SECTION 300.830 CONSULTATION SERVICES

e) The facility shall arrange for an advisory physician or medical advisory committee as set forth in Section 300.1010.

SECTION 300.1010 MEDICAL CARE POLICIES

a) Advisory Physician or Medical Advisory Committee

1) There shall be an advisory physician, or a medical advisory committee composed of physicians, who shall be responsible for advising the administrator on the overall medical management of the residents and the staff of the facility. If the facility employs a house physician, he may be the advisory physician. (B)

2) Additional for Skilled Nursing Facilities. There shall be a medical advisory committee composed of two (2) or more physicians who shall be responsible for advising the administrator on the overall medical management of the residents and the staff in the facility. If the facility employs a house physician, the house physician may be one member of this committee.

b) The facility shall have and follow a written program of medical services which sets forth the following: the philosophy of care and policies and procedures to implement it; the structure and function of the medical advisory committee if the facility has one; the health services provided; arrangements for transfer when medically indicated; and procedures for securing the cooperation of residents’ personal physicians. The medical program shall be approved in writing by the advisory physician or the medical advisory committee. (B)

c) Every resident shall be under the care of a physician.

d) All residents, or their guardians, shall be permitted their choice of a physician.

e) All residents shall be seen by their physician as often as necessary to assure adequate health care. (Medicare/Medicaid requires certification visits.)

f) Physician treatment plans, orders and similar documentation shall have an original written signature of the physician. A stamp signature, with or without initials, is not sufficient.

g) Each resident admitted shall have a physical examination, within five days prior to admission or within 72 hours after admission. The examination report shall include at a minimum each of the following:
1) An evaluation of the resident's condition, including height and weight, diagnoses, plan of treatment, recommendations, treatment orders, personal care needs, and permission for participation in activity programs as appropriate.

2) Documentation of the presence or absence of tuberculosis infection by tuberculin skin test in accordance with Section 300.1025.

3) Documentation of the presence or absence of incipient or manifest decubitus ulcers (commonly known as bed sores), with grade, size and location specified, and orders for treatment, if present. (A photograph of incipient or manifest decubitus ulcers is recommended on admission.)

4) Orders from the physician regarding weighting of the resident, and the frequency of such weighing, if ordered.

h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. (B)

i) At the time of an accident or injury, immediate treatment shall be provided by personnel trained in first aid procedures. (B)

(Source: Amended at 16 Ill. Reg. 17089, effective November 3, 1992)

SECTION 300.1030 MEDICAL EMERGENCIES

a) The advisory physician or medical advisory committee shall develop policies and procedures to be followed during the various medical emergencies that may occur from time to time in long-term care facilities. These medical emergencies include, but are not limited to, such things as:

1) Pulmonary emergencies (for example, airway obstruction, foreign body aspiration, and acute respiratory distress, failure, or arrest).

2) Cardiac emergencies (for example, ischemic pain, cardiac failure, or cardiac arrest).

3) Traumatic injuries (for example, fractures, burns, and lacerations).

4) Toxicologic emergencies (for example, untoward drug reactions and overdoses).

5) Other medical emergencies (for example, convulsions and shock). (A, B)

b) The facility shall maintain in a suitable location the equipment to be used during these emergencies. This equipment shall include at a minimum the following: a portable oxygen kit, including a face mask and/or cannula; an airway; and bag-valve mask manual ventilating device. (B)
c) There shall be at least one staff person on duty at all times who has been properly trained to handle the medical emergencies in subsection (a) of this Section. This staff person may also be conducted in fulfilling the requirement of subsection (d) of this Section, if the staff person meets the specified certification requirements. (B)

d) When two or more staff are on duty in the facility, at least two staff people on duty in the facility shall have current certification in the provision of basic life support by an American Heart Association or American Red Cross certified training program. When there is only one person on duty in the facility, that person needs to be certified. Any facility employee who is on duty in the facility may be utilized to meet this requirement.

(Source: Amended at 18 Ill. Reg. 15868, effective October 15, 1994)

SECTION 300.3220 MEDICAL AND PERSONAL CARE PROGRAM

...b) The Department shall not prescribe the course of medical treatment provided to an individual resident by the resident's physician in a facility. (Section 2-104(a) of the Act)

...f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's Director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders. (Section 2-104(b) of the Act)