



## Ohio Administrative Code

### Rule 3701-17-06 Responsibility of operator and nursing home administrator; quality assurance and performance improvement.

Effective: July 17, 2025

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(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 reports using an electronic system prescribed by the director, including the immediate reporting of the following:

(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 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;
  - (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.
  - (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 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 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.
- (3) Establish a quality assurance committee that 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.

(D) The records of meetings of the quality assurance committee are not subject to be disclosed to the director. The nursing home will document, and the director 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.