HFS 132.52 Procedures for admission.

(2) PHYSICIAN'S ORDERS. No person may be admitted as a resident except upon:

(a) Order of a physician;

(b) 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

HFS 132.61 Medical services.

(1) 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 develop 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 physicians 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.

(2) 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 a physician's residents in the physician's absence.
Note: For medical examinations and assessments required for admission, see s. HFS 132.52.

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

2. Each resident who does not require skilled nursing care shall be seen by a physician at least every 90 days, unless the physician specifies and justifies in writing an alternate schedule of visits.

3. In no case may a physician’s alternate schedule specify fewer than one visit annually.

4. The physician shall review the plan of care required under s. HFS 132.52 (2) (b) at the time of each visit.

5. The physician shall review the resident’s medications and other orders at least at the time of each visit. Note: For review by a registered nurse, see s. HFS 132.60 (5) (a) 4.

6. The physician shall write, date and sign a note on the resident’s progress at the time of each visit.

7. Physician visits are not required for respite care residents except as provided under s. HFS 132.70 (5).

(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 calls shall be posted at each nursing station.

Note: For reporting requirements, see s. HFS 132.45 (5) (c) 4; for requirements to notify others, see s. HFS 132.60 (3) (a).

History: Cr. Register, July, 1982, No. 319, eff. 8–1–82; r. and recr. (2) (b), Register, January, 1987, No. 373, eff. 2–1–87; correction in (2) (b) made under s. 13.93 (2m) (b) 7., Stats., Register, December, 1996, No. 492.