# RECORDS RETENTION AND DISPOSITION SCHEDULE
## Health, Department of. Long Term Care Division.

| Agency: Long Term Care Division | | Division: | |
|---|---|---|---|
| ITEM NO. | RECORD SERIES | TITLE/DESCRIPTION<br>*(This Retention Schedule is approved on a space-available basis)* | RETENTION PERIOD |
| 1 | 2001-59 | **CERTIFICATION LICENSURE PACKET-CONFIDENTIAL FILE**<br>This portion of the licensure packet also contains a cover sheet, Surveyor Packet Checklist, entrance conference checklist, several HCFA forms of the Medicare/Medicaid Certification and Transmittal form and documentation from the survey process that contains residents- name or names. These licensure packets are maintained together with complaints regarding an allegation of breach. Documentation from the survey process may contain a resident-s name or identifying characteristics of the person submitting a complaint. Disclosure of these records may be subject to IC 16-28-1-13(d), and IC 16-19-3-25.<br>Retention based on IC 34-11-2-6, (2004 Edition) | IMAGE according to IARA imaging standards upon closure of survey cycle, and DESTROY hard copies after verification of images for completeness and legibility. DELETE electronic records after five (5) calendar years. |
| 2 | 96-48 | **PUBLIC FILES**<br>The public file consists of the Long-Term Care Licensure Filing Packet with an inspection report. Numerous state and federal forms are included that document bed changes (increase or decrease in the number of beds in the health facility), changes of ownership or new facilities, conversion to Medicare, variance requests and approvals, a Life Safety Code Certification Checklist, extensive correspondence and fiscal data. Records may exist in both electronic and hard copy format. Disclosure of these records may be subject to IC 16-28-1-13(d) and IC 16-19-3-25. Retention based on IC 34-11-2-6. | TRANSFER one (1) copy each of the following reports to the INDIANA ARCHIVES at the end of each year, under Record series GRPUB-2, in an electronic format approved by Indiana Archives staff: New Facilities, Change of Ownership, Expiring Licenses, and Closed Facilities. DELETE/DESTROY all records from each year six (6) years after the end of the reporting cycle, and after transfer of reports listed above to the INDIANA ARCHIVES. |
| 3 | 96-52 | **CERTIFIED NURSE AIDE COMPLAINTS**<br>This division's complaints may be confirmed findings of abuse, neglect, or misappropriation of the property of a health facility resident. A typical file contains the individual-s full name, complaint, investigation, a hearing date if a hearing was held and a statement disputing the allegation if the individual chose to make one.<br>A confirmed finding of abuse, neglect, or misappropriation of the resident-s property can be removed from the Nurse Aide Registry in three (3) ways:<br><br>(1) Via a court order<br>(2) An error in identification of the Nurse Aide<br>(3) Notification that the Nurse Aide is deceased.<br><br>If the Nurse Aide appeals a decision and a hearing is held, a hearing officer with the State Department of Health will also maintain a record.<br>Disclosure of these records may be subject to 42 CFR 483.156(d), (October 1, 2009 Revision)<br>Pursuant to 42 CFR 483.156(c)(D), October 1, 2009 Revision, these findings must stay in the Nurse Aide Registry permanently. | TRANSFER to the RECORDS CENTER one (1) year after conclusion of the investigation and the information has been included in the Nurse Aide Registry. TRANSFER to the INDIANA ARCHIVES for EVALUATION, SAMPLING or WEEDING pursuant to archival principles after an additional forty-nine (49) years in the RECORDS CENTER. |

| | | | |
|---|---|---|---|
| 4 | 97-20 | **NURSE AIDE FINAL EXAMINATION APPLICATION, STATE FORM 43731 -- DELETED -- (This series is obsolete, but some records** [Record Series history note: this series is obsolete; no new records may be accepted under this number. It is marked active only because already-transferred records still exist in the State Records Center which have not yet reached their disposal date.]<br><br>Described as a competency form by this State Department of Health Division, it is used to create the electronic registry of Record Series 96-51. This is the only paper documentation that a person has completed CAN educational requirements, has passed the test and is therefore qualified to work in that occupation in Indiana. Pursuant to federal rule, 42 CFR 483.156(c)i) and (ii), the registry must have the individual's full name and information necessary to identify this individual.<br>Disclosure of these records may be subject to IC 5-14-3-4(a)(7) and (b)(3). | TRANSFER to the RECORDS CENTER one (1) year after the data is placed in the computer record. DESTROY after an additional nine (9) years in the RECORDS CENTER. TOTAL RETENTION: Ten (10) years after the data is placed in the computer record. |
| 5 | 98-30 | **CERTIFIED NURSE AID TRAINING PROGRAM**<br>This federally required program contains documentation on persons who are certified but not licensed. That is, a Certified Nurse Aide has been trained and has passed a state examination. A typical file may contain a record of education and the health facility the person trained in, and the test score listed on SF 43731, Nurse Aide Final Exam Application. No fee is required. A typical file may also contain telephone message slips to/from the applicant and the testing entity advising the applicant that the examination was successfully passed, the test booklet and answer sheet, out-of-state verification and/or personal correspondence between the testing entity and the applicant. Disclosure of these records may be subject to IC 5-14-3-4(b)(3). | TRANSFER any remaining records to the RECORDS CENTER. DESTROY 50 years after the year the Nurse Aide was certified.<br><br>(Responsibility for this program passed to Ivy Tech University in 7/1/2009; any records created after that date are not state government records. All records created prior to that date are still the responsibility of the Indiana State Department of Health, until all existing records have reached their disposal date.) |
| 6 | 84-277 | **QMA-TEACHERS TRAINING GUIDE**<br>These are yearly updates. | DESTROY after agency receipt of an updated Training Guide. |
| 7 | 84-279 | **ROSTER - SITES**<br>This is a list of sites eligible to house the Qualfied Medication Aide Program. This was formerly paper with computer information now usually maintained by the State Department of Health. | DESTROY/DELETED after the list is updated. |
| 8 | 84-280 | **CURRICULUM - QMA**<br>This curriculum is established and written for the teaching of that program. | TRANSFER to the INDIANA ARCHIVES, for EVALUATION, SAMPLING or WEEDING pursuant to archival principles; when outdated or replaced. |
| 9 | 96-51 | **CERTIFIED NURSE AIDE REGISTRY**<br>This computerized registry lists all persons certified and working as a Certified Nurse Aide, Home Health Aid or Qualified Medication Aide. People on the registry are identified by their first and last names plus social security number and registry number. Public inquirers to this division to verify that an aide is certified and the facility where the person is working are directed to the Professional Licensing Agency. No information is printed but the electronic media is backed up daily. The registry also has a data field to show whether the certified nurse aide, home health aide or qualified medication aide has a confirmed finding of abuse, neglect, or misappropriation of property. Pursuant to 42 CFR 483.156(c) (D), such a finding must stay in this registry permanently. Disclosure of these records may be subject to IC 4-1-10-3. Retention based on 42 CFR 483.156. | REMOVE individual names from the active registry when no nursing or nursing related services have been performed for two (2) years and there are no confirmed findings of abuse, neglect, or misappropriation of the property of a health facility resident. |

| | | | |
|---|---|---|---|
| 10 | 96-54 | **ADMINISTRATIVE RULE WAIVERS**<br>The Indiana Health Facilities Council is responsible for this rule adoption and compliance. Pursuant to IC 16-28-1-10, 2004 Edition, the Council may grant a waiver from specified rules. However, the granting of a waiver may not adversely affect the health, safety, and welfare of the patients or residents. For example, a health facility with Alzheimer-s- Disease patients may be granted approval to establish a hydration policy rather than using a water pitcher. A typical file may contain the request correspondence, staff review data and a letter approving or denying the waiver request. Administrative hearings can be held appealing the decision. The waiver is only valid for the owner who has applied and been granted the waiver.<br>Retention based on IC 16-28-2-4, (2004 Edition) | DESTROY after two (2) years or after the facility has been licensed under new ownership. |
| 11 | 97-19 | **NO ACTION COMPLAINT FILES**<br>These complaints usually come from a health facility alleging a problem or problems with a Certified Nurse Aide, Home Health Aide or Qualified Medication Aide. If the alleged activity does not meet the criteria for abuse or neglect, no formal action is taken because these are not confirmed findings and thus will not be placed with the formal records of Record Series 96-052.<br>Disclosure of these records may be subject to IC 5-14-3-4(b)(2) and (6), (2004 Edition to 2010 Indiana General Assembly) | DESTROY one (1) year after the determination that no action is needed. |
| 12 | 98-21 | **CLOSED FACILITIES FILES**<br>A closed facility is a business or structure that will not be used as a health facility and one that is not purchased by another entity to be operated as a health facility, Records would contain typical contents as active Public Files. One to two (1-2) health facilities typically voluntarily close for many different reasons each year.<br>Retention based on IC 34-11-2-6, (2004 Edition) | IMAGE according to IARA standards (1) one month after closure of the facility. DESTROY hard copies after verification of images for completeness and legibility. DELETE electronic records after an additional five (5) years. |
| 13 | 98-22 | **QUALITY REVIEW FILES**<br>These electronic records are considered a review/response tool. After a Division team surveys and inspects regulated health facilities, and indicates if any deficiencies need correcting, the Area Supervisor will reviews inspection reports for consistency, appropriate legal citations, and grammar and spelling as needed. The records will be printed. Typical forms used include HCFA-2567 Review/Response Tool, SF 47255; federal form HCFA 2567L and Long Term Care Quality Review Facility Form. Disclosure of these records may be subject to IC 16-28-1-13(d) and IC 16-19-3-25. | DESTROY one (1) year after the date of the completed survey. |
| 14 | 98-31 | **SURVEYOR TRAINING FILES**<br>These files are created to document training of health care facility surveyors. A file is created when the surveyor begins employment as a surveyor in either the Acute Care Division or Long Term Care Division. Surveyor training information is a seprate and distinct record from other training data that might be included in an employee's personnel folder. These training files are periodically reviewed by federal surveyors. | DESTROY five (5) years after the trainer leaves the Acute Care/Long Term Care Division of the STATE DEPARTMENT OF HEALTH. |
| 15 | 98-32 | **ON-SITE COMPLIANCE AUDITS**<br>These yearly on-site reviews are of public or private facilities offering formal courses in Nurse and Qualified Medication Aide training to verify compliance with administrative rules. A typical file may contain: master schedule, program changes and applications. Each school receives a two (2) year renewal. | IMAGE according to IARA imaging standards upon closure of on-site review, and DESTROY hard copies after verification of images for completeness and legibility. DELETE electronic records two (2) years after completion of the latest site review period. |