7.9.2.37 PROCEDURES FOR ADMISSION OF RESIDENTS:

...B. "PHYSICIANS ORDERS": No person may be admitted as a resident except upon:

(1) Order of a physician.

(2) Receipt of information from a physician, before or on the day of admission, about the person's current medical condition and diagnosis, and receipt of a physician's initial plan of care and orders from a physician for immediate care of the resident; and

(3) Receipt of certification in writing from a physician that the person is free of active tuberculosis and clinically apparent communicable disease the person may be found to have.

7.9.2.44 TREATMENT AND ORDERS:

A. ORDERS:

(1) Restriction. Medications, treatments and rehabilitative therapies shall be administered as ordered by a physician or dentist subject to the resident’s rights to refuse them. No medication, treatment or changes in medication or treatment may be administered to a resident without a physician’s or dentist’s written order which shall be filed in the resident’s clinical record, except as provided in this section.

(2) Verbal orders: Verbal orders from physicians or dentists may be accepted by a nurse or pharmacist, or, in the case of verbal orders for rehabilitative therapy, by a therapist. Verbal orders shall be immediately written, signed and dated by the nurse, pharmacist or therapist on a not specifically limited as to time or number of doses when ordered shall be automatically stopped in accordance with the stop order policy required by Subsection A of 7.9.2.57 NMAC of these regulations.

(3) Notice to physicians or dentists: Each resident’s attending physician or dentist shall be notified of stop order policies and contacted promptly for renewal of orders which are subject to automatic termination.

7.9.2.48 MEDICAL DIRECTION IN SKILLED CARE FACILITIES:

A. MEDICAL DIRECTOR: Every skilled care facility shall retain, pursuant to a written agreement, a physician to serve as medical director on a part-time or full-time basis as is appropriate for the needs of the residents and the facility. If the facility has an organized
medical staff, the medical director shall be designated by the medical staff with approval of the licensee.

B. COORDINATION OF MEDICAL CARE: Medical direction and coordination of medical care in the facility shall be provided by the medical director. The medical director shall be responsible for development of written rules and regulations which shall be approved by the licensee and include delineation of the responsibilities of attending physicians. If there is an organized medical staff, by-laws also shall be developed by the medical director and approved by the licensee. Coordination of medical care shall include liaison with attending physician to provide that physicians’ orders are written promptly upon admission of a resident, that periodic evaluations of the adequacy and appropriateness of health professional and supportive staff and services are conducted, and that the medical needs of the residents are met.

C. RESPONSIBILITIES TO THE FACILITY: The medical director shall monitor the health status of the facility’s employees. Incidents and accidents that occur on the premises shall be reviewed by the medical director to identify hazards to health and safety. [7-1-60, 5-2-89; 7.9.2.48 NMAC - Rn, 7 NMAC 9.2.48, 8-31-00]

7.9.2.49 PHYSICIAN SERVICES IN ALL FACILITIES: The facility shall assure that the following services are provided:

A. ATTENDING PHYSICIANS: Each resident shall be under the supervision of a physician of the resident’s or guardian’s choice who evaluates and monitors the resident’s immediate and long-term needs and prescribes measures necessary for the health, safety and welfare of the resident. Each attending physician shall make arrangements for the medical care of the physician’s residents in the physician’s absence.

B. PHYSICIAN’S VISIT:

(1) Each resident who requires skilled nursing care shall be seen by a physician at least every thirty (30) days and an intermediate care resident at least every sixty (60) days unless the physician specifies and justifies in writing an alternate schedule of visits.

(2) The physician shall review the plan of care required at the time of each visit.

(3) The physician shall review the resident’s medications and other orders at least at the time of each visit.

(4) The physician shall review the resident’s medications and orders at least at the time of each visit.

C. AVAILABILITY OF PHYSICIANS FOR EMERGENCY PATIENT CARE: The facility shall have written procedures, available at each nurse’s station, for procuring a physician to furnish necessary medical care in emergencies and for providing care pending arrival of a physician. The names and telephone numbers of the physicians or medical service personnel available for emergency care shall be posted at each nursing station.
[7-1-60, 5-2-89; 7.9.2.49 NMAC – Rn, 7 NMAC 9.2.49, 8-31-00]