R9-10-906. NURSING SERVICES

...B. A director of nursing shall ensure that:

...5. At the time of a resident's admission, an initial assessment is performed on the resident to ensure the resident’s immediate needs are met such as medication and food services;

6. A comprehensive assessment is performed by a registered nurse and coordinated by the registered nurse in collaboration with an interdisciplinary team and includes the information listed in subsection (B)(8);

7. The comprehensive assessment required in subsection (B)(6) is performed on a resident:
   a. Within 14 days of admission to a nursing care institution; and
   b. No later than 12 months from the date of the last comprehensive assessment;

8. A comprehensive assessment includes the resident’s:
   a. Vital signs,
   b. Diagnosis,
   c. Medical history,
   d. Treatment,
   e. Dental condition,
   f. Nutritional condition and nutritional needs,
   g. Medications,
   h. Clinical laboratory reports,
   i. Diagnostic reports,
   j. Capability to perform activities of daily living,
   k. Psychosocial condition,
   l. Cognitive condition,
   m. Impairments in physical and sensory functioning,
   n. Potential for recreational activities,
o. Potential for rehabilitation, and
p. Potential for discharge.

9. A new comprehensive assessment is not required for a resident who is hospitalized and readmitted to a nursing care institution unless a physician, a physician’s designee, or a registered nurse determines the resident has a significant change in condition;

10. A care plan is developed, documented, and implemented for a resident within seven days of completing the comprehensive assessment required in subsection (B)(6);

11. The care plan required in subsection (B)(10):

a. Is reviewed and revised as necessary if a resident has had a significant change in condition; and

b. Ensures that a resident is provided nursing services to maintain the resident’s highest practicable well-being according to the resident’s comprehensive assessment;

12. A resident's comprehensive assessment is reviewed by a registered nurse at least every three months from the date of the current comprehensive assessment and revised if there is a significant change in the resident’s condition.

R9-10-908. ADMISSION

An administrator shall ensure that:

...5. Within 30 days before admission or 10 days after admission, a medical history and physical examination is completed on a resident by:

a. A physician; or

b. A physician assistant or a registered nurse practitioner designated by the attending physician.

R9-10-909. TRANSFER OR DISCHARGE

...C. Except in an emergency, a director of nursing shall ensure that before a resident is transferred or discharged:

1. A written plan is developed with the resident or the resident’s representative that includes:

a. Information necessary to meet the resident’s need for medical services and nursing services; and

b. The state long-term care ombudsman’s name, address, and telephone number;

2. A discharge summary is:
a. Developed by a staff member providing direct care and authenticated by the resident’s attending physician or designee; and

b. Documented in the resident’s medical records;

3. The discharge summary includes:

a. The resident’s medical condition at the time of transfer or discharge;

b. The resident’s medical and psychosocial history;

c. The date of the transfer or discharge; and

d. The location of the resident after transfer or discharge;

4. A copy of the written plan is provided to the resident or the resident’s representative and to the receiving health care institution.