§11-94-12 Emergency care of patients. (a) There shall be written procedures for personnel to follow in an emergency including:

(1) Care of the patient;

(2) Notification of the attending physician and other persons responsible for the patient;

(3) Arrangements for transportation, hospitalization, or other appropriate services.


§11-94-28 Physician’s services.

(a) Admission and ongoing orders and plans of treatment shall be in writing, and carried out by the staff of the facility including arrangement for transfer to other facilities when indicated.

(b) All patients admitted to a facility shall be under the care of a physician selected by the patient.

(c) Physicians shall visit as necessary to assure adequate medical care. In intermediate care facilities, physician’s visits shall be made at least every sixty days unless the physician decides that this frequency is unnecessary and records the reasons for this decision; provided visits shall occur at least at one hundred-twenty day intervals. Physician’s visits in skilled nursing facilities shall be made every thirty days for the first ninety days. After ninety days, an alternate schedule of visits at sixty day intervals may be adopted where the attending physician justifies this in writing. This alternate schedule is not permitted when patients require specialized rehabilitative services.

(d) Physicians shall participate as appropriate in the interdisciplinary evaluation of patients and their plan of care.

(e) Physicians shall provide an annual health evaluation of each patient.

(g) Each patient shall have a physical examination by a physician within five days prior to admission or within one week after admission, and shall have had tuberculosis clearance as required by section 11-94-15(c)(10) and (11) within the previous year.
(h) The facility shall promptly notify the physician of any accident, injury, or change in the patient’s condition.