

State LNS – Limited Nursing Services

Tag	Title	Text	Guidelines	Surveyor Information
ELIGIBILITY STANDARDS				
N 0100		<p>A facility intending to provide limited nursing services, but not extended congregate care services must be licensed to provide limited nursing services.</p> <p>400.407(3)(c), F.S. 58A-5.031, F.A.C.</p>		Review the license posted in the facility to ensure LNS designation.
N 0101		<p>The facility is in compliance with all requirements established in law and rule.</p> <p>400.407(3)(c)1., F.S.</p>	Review facility file to verify that all outstanding deficiencies have been corrected.	This pertains to all deficiencies, not just limited nursing service deficiencies.
N 0102		<p>The facility has maintained a standard license and has not been subject to administrative sanctions that affect the health, safety and welfare of the residents for the previous 2 years or since initial licensure if the facility has been licensed for less than 2 years.</p> <p>400.407(3)(c)1., F.S.</p>	<p>A provisional license issued pursuant to a change of ownership application shall be considered equivalent to a standard license for the purpose of issuing a limited nursing services license.</p> <p>A provisional license issued due to a change of ownership will not be counted against the facility unless the provisional license is extended due to the facility not correcting cited violations.</p>	<p>Review survey documents for the past two years.</p> <p>A disqualifying history within the last 2 years will result in denial of LNS.</p> <p>A provisional license may be issued for no more than 6 months.</p>
RESIDENT CARE STANDARDS				
N 0200		<p>A resident receiving limited nursing services in a facility only holding a standard and LNS license meets ALF admission criteria.</p> <p>400.407(3)(c)3., F.S. 58A-5.031(2)(a), F.A.C.</p>	The resident's health assessment and all subsequent health care provider orders must indicate that the resident is appropriate for admission to, and continued residency in, an ALF.	Review resident's record to determine whether they meet admission and continued residency criteria for an ALF.

N 0201		A record of residents receiving LNS under this type of license and the type of services provided shall be maintained. 58A-5.031(3)(a), F.A.C.		Ask the administrator to identify who receives LNS. The facility may elect to identify these persons by use of the facility's admission and discharge log or the resident's record can serve to meet this requirement. The type of limited nursing services will be found in the resident's record.
N 0202		Limited nursing services may only be provided as authorized by a health care provider's order, a copy of which shall be maintained in the resident's file. 58A-5.031(2)(c), F.A.C.	A written and signed order for services by the health care provider is in resident's file. Health care provider means a physician, a physician's assistant or an ARNP.	Review resident's file for written order.
N 0203		A nursing assessment conducted at least monthly shall be maintained for each resident who receives a limited nursing service. 58A-5.031(3)(c)	"Nursing assessment" means a written review of information collected from observation of and interaction with a resident, the resident's record, and any other relevant sources; the analysis of the information; and recommendations for modification of the resident's care, if warranted.	Observe resident and review assessment for completion by an RN or LPN, or staff under contract, and timely documentation of changes. Monthly nursing assessments are to be completed every 30 days.
N 0204		The assessment includes noting any substantial changes in a resident's status, which may necessitate relocation to a nursing home, hospital, or specialized health care facility. 400.426(3), F.S.	Content of the assessment is to be determined by the facility but must include substantial changes that might indicate relocation is necessary.	Observe resident and review assessment for documentation of changes. Do there appear substantial changes in the resident's condition that are not noted in their assessment?
N 0205		Assessments are forwarded to the resident's case manager, if applicable. 400.426(3), F.S.	Only applicable if the resident has a case manager.	Review resident's file for assessments and notations of assessments being forwarded to the pertinent case manager.
N 0206		Nursing progress notes shall be maintained for each resident who receives limited nursing services.	The progress note is completed each time a limited nursing service is provided. Each of the required areas is addressed.	Review progress report. Progress notes must be signed with

		58A-5.031(3)(b), F.A.C.	<p>Activities of daily living are not included as nursing services, however, if there is a change in the mental or physical status of the resident, or an unusual occurrence, this would be the correct place to record the information and outcome.</p> <p>“Nursing progress notes” or “progress report” means a written record of nursing services, other than medication administration or the taking of vital signs, provided to each resident who receives such services pursuant to a limited nursing or extended congregate care license. The progress notes shall be completed by the nurse who delivered the service and shall describe the date, type, scope, amount, duration, and outcome of services that are rendered; the general status of the resident's health; any deviations; any contact with the resident’s physician; and shall contain the signature and credential initials of the person rendering the service.</p>	credentials and dated. Are entries in chronological order?
N 0207		<p>A facility with a limited nursing license may provide the following nursing services in addition to any nursing service permitted under a standard license.</p> <p>(a) Conducting passive range of motion exercises.</p> <p>(b) Applying ice caps or collars.</p> <p>(c) Applying heat, including dry heat, hot water bottle, heating pad, aquathermia, moist heat, hot compresses, sitz bath and hot soaks.</p>	<p>The certificate of waiver under the Comprehensive Laboratory Improvement Amendments, 1988 (CLIA) pertains to clinical laboratory testing being performed by staff for residents, including those in an ALF. The ALF program encourages residents to be as self-sufficient as possible. Residents may do their own urine dipstick testing or they may be taught how to do their own testing. An order from the health care provider must be in the resident’s file and include how the testing is to be done. No waiver is needed if the resident is doing his own testing. A RN or LPN (under the supervision of a RN or health care provider)</p>	<p>Review resident’s files to determine what services are needed and what services are provided.</p> <p>Check to see if facility has a CLIA waiver if tests are performed by staff.</p>

		<p>(d) Cutting the toenails of diabetic residents or residents with a documented circulatory problem if the written approval of the resident's health care provider has been obtained.</p> <p>(e) Performing ear and eye irrigations.</p> <p>(f) Conducting a urine dipstick test.</p> <p>(g) Replacement of an established self-maintained indwelling urinary catheter, or performance of an intermittent urinary catheterizations.</p> <p>(h) Performing digital stool removal therapies.</p> <p>(i) Applying and changing routine dressings that do not require packing or irrigation, but are for abrasions, skin tears and closed surgical wounds.</p> <p>(j) Care for stage 2 pressure sores. Care for stage 3 or 4 pressure sores are not permitted under this rule.</p> <p>(k) Caring for casts, braces and splints. Care for head braces, such as a halo is not permitted under this rule.</p> <p>(l) Conduct nursing assessments if conducted by a registered nurse or under the direct supervision of a registered nurse.</p> <p>(m) For hospice patients, providing any nursing service permitted within the scope of the nurse's license</p>	<p>may provide the service under the provisions of a LNS license, with an order from the health care provider and a CLIA waiver certificate for the facility.</p> <p>Written requests for CLIA waivers may be submitted to the following address:</p> <p>HCFA CLIA Program P.O. Box 26649 Baltimore, MD 21207-0479 Or (410) 290-5850</p>	
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N 0208		The resident shall not require nursing services complex enough to require 24 hour nursing supervision. 400.402(14), F.S.	24-hour Nursing Supervision. Services which are ordered by a physician for a resident whose condition requires the supervision of a physician and continued monitoring of vital signs and physical status. Such services shall be medically complex enough to require constant supervision, assessment, planning or intervention by a nurse; required to be performed by or under the direct supervision of licensed nursing personnel or other professional personnel for safe and effective performance; required on a daily basis; and consistent with the nature and severity of the resident's condition or the disease state or stage.	Interview staff and residents. If a resident has a nursing service where vital signs are monitored periodically throughout the day and reported to the physician, the resident may be inappropriate.
STAFFING STANDARDS				
N 0300		Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who shall be available to provide such services as needed by residents. 58A-5.031(2)(d), F.A.C.	A currently licensed nurse is employed by facility or under contract to the facility. Staffing patterns indicate a nurse shall be in the facility when nursing services are provided. A registered nurse or health care provider provides supervision of staff providing limited nursing services. Supervision means, at a minimum, availability by telephone.	Review employee file for current licensure pursuant to Chapter 464, F.S. (the Nurse Practice Act). Review timesheets / staffing pattern of facility. Interview staff. Review resident's file to determine what services are needed and when. Review employee file for current Florida license.
N 0301		The facility shall maintain documentation of the qualifications of nurses providing limited nursing		Review personnel files for verification of credentials.

		<p>services in the facility's personnel files.</p> <p>58A-5.031(2)(d), F.A.C.</p>		
N 0302		<p>The facility must ensure that nursing services are conducted and supervised in accordance with chapter 464, F.S., and the prevailing standard of practice in the nursing community.</p> <p>58A-5.031(2)(e), F.A.C.</p>	<p>The nurse or health care provider must have a current Florida license.</p> <p>The RN or physician accepts the responsibility of training, guidance and record keeping of all staff members performing the limited nursing services. (The supervisor may not necessarily be on the premises at all times.) Consultation may occur in the form of on-site visits, telephone contacts, or any other methods required to ensure that quality care is being delivered to the residents.</p>	<p>Interview staff to ascertain who is the supervisor of nursing services.</p>
N 0303		<p>The facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided.</p> <p>58A-5.031(2)(b), F.A.C.</p>	<p>The facility shall be required to provide staff immediately when the agency determines that the minimum staffing requirements are not met. The facility shall also be required to immediately increase staff above the minimum levels if the agency determines that adequate supervision and care are not being provided to residents, resident care standards are not being met, or that the the facility is failing to meet the terms of residents' contracts. The agency shall consult with the facility administrator and residents regarding any determination that additional staff is required.</p> <p>1. When additional staff is required above the minimum, the agency shall require the submission, within the time specified in the notification, of a corrective action plan indicating how the increased staffing is to be achieved and resident service needs will</p>	<p>Review the resident's care plan. It must include the type of service and outcome.</p> <p>Review progress reports.</p> <p>Interview residents.</p> <p>Review contract.</p> <p>Increased staffing will only be required after the agency consults with the facility administrator and residents, and determination is made that additional staff is required to provide or arrange services for residents.</p> <p>58A-5.031(3)(d)2, F.A.C.</p> <p>Is resident complaining about nursing services not being provided?</p> <p>Do family members complain about nursing services not being provided that they have paid for.</p>

			<p>be met. The plan shall be reviewed by the agency to determine if the plan will increase the staff to needed levels and meet resident needs.</p> <p>2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, modifications may be made in staffing requirements for the facility and the facility shall no longer be required to maintain a plan with the agency.</p> <p>3. Based on the recommendations of the local authority with jurisdiction over fire safety, the agency may require additional staff when the facility fails to meet fire safety standards, until such time as the local fire safety authority informs the agency that fire safety requirements are being met.</p>	
	OBSERVATIONS			
N9999				