410 IAC 16.2-3.1-13 ADMINISTRATION AND MANAGEMENT

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 12-10-5.5; IC 16-28-5-1; IC 25-19-1

... (u) The facility must designate a physician to serve as medical director.

(v) The medical director shall be responsible for the following:

1. Acting as a liaison between the administrator and the attending physicians to encourage physicians to write orders promptly and to make resident visits in a timely manner.

2. Reviewing, evaluating, and implementing resident care policies and procedures and to guide the director of nursing services in matters related to resident care policies and services.

3. Reviewing incidents and accidents that occur on the premises to identify hazards to health and safety.

4. Reviewing employees’ preemployment physicals and health reports and monitoring employees’ health status.

5. The coordination of medical care in the facility.

410 IAC 16.2-3.1-22 PHYSICIAN SERVICES

Authority: IC 16-28-1-7; IC 16-28-1-12 Affected: IC 16-28-5-1

Sec. 22. (a) A physician must personally approve, in writing, a recommendation that an individual be admitted to a facility. Each resident must remain under the care of a physician.

(b) The facility must ensure the following:

1. The medical care of each resident is supervised by a physician.

2. Another physician supervises the medical care of residents when their attending physician is unavailable.

3. Verbal/telephone orders shall contain the date and time, physician’s order, signature of the licensed nurse accepting the order, and the name of the physician giving the order.
(c) The physician must do the following:

(1) Review the resident's total program of care as defined by the comprehensive assessment and care plan, including medications, and treatments, by signing and dating a recap of all current orders at each visit required by subsection (d).

(2) Write, or cause to be written, sign, and date progress notes at each visit. Dictated notes must be filed in the clinical record within seventy-two (72) hours of the visit and signed within seven (7) days of the time the transcription is completed, and notes shall become part of the permanent record within seventy-two (72) hours unless an emergency situation warrants immediate documentation.

(3) Sign and date all orders. Verbal orders shall be countersigned and dated on the clinical record at the physician's next visit. The use of facsimile to transmit physicians orders is permissible. All matters of privacy and confidentiality of records shall be maintained.

(d) Physician visits must conform to the following schedule:

(1) The resident must be seen by a physician at least once every thirty (30) days for the first ninety (90) days after admission, and at least every sixty (60) days thereafter, unless more frequent visits are indicated.

(2) A physician's routine visit is considered timely if it occurs not later than ten (10) days after the date the visit was required.

(3) Except as provided in subsection (f), all required physician visits must be made by the physician personally.

(4) At the option of the physician, required visits after the initial visit may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner, or clinical nurse specialist in accordance with subsection (f).

(e) The facility must provide or arrange for the provision of physician services twenty-four (24) hours a day, in case of emergency.

(f) A physician may delegate tasks to a physician assistant, nurse practitioner, or clinical nurse specialist who:

(1) is acting within the scope of practice as defined by state law; and

(2) is under the supervision of the physician.

(g) If the physician employs other licensed or certified personnel, the administrator of the facility shall ensure that the means of supervision and duties delegated are filed in writing with the facility. The scope and content of their practice shall be within that specified by appropriate statutes governing each profession.

(h) For purposes of IC 16-28-5-1, a breach of:

(1) subsection (e) is an offense;
(2) subsection (a), (b), or (f) is a deficiency; and

(3) subsection (c), (d), or (g) is a noncompliance.

(Indiana State Department of Health; 410 IAC 16.2-3.1-22; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1547, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)