302 GENERAL ADMINISTRATION

302.6 The name, address, and telephone number of attending physicians shall be available at each nurses' station.

312 PHYSICIAN’S SERVICES POLICIES

The facility shall have a written policy indicating that the health care of every patient is under the supervision of a physician, who based on a medical evaluation of the patient’s immediate and long term needs, prescribes a planned regimen of total care.

500 PATIENT CARE SERVICES

501 PHYSICIAN SERVICES

502 ADMISSION ONLY ON RECOMMENDATION OF A PHYSICIAN

Patients shall be admitted to the facility only on recommendation of a physician. At the time of admission the physician must document level of care needed by the patient. A Certification Statement by the physician explaining the reason for nursing home placement should be obtained on the date of admission and a re-certification statement obtained every sixty (60) days.

503 CONTINUED SUPERVISION OF CARE

The health care of every patient shall be under the continuing supervision of a physician, who, based on a medical evaluation of the patient's immediate and long term needs, prescribes a planned regimen of total patient care. Patients in need of skilled care should be seen by a physician at least every sixty (60) days, and all others seen at least every one hundred twenty (120) days. A notation should be made at each visit and orders for treatment and medication renewed.

504 PHYSICAL EXAMINATION OF PATIENTS

The medical evaluation of the patient shall be based on a history and physical examination done within seventy-two (72) hours of admission unless such examination was performed within fifteen (15) days prior to admission. A history and physical completed during the patient's hospitalization may have been completed up to thirty (30) days prior to admission to the nursing home; however, the hospital discharge summary (upon completion) is to be forwarded to the nursing home.
505 PLANNED REGIMEN OF CARE

The planned regimen of total care for each patient shall be based on the attending physician’s order and shall cover medication, treatment, rehabilitative services (where appropriate), diets, precautions related to activities undertaken by the patient, and plans for continuing care and discharge.

506 ESTABLISHMENT RESTORATION POTENTIAL

The attending physician shall establish at the time of admission a restoration potential for the patient. This should be updated as needed but not less than on an annual basis.

507 EMERGENCY PHYSICIAN

The facility should make arrangements for emergency coverage by a physician if the attending physician or his attendant cannot be located. This should be done by a written agreement signed by the physician and the facility administrator.

517 TREATMENT AND MEDICATIONS

517.2 If it is necessary to take physician’s or dentist’s orders over the telephone or verbally, the order shall be immediately written on the physician’s order sheet in the medical record and signed by the nurse who took the order. Documentation shall include the name of the physician or dentist who gave the telephone or verbal order, the date, and the time of the order. The order shall be countersigned by the attending physician or dentist on his next regular visit or no more than seven (7) days from the time the telephone or verbal order was given. There shall be indication made by the nurse that the orders were transcribed (signature and time).

517.3 When computerized physician order sheets are utilized, the physician must sign each sheet at the bottom of the sheet, and date each sheet. If a physician’s signature is affixed to the sheet other than at the bottom, all orders appearing after the signature shall be invalid. When progress notes or recertification statements are written on the computerized order sheet, the name and date affixed by the physician at the bottom of the sheet will be sufficient. However, if progress notes or recertification statements appear elsewhere in the medical record, each sheet shall be signed and dated where they are written.