410 IAC 16.2-3.1-29 PREADMISSION EVALUATION

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 29. (a) The facility is responsible for the evaluation of prospective residents to ensure that only those residents whose medical, cognitive, and psychosocial needs can be met by the facility or through community resources are admitted to the facility.

(b) An evaluation of the prospective residents shall be made prior to admission. The evaluation shall include personal or telephone interviews with:

(1) the resident;

(2) the resident's physician; or

(3) the representative of the facility from which the resident is being transferred if applicable. A brief record of the evaluation shall be retained by the facility for those residents who are admitted to the facility and shall be used, as applicable, in planning for the care of the resident.

(c) For purposes of IC 16-28-5-1, a breach of:

(1) subsection (a) is an offense; and

(2) subsection (b) is a deficiency. (Indiana State Department of Health; 410 IAC 16.2-3.1-29; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1551, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; filed Jul 22, 2004, 10:05 a.m.: 27 IR 3997; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 16.2-3.1-30 Admission orders

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 30. (a) At the time each resident is admitted, the facility must have physician orders for the resident's immediate care that are based on a physical examination that shall be performed by the attending physician or the attending physician's designee on the day of admission or not earlier than thirty (30) days prior to admission. The physical information shall be updated to include new medical information if the resident's condition has changed since the physical examination was completed. Written admission orders and the physical
examination, both signed by the physician, shall be on the resident's record on admission or within forty-eight (48) hours after the resident is admitted to the facility. The use of facsimile is acceptable.

(b) For purposes of IC 16-28-5-1, a breach of subsection (a) is a deficiency. (Indiana State Department of Health; 410 IAC 16.2-3.1-30; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1552, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 16.2-3.1-31 COMPREHENSIVE ASSESSMENTS
Authority: IC 16-28-1-7; IC 16-28-1-12
Affected: IC 12-10-12; IC 16-28-5-1

Sec. 31. (a) The facility must make a comprehensive assessment of each resident's needs that describes the resident's capability to perform daily life functions and significant impairments in functional capacity.

(b) Comprehensive facilities must use an assessment instrument based on the uniform data set specified by the division. Facilities which are not certified by Medicare or Medicaid must comply with this subsection by April 1, 1999.

(c) The comprehensive assessment must include at least the following information:

1) Medically defined conditions and prior medical history.

2) Medical status measurement.

3) Physical and mental functional status.

4) Sensory and physical impairments.

5) Nutritional status and requirements.

6) Special treatments or procedures.

7) Mental and psychosocial status.

8) Discharge potential.

9) Dental condition.

10) Activities potential.

11) Rehabilitation potential.

12) Cognitive status.

13) Drug therapy.
(d) The facility must conduct initially and periodically a comprehensive, accurate, standardized, reproducible assessment of each resident’s functional capacity as follows:

(1) Assessments must be conducted no later than fourteen (14) days after the date of admission, and promptly after a significant change in the resident’s physical or mental condition.

(2) Assessments shall be conducted at least once every twelve (12) months.

(3) The nursing facility must examine each resident no less than once every three (3) months, and, as appropriate, revise the resident’s assessment to assure the continued accuracy of the assessment.

(e) The results of the assessment are used to develop, review, and revise the resident’s comprehensive care plan.

(f) The facility must coordinate assessments with the state required preadmission screening program under IC 12‐10‐12 to the maximum extent practicable to avoid duplicative testing and effort.

(g) Each assessment must be conducted or coordinated with the appropriate participation of health professionals.

(h) Each assessment must be conducted or coordinated by a registered nurse who signs and certifies the completion of the assessment.

(i) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.

(j) For purposes of IC 16-28-5-1, a breach of:

(1) subsection (a), (c), (d), or (e) is a deficiency; and

(2) subsection (b), (f), (g), (h), or (i) is a noncompliance.

(Indiana State Department of Health; 410 IAC 16.2-3.1-35; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1552, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 16.2-3.1-35 COMPREHENSIVE CARE PLAN

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 35. (a) The facility must develop a written comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident’s medical, nursing, mental, and psychosocial needs that are identified in the comprehensive assessment.
(b) The care plan must describe the following:

(1) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.

(2) Any services that would otherwise be required, but are not provided due to the resident's exercise of rights, including the right to refuse treatment.

c) A comprehensive care plan must be:

(1) developed within seven (7) days after the completion of the comprehensive assessment; and

(2) prepared by an interdisciplinary team that includes:

(A) the attending physician;

(B) a registered nurse with responsibility for the resident; and

(C) other appropriate staff in disciplines as determined by the resident's needs; and to the extent practicable with the participation of the resident and the resident's family.

d) The written care plan shall indicate the following:

(1) Resident care priorities.

(2) Plans of action to achieve identified goals as follows:

(A) For each goal, the disciplines responsible for assisting in achieving these goals.

(B) Periodically reviewed and revised at a care plan conference by a team of qualified persons, with the participation of the resident and the resident's family to the extent practicable, after each assessment or assessment review.

(e) Documentation of care plan reviews shall indicate the date of the review and the initials of each reviewer present and that the goals and approaches have been updated in accordance with the resident's condition.

(f) The resident's care plan shall be available for use by all personnel caring for the resident.

(g) The services provided or arranged by the facility must:

(1) meet professional standards of quality; and

(2) be provided by qualified persons in accordance with each resident's written care plan.

(h) For purposes of IC 16-28-5-1, a breach of:

(1) subsection (a), (b), (f), or (g) is a deficiency; and

(2) subsection (c), (d), or (e) is a noncompliance. (Indiana State Department of Health; 410 IAC 16.2-3.1-35; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1554, eff Apr 1, 1997; readopted filed Jul
410 IAC 16.2-3.1-36 DISCHARGE SUMMARY

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 36. (a) When the facility anticipates discharge, a resident must have a discharge summary that includes the following:

(1) A recapitulation of the resident's stay.

(2) A final summary of the resident's status to include the components of the comprehensive assessment, at the time of the discharge that is available for release to authorized persons and agencies with the consent of the resident or legal representative.

(3) A postdischarge care plan that is developed with the participation of the resident and his or her family, which will assist the resident to adjust to his or her new living environment. The postdischarge plan must be presented both orally and in writing and in a language that the resident and family understand.

(b) A postdischarge plan identifies specific resident needs after discharge, such as personal care, sterile dressings, and physical therapy, and describes resident/caregiver education needs and provides instructions where applicable, to prepare the resident for discharge.

(c) For purposes of IC 16-28-5-1, a breach of subsection (a) or (b) is a noncompliance.

(Indiana State Department of Health; 410 IAC 16.2-3.1-36; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1555, eff Apr 1, 1997; errata filed Apr 10, 1997, 12:15 p.m.: 20 IR 2414; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)