310:675-7-9.1. Written administrative policies and procedures

...(f) Emergency care shall be provided to residents in case of sudden illness or accident, including persons to be contacted in case of an emergency.

310:675-7-9.1. Written administrative policies and procedures

.. (k) The facility shall adopt a nursing policy and procedure manual, which shall detail all nursing procedures performed within the facility. All procedures shall be in accordance with accepted nursing practice standards, and shall include, but not be limited to, the following:

(1) Ambulation, body alignment and positioning, and routine range of motion unless contraindicated by the resident's physician.

(2) Elimination, including a bowel and bladder training program, or frequent toileting for incontinent residents, when applicable.

(3) Colostomy and ileostomy care.

(4) Nutrition and meal service.

(5) Oral suctioning and tracheotomy care.

(6) Treatments.

(7) Nasogastric care.

(8) Oral hygiene.

(9) Isolation procedures.

(10) Universal precautions.

(11) Emergency procedures.

(12) Medication Administration.


310:675-9-1.1. Nursing and personal care services

(a) The facility shall ensure that resident rights are respected in the provision of care.
(b) Basic nursing and personal care shall be provided for residents as needed.

(1) Nursing care shall include, but not be limited to:

(A) Encouraging residents to be active and out of bed for reasonable time periods.

(B) Measuring resident temperature, blood pressure, pulse and respirations at least once every thirty days and more frequently if warranted by the resident’s condition, with the results recorded in the clinical record.

(i) Measuring resident weight at least once every thirty days and more frequently if warranted by the resident’s condition, with the results recorded in the clinical record.

(ii) Measuring resident pain whenever vital signs are taken and more frequently if warranted by the resident’s condition, with the results recorded in the clinical record.

(C) Offering fluids, and making fluids available, to maintain proper hydration.

(D) Following proper nutritional practices for diets, enteral and parenteral feedings and assistance in eating.

(E) Providing proper skin care to prevent skin breakdown.

(F) Providing proper body alignment.

(G) Providing supportive devices to promote proper alignment and positioning.

(H) Turning bed residents every two hours or as needed, to prevent pressure areas, contractures, and decubitus.

(I) Performing range of motion exercises in accordance with individual assessment and care plans.

(J) Ensuring that residents positions are changed every two hours or as needed when in a chair and are toileted as needed.

(K) Establishing and implementing bowel and bladder programs to promote independence, or developing toileting schedules to promote continence.

(L) Performing catheter care with proper positioning of bag and tubing at all times.

(M) Recording accurate intake and output records for residents with tube feedings or catheters.

(N) Assessing the general mental and physical condition of the resident on admission.

(O) Updating the assessment and individual care plan when there is a significant change in the resident’s physical, mental, or psychosocial functioning.
Recognizing and recording signs and symptoms of illness or injury with action taken to treat the illness or injury, and the response to treatments and medications.

(2) Personal care shall include, but not be limited to:

(A) Keeping residents clean and free of odor.

(B) Keeping bed linens clean and dry.

(C) Keeping resident's personal clothing clean and neat.

(D) Ensuring that residents are dressed appropriately for activities in which they participate; bedfast/chairfast residents shall be appropriately dressed and provided adequate cover for comfort and privacy.

(E) Ensuring that the resident's hair is clean and groomed.

(F) Providing oral hygiene assistance at least twice daily with readily available dental floss, toothbrush and dentifrice. A denture cleaning/soaking device and brush shall be available and maintained for each resident as needed.

(G) Keeping toenails and fingernails clean and trimmed.

(c) The facility shall assist the resident in securing other services recommended by a physician such as, but not limited to, optometry or ophthalmology, audiology or otology, podiatry, laboratory, radiology or hospital services. The administration shall, through social services or other means, assist each resident desiring or needing medical related services. [Source: Added at 9 OkReg3163, eff 7-1-92 (emergency); Added at 100kReg 1639, eff 6-1-93; Amended at 23 Ok Reg 156, eff 10-6-05 (emergency); Amended at 23 Ok Reg 2415, eff 6-25-06]

310:675-9-3.1. Rehabilitative or restorative nursing services

(a) Rehabilitative services promote restoration of the resident’s maximum potential.

Rehabilitative services shall be provided or obtained by the facility or an outside source according to the resident assessment. An evaluation shall address the residents rehabilitative needs, on admission, annually, and as the resident’s condition indicates. Rehabilitative services shall be ordered by the physician, and provided under the direction of licensed or qualified staff. These services shall include, but not be limited to, the following:

(1) Physical therapy.

(2) Speech therapy.

(3) Audiology.

(4) Occupational therapy.

(5) Psychological or psychiatric counseling/therapy.
(6) Nutritional counseling.

(b) Restorative nursing services may be provided by the nursing staff according to the care plan. These services shall include, but not be limited to, the following:

(1) Range of motion to prevent contracture.

(2) Bowel and bladder training to restore continence.

(3) Self-help skill training.

(4) Behavioral modification under the direction of a qualified consultant.

(5) Ambulation.

(6) Remotivation.

(7) Reality orientation.

(8) Reminiscent therapy.

(c) There shall be an ongoing in-service education program for all restorative nursing staff.

[Source: Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]

310:675-9-4.1. Supplies and equipment

(a) There shall be a sufficient quantity of supplies and, equipment in working condition, to meet the residents' medical, nursing, nutritional, social and activity needs.

310:675-9-31. Influenza and pneumococcal vaccinations

... (b) Each facility shall document evidence of the offering of vaccination against pneumococcal disease for each resident, in accordance with the Recommendations of the Advisory Committee on Immunization Practices for the Centers for Disease Control and Prevention most recent to the time of vaccination.

(c) The immunizations provided for in this section may be waived because of medical contraindication or may be refused. Documentation of the vaccination, medical contraindication or refusal shall be recorded in the resident's medical or care record. If the resident is not vaccinated, the documentation in the resident record shall include a statement signed by the resident, the resident's representative, or the resident's physician as appropriate.

(d) Attending physicians may establish standing orders for the administration of influenza and pneumococcal immunizations in accordance with the Recommendations of the Advisory Committee
on Immunization Practices for the Centers for Disease Control and Prevention most recent to the time of vaccination.

[Source: Added at 16 OkReg 3493, eff 7-30-99 (emergency); Added at 17 Ok Reg 2072, eff 6-12-00; Amended at 18 Ok Reg 2533, eff 6-25-01]