shall~~will ensure that all necessary repairs are completed within forty-eight hours or less. If, for reasons beyond the nursing home's control, repairs cannot be completed timely, the nursing home ~~shall~~will take any necessary action, as specified in paragraph (E) of this rule, and ~~shall~~will provide for the repairs to be completed as soon as possible.

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3701-17-25

Disaster preparedness, fire and carbon monoxide safety.

(A) Each operator ~~shall~~will provide, maintain, and keep current a written disaster preparedness plan to be followed in case of emergency or disaster. A copy of the plan ~~shall~~will be readily available at all times within the nursing home. The nursing home ~~shall~~will ensure that each staff member, consultant and volunteer is trained and periodically updated about the home's disaster preparedness plan and understands their role in the event of fire or other disaster or emergency. The plan ~~shall~~will include the following:

(1) Procedures for evacuating all individuals in the nursing home, including:

(a) Provisions for evacuating residents with physical or cognitive impairments;

(b) Provisions for transporting all of the residents of the nursing home to a predetermined appropriate facility or facilities that will accommodate all the residents in the event a disaster ~~requires~~necessitates long-term evacuation of the nursing home; ~~and~~

(c) A written transfer agreement, renewed biannually, with the appropriate facility or facilities for accommodating all of the residents of the nursing home in case of a disaster ~~requiring~~needing evacuation of the nursing home; and

(d) A paper and electronic copy of the disaster preparedness plan will be maintained off-site to ensure access by the nursing home director or nursing home staff in the event of an emergency.

(2) A plan for protection of all persons in the event of fire and when the fire alarm or sprinkler system is undergoing maintenance or inoperative, and procedures for fire control and evacuation, including a fire watch in accordance with rule 1301:7-7-09 of the Administrative Code; ~~;~~

(3) Procedures for locating missing residents, including notification of local law enforcement; ~~;~~

(4) Procedures for ensuring the health and safety of residents during severe weather situations, such as tornadoes and floods, and designation of tornado shelter areas in the home; ~~and~~

(5) Procedures, as appropriate, for ensuring the health and safety of residents in nursing homes located in close proximity to areas known to have specific disaster potential, such as airports, chemical processing plants, and railroad tracks; and

- (6) Policies and procedures to ensure infection prevention and control in the event of an emergency or disaster needing evacuation or other movement of residents.
- (B) Each operator ~~shall~~will conduct the following drills, unless the state fire marshal allows a home to vary from this ~~requirement standard~~ and the nursing home has written documentation to this effect from the state fire marshal:
- (1) Twelve fire exit drills every year, approximately every three months on each shift to familiarize nursing home personnel with signals and emergency action ~~required~~necessary under varied times and conditions. Fire exit drills ~~shall~~will include the transmission of a fire alarm signal to the appropriate fire department or monitoring station, verification of receipt of that signal, and simulation of emergency fire conditions except that the movement of infirm and bedridden residents to safe areas or to the exterior of the structure is not ~~required~~necessary. Drills conducted between nine p.m. and six a.m. may use a coded announcement instead of an audible alarm. The nursing home ~~shall~~will reset the alarms after each drill; and
 - (2) At least two disaster preparedness drills per year, one of which ~~shall~~will be a tornado drill ~~which shall occur~~ during the months of March through July.
- (C) Each operator ~~shall~~will keep a written record and evaluation of each conducted drill and practice which ~~shall include~~includes the date, time, employee attendance, effectiveness of the plan, and training format used. This record ~~shall~~will be on file in the nursing home for three years.
- (D) Each operator ~~shall~~will provide and post in a conspicuous place in each section and on each floor of the nursing home a correctly-oriented, wall-specific floor plan designating room use, locations of alarm sending stations, fire extinguishers, fire hoses, exits and flow of resident evacuation.
- (E) Each operator ~~shall~~will provide for annual training in fire prevention for regularly scheduled staff members on all shifts, to be conducted by the state fire marshal or township, municipal, or local legally constituted fire department. Semi-annually, ~~the~~The operator shall will require ensure that all staff members ~~to be are~~ periodically instructed in the home's fire control and evacuation and disaster procedures and kept informed of their duties under the evacuation plan.
- (F) Each operator ~~shall~~will conduct at least monthly a fire safety inspection which ~~shall be is~~ recorded on forms provided by the department and kept on file in the nursing home for three years.

(G) ~~Each~~ If applicable, each nursing home ~~shall~~ will install and maintain carbon monoxide alarms or carbon monoxide detectors in accordance with ~~manufacturer's directions.~~ Carbon monoxide alarms shall be installed in the following locations the Ohio fire code section 1103.9.4:

~~(1) On the ceiling of each room containing a permanently installed fuel-burning appliance; and~~

~~(2) Centrally located on every habitable level and in every heating/ventilation/air conditioning zone of the building.~~

~~(H) Nursing homes licensed as such prior to the effective date of this rule have twelve months to come into compliance with paragraph (G) of this rule.~~

~~(I) For purposes of this rule:~~

~~(1) "Carbon monoxide alarm" means a single or multiple station alarm tested to underwriters laboratory standard 2034, that is intended for the purpose of detecting carbon monoxide gas and alerting occupants by a distinct audible signal comprising an assembly that incorporates a sensor, control components, and an alarm notification appliance in a single unit operated from a power source either located in the unit or obtained at the point of installation;~~

~~(2) "Carbon monoxide detector" means a device tested to underwriters laboratory standard 2075 that is intended to be connected to a carbon monoxide detection system for the purpose of detecting carbon monoxide gas and alerting occupants by a distinct and audible signal; and~~

~~(3) "Carbon monoxide detection system means" a system of devices that consists of a control panel and circuits arranged to monitor and annunciate the status of carbon monoxide detectors and to initiate the appropriate response to those signal.~~

(H) Each nursing home will notify the director by phone or electronic mail when there is an interruption affecting the resident health and safety due to an emergency or a disaster involving the nursing home.

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Five Year Review (FYR) Dates: 4/25/2025 and 07/17/2030

CERTIFIED ELECTRONICALLY

Certification

07/07/2025

Date

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3701-17-26

Variances.

- (A) The director may grant a variance from the ~~requirements~~ standards of rules 3701-17-01 to 3701-17-26 of the Administrative Code as will not be contrary to the public interest, where the operator shows that because of practical difficulties or other special conditions, their strict application will cause unusual and unnecessary hardship. However, no variance ~~shall~~ will be granted:
- (1) That will defeat the spirit and general intent of these rules, adversely affect the health or safety of the residents, or otherwise not be in the public interest; or
 - (2) For a ~~requirement~~ standard that is mandated by statute.
- (B) A request for a variance from the ~~requirements~~ standards of rules 3701-17-01 to 3701-17-26 of the Administrative Code ~~shall~~ will be made in writing to the director, specifying the following:
- (1) The rule ~~requirement~~ standards for which the variance is requested;
 - (2) The time period for which the variance is requested;
 - (3) The specific alternative action which the nursing home proposes;
 - (4) The reason for the request; and
 - (5) An explanation of the anticipated effect granting of the variance will have on residents.
- (C) The director ~~shall~~ will notify the operator, in writing, of the director's determination regarding a variance request. The director may establish conditions that the nursing home ~~shall~~ will meet for a variance to be operative, a time frame for which the variance will be effective, or both.
- (D) The director ~~shall~~ will notify the operator, in writing, of the director's determination to revoke a granted variance. The director may revoke a variance if the director determines that:
- (1) The variance is adversely affecting the health and safety of the residents;
 - (2) The nursing home has failed to comply with the variance as granted;
 - (3) The operator or administrator notified the department that the owner or administrator wishes to relinquish the variance; or
 - (4) The variance conflicts with a statutory change thus rendering the variance invalid.

(E) The refusal of the director to grant or revoke a variance or waiver, in whole or in part, ~~shall~~will be final and ~~shall~~ not be construed as creating any rights to a hearing under Chapter 119. of the Revised Code.

~~(F)~~ A variance or waiver approved by the director does not serve as precedent for other variance or waiver requests.

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