605. Medical Staff (I)

The facility shall have a medical director who is a physician who shall be responsible for implementation of policies and procedures that pertain to the care and treatment of the residents and the coordination of medical care in the facility.

802. Physician Orders (II)

A. Physician Orders. The resident’s physician shall sign and date all treatment, care, and medication orders, including standing orders.

1. The use of a rubber stamp signature or electronic representation is acceptable under the following conditions:

   a. The physician whose signature the rubber stamp or electronic representation denotes is the only one who has possession of the stamp or electronic representation and is the only one who uses it; and

   b. The physician places in the administrative offices of the facility a signed statement to the effect that he or she is the only one who has the stamp or electronic representation and is the only one who will use it.

1. The use of rubber stamp signatures is not permissible on orders for “controlled substances.”

2. Consultative reports and diagnostic procedures requested by a physician, e.g., radiological, laboratory reports, shall be acknowledged by the physician signature. (I)

B. Verbal Orders. (I)

1. All orders for medication, treatment, care and diet shall be signed and dated by the individual receiving the orders.

2. Verbal orders received shall include the date of the order, description of the order, and identification of the physician or other legally authorized healthcare provider and the individual receiving the order.

3. Verbal orders in other specialized departments or services, as authorized in facility policy and procedures, may be received by those departments or services, e.g., orders pertaining to physical therapy may be received by a physical therapist.
4. A committee (to include representation by physicians treating residents at the facility, a pharmacist, and the Director of Nursing) shall identify and list categories of diagnostic or therapeutic verbal orders (associated with any potential hazard to the resident) that shall be authenticated by the prescriber within a limited time period (within two (2) days after the order is given). A copy of this list shall be maintained at each staff work area.

a. Verbal orders designated by the committee as requiring authentication within a limited time period shall be authenticated and countersigned and dated by the prescriber or designee within a time period defined in facility policies and procedures, but in no case more than two (2) days after the order was given.

b. All other verbal orders shall be countersigned and dated by the prescriber or his or her designee within sixty (60) days.

c. Verbal orders for restraints shall be authenticated in the manner prescribed in Section 1012.B.

C. Standing Orders. (I)

1. Physician’s standing orders, except for restraints, are permissible but shall take into consideration specific circumstances such as medication allergies, gender-specific orders, and the pertinent physical condition of the resident, when appropriate.

2. Over-the-counter medications may be utilized on a physician’s standing orders. Controlled or legend medications shall be an individual order reduced to writing on the physician’s order sheet as either a routine or pro re nata (prn) order and shall not be utilized on a physician’s standing order unless the medications have been identified by the facility as those commonly used in routine situations. Each standing order shall include on the order sheet the following, as appropriate:

a. Name of the medication;

b. Strength of the medication;

c. Specific dose (or dose range) of the medication;

d. Mode of administration;

e. Reason for administration;

f. Time interval between doses for administering the medication; and

g. Maximum dosage or number of times to be administered in a specific time period.

3. Standing orders shall be signed and dated by the prescribing physician initially and reviewed at least annually thereafter.

D. Standing orders regarding restraints are prohibited.
901. General

C. Residents and/or outpatients shall be admitted to the facility only on physician orders and all care rendered under his or her direction. In the institutional nursing home setting, individuals living on that campus, but outside the nursing home may be admitted by the administrator, provided that the admission is authorized by physician order within two (2) business days of admission. (I)

D. A medical history and physical examination shall be completed in the manner prescribed in Section 1201. (II)

1004. Physician Services (II)

A. Each resident or responsible party shall designate a physician licensed to practice in South Carolina for the supervision of the care and treatment of the resident.

1. Residents shall be seen by the attending physician at least once every sixty (60) days, unless more frequent visits are indicated. As an exception, another legally authorized healthcare provider who is authorized by the attending physician in writing, may make the sixty (60) day visits and the resident or the resident’s responsible party shall be notified in writing of the person who will be making the visits in lieu of the attending physician.

2. A facility shall not restrict a resident’s or responsible party’s choice in attending physician coverage, provided that the physician agrees to, and demonstrates that he or she will provide care in accordance with facility policies and procedures.

B. Residents who have an attending physician licensed in a state other than South Carolina shall have thirty (30) days from admission to establish an attending physician licensed in South Carolina. (I)

C. Each resident shall be informed of the name, specialty, and a way of contacting the physician responsible for his or her care.

D. At least one (1) physician shall be available on call at all times.