64-13-8. Quality of Care.

8.1. Each resident shall receive, and the nursing home shall provide, the necessary care and services to attain or maintain the highest practicable physical, spiritual, mental, and psychosocial well being of the residents, in accordance with the comprehensive assessment and plan of care.

8.2. Activities of Daily Living. Based on the comprehensive assessment of a resident, the nursing home shall ensure that:

8.2.a. A resident's abilities in activities of daily living do not diminish unless circumstances of the resident's clinical condition demonstrate that diminution was unavoidable. Activities of daily living include the resident's ability to:

8.2.a.1. Bathe, dress, and groom;

8.2.a.2. Transfer and ambulate;

8.2.a.3. Use the toilet;

8.2.a.4. Eat; and

8.2.a.5. Use speech, language, or other functional communication systems.

8.2.b. A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in Subdivision 8.2.a. of this rule.

8.2.b.1. Assistive devices. The nursing home shall provide special eating equipment and utensils for residents who need them.

8.2.b.2. The nursing home shall evaluate residents having potential to benefit from the assistive devices to assure that the assistive devices meet the residents' needs; and

8.2.c. A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.

8.3. Vision and Hearing.

8.3.a. To ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities, the nursing home shall, if necessary, assist the resident:

8.3.a.1. In making appointments; and
8.3.a.2. By arranging for transportation to and from the office of a practitioner specializing in the treatment of vision or hearing impairment or the office of a professional specializing in the provision of vision or hearing assistive devices.

8.4. Pressure Sores. Based on the comprehensive assessment of a resident, the nursing home shall ensure that:

8.4.a. A resident who enters the nursing home without pressure sores does not develop pressure sores unless the resident's clinical condition demonstrates that they were unavoidable; and

8.4.b. A resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.

8.5. Urinary Incontinence. Based on the resident's comprehensive assessment, the nursing home shall ensure that:

8.5.a. A resident who enters the nursing home without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization is necessary;

8.5.b. A resident who has an in-dwelling catheter has a documented medical reason for the catheter; and

8.5.c. A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible, unless the restoration of function is not possible due to the physical or cognitive condition of the resident.

8.6. Range of Motion. Based on the comprehensive assessment of a resident, the nursing home shall ensure that:

8.6.a. A resident who enters the nursing home without a limited range of motion does not experience a reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and

8.6.b. A resident with a limited range of motion receives appropriate treatment and services to increase range of motion or to prevent further decrease in a range of motion.

8.7. Mental and Psychosocial Functioning. Based on the comprehensive assessment of a resident, the nursing home shall ensure that:

8.7.a. A resident who displays mental or psychosocial adjustment difficulty receives appropriate treatment and services to correct the assessed problem; and

8.7.b. A resident whose assessment did not reveal a mental or psychosocial adjustment difficulty does not display a pattern of decreased social interaction or increased withdrawn, angry or depressive behaviors, unless the resident's clinical condition demonstrates that such a pattern is unavoidable.

8.8. Feeding Tubes. Based on the comprehensive assessment of a resident, the nursing home shall ensure that:
8.8.a. A resident who has been able to eat enough alone or with assistance is not fed by tube unless the resident's clinical condition demonstrates that use of a feeding tube is unavoidable; and

8.8.b. A resident who is fed enterally receives the appropriate treatment and services to prevent secondary complications such as reflux, aspiration, aspiration pneumonia, diarrhea, vomiting, dehydration, and metabolic abnormalities, and to restore, if possible, normal eating skills.

8.9. Accidents.

8.9.a. A nursing home shall provide an environment that remains as free of accident hazards as possible; and

8.9.b. Where each resident receives adequate supervision and assistive devices to prevent accidents.

8.9.c. The nursing home shall complete a written report of any incident or accident in which a resident is involved, either inside or outside of the nursing home.

8.9.d. The report shall include the:

8.9.d.1. Date of the occurrence;

8.9.d.2. Time of the occurrence;

8.9.d.3. Place of the occurrence;

8.9.d.4. Details of the occurrence; and

8.9.d.5. Date and signature of the reviewing physician.

8.9.e. The report shall be written and signed by the person who is responsible for the resident at the time that the accident or incident occurred.

8.10. Nutrition. Based on a resident’s comprehensive assessment, the nursing home shall ensure that a resident:

8.10.a. Maintains acceptable parameters of nutritional status, unless the resident's clinical condition demonstrates that this is not possible;

8.10.b. Receives a therapeutic diet when there is a nutritional problem; and

8.10.c. Who has an unplanned weight loss of ten percent (10%) or more in six (6) months, or a gradual progressive unexplained weight loss of ten percent (10%) or more below the person's admission body weight, shall have a thorough nutritional assessment, including appropriate laboratory studies.

8.11. Hydration. A nursing home shall provide each resident with sufficient fluid intake to maintain proper hydration and health.

8.12. Special Needs. A nursing home shall ensure that residents receive proper treatment and care for the following special needs:
8.12.a. Injections;
8.12.b. Parenteral and enteral fluids;
8.12.c. Colostomy, ureterostomy, or ileostomy care;
8.12.d. Tracheostomy care;
8.12.e. Tracheal suctioning;
8.12.f. Respiratory care;
8.12.g. Foot care;
8.12.h. Prostheses; and
8.12.i. Skin conditions.

8.13. Medications and Drugs.

8.13.a. Each resident's drug regimen shall be free from unnecessary drugs. An unnecessary drug is any drug used in any of the following circumstances or combinations of circumstances:

8.13.a.1. In excessive doses (including duplicate therapy);
8.13.a.2. For excessive duration;
8.13.a.3. Without adequate monitoring;
8.13.a.4. Without adequate indications for its use; or
8.13.a.5. In the presence of adverse consequences that indicate the dose should be reduced or discontinued.

8.13.b. Antipsychotic Drugs. Based on a comprehensive assessment of a resident, the nursing home shall ensure that:

8.13.b.1. Residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and

8.13.b.2. Residents who use antipsychotic drugs receive gradual dose reductions and behavioral inventions, unless clinically contraindicated, in an effort to discontinue these drugs.

8.13.c. Medication Errors. The nursing home shall ensure that:

8.13.c.1. It is free of medication error rates of five percent (5%) or greater; and
8.13.c.2. Residents are free of any significant medication errors.

8.13.d. Controlled Drugs Policy. The nursing home shall have policies and procedures regarding the procurement, storage, dispensing, administration and disposition of controlled substances that
conform to the Uniform Controlled Substances Act, W. Va. Code '60A-1-1 et seq, Federal regulations and the rules of the West Virginia Board of Pharmacy.