



**SOUTH DAKOTA DEPARTMENT OF HEALTH
Office of Health Care Facilities Licensure and Certification**

**REQUEST FOR NEW OR RENEWAL OF OPTIONAL SERVICES
FOR ASSISTED LIVING CENTERS**

Facility _____

Address _____

[] MEDICATION ADMINISTRATION [ARSD 44:70:04:14(2)]

Complete the attached form for medication administration and include any requested information. Enclose a copy of current license for the registered nurse in charge of medication administration. Enclose proof of staff training, including instructor, length of instruction, and names of participants.

[] ACCEPTANCE OF COGNITIVELY IMPAIRED RESIDENTS [ARSD 44:70:04:14(3)]

Enclose a two-week staffing schedule indicating licensed staff or those trained to administer medications. Enclose proof of training to staff on care of the cognitively impaired, including instructor, length of instruction, and names of participants. Our facility has a working exit alarm system that is activated 24-hours per day, seven days a week, on all unattended doors. Yes No.
The Department cannot approve this optional service unless Medication Administration is also offered.

[] ACCEPTANCE OF PHYSICALLY IMPAIRED RESIDENTS [ARSD 44:70:04:14(4)]

Our facility has a working call system. Yes No.

[] ACCEPTANCE OF RESIDENTS INCAPABLE OF SELF-PRESERVATION [ARSD 44:70:04:14(5)]

Our facility has a complete automatic sprinkler system installed or meets health care occupancy standards of 2009 edition NFPA 101 Life Safety Code. Yes No. Submit two-week staffing schedule. *Providers are not allowed to have a staffing exception with this optional service.*

[] ACCEPTANCE OF RESIDENTS DEPENDENT ON SUPPLEMENTAL OXYGEN [ARSD 44:70:04:14(6)]

Our oxygen storage area meets NFPA 99 Standards. Enclose proof of staff training on use of supplemental oxygen, including instructor, length of instruction and participants.

[] ACCEPTANCE OF RESIDENTS REQUIRING THERAPUTIC DIETS [ARSD 44:70:04:14(7)]

Enclose a copy of registered dietitian's license.

[] ACCEPTANCE OF RESIDENTS WHO REQUIRE DINING ASSISTANCE [ARSD 44:70:04:14(9)]

Provide the program curriculum that will be utilized to train the staff for the dining assistance program. Provide the name of the instructor for the program. Enclose a copy of the registered nurse, registered dietitian, and speech-language pathologist's licenses that are responsible for the instruction of the dining assistance program.
The Department cannot approve this optional service unless therapeutic diets are also offered.

[] ACCEPTANCE OF RESIDENTS WHO REQUIRE TOTAL ASSISTANCE WITH ADLs or TWO-PERSON ASSIST [ARSD 44:70:04:14(10)]

Provide a copy of the approved certified nurse aide training program from the SD Board of Nursing and a copy of the licensed nurse instructor.

The Department cannot approve this optional service unless medication administration and cognitive impairment are also offered. Providers are not allowed to have a staffing exception with this optional service. The provider must be approved for incapable of self-preservation and acceptance of physically impaired. Resident toilet room must meet ADA standards at a minimum. A bathing room large enough to allow two person assist is required. The bathing room may be separate from the resident toilet room.

ARSD 44:70 requires assisted living centers provide staff to meet the care needs of the residents served and have documentation that assures that the individual needs of residents are identified and addressed.

Instructions:

- Please check all optional services you are requesting approval to offer.
- Submit this original form along with any requested information to DOH.
- This information will not be returned. Please make a copy for your records.
- Make sure your form is signed and dated.

I verify that the information contained in this request is true and correct.

Administrator's Signature _____ Date _____

SOUTH DAKOTA DEPARTMENT OF HEALTH
Office of Health Care Facilities Licensure and Certification

ASSISTED LIVING CENTERS MEDICATION ADMINISTRATION

Facility _____

Address _____

Administrative Rules of South Dakota 44:70:04:14 and 44:70:07:07 permits medication administration in an assisted living center by facility staff when the facility meets certain requirements:

A registered nurse (RN) must be responsible for the program of medication administration. The facility must document authorization to administer or delegate administrations of medications. If the nurse delegates medication administration to an unlicensed assistive person (UAP), that person must be trained by a registered nurse. The RN trainer must have two (2) years of clinical experience. (ARSD 20:48:04:01)

1. Verification of current license by a RN.
 - a. Name of RN: _____
 - b. License # with expiration date: _____
 - c. RN, physician, or dentist supervisor for LPN: _____
 - d. License # with expiration date: _____

2. Documentation either of employment or a contractual arrangement.
 - a. Employment ____yes ____no Date employed: _____
Schedule of hours anticipated: Please attach.

 - b. Contract ____yes ____no Date of contract _____
Duties specified including schedule of supervisory visits:

3. Provide a copy of the SD Board of Nursing approval of the training course.

A licensed nurse may delegate the administration of medications only to UAPs who have a minimum of a high school education or the equivalent. Each UAP who administers medications must have participated in no less than 16 hours of classroom instruction and an additional 4 hours of clinical or laboratory instruction and successfully completed an examination.

I verify that the information contained in this request is true and correct.

Administrator's Signature _____ Date _____