HFS 132.52 PROCEDURES FOR ADMISSION.

(3) MEDICAL EXAMINATION AND EVALUATION. (a) Examination.

Each resident shall have a physical examination by a physician or physician extender within 48 hours following admission unless an examination was performed within 15 days before admission.

(b) Evaluation. Within 48 hours after admission the physician or physician extender shall complete the resident’s medical history and physical examination record.

Note: For admission of residents with communicable disease, see s. HFS 132.51 (2) (b).

(4) INITIAL CARE PLAN. Upon admission, a plan of care for nursing services based on an initial assessment shall be prepared and implemented, pending development of the plan of care required by s. HFS 132.60 (8).

Note: For care planning requirements, see s. HFS 132.60 (8).

(7) FAMILY CARE INFORMATION AND REFERRAL. If the secretary of the department has certified that a resource center, as defined in s. HFS 10.13 (42), is available for the facility under s. HFS 10.71, the facility shall provide information to prospective residents and refer residents and prospective residents to the aging and disability resource center as required under s. 50.04 (2g) to

(2i), Stats., and s. HFS 10.73.

History: Cr. Register, July, 1982, No. 319, eff. 8−1−82; renum. (1) to (5) to be (2) to (6) and am. (2) and (3), cr. (1), Register, January, 1987, No. 373, eff. 2−1−87; cr. (7), Register, October, 2000, No. 538, eff. 11−1−00; CR 03−033: am. (2) (c) Register December 2003 No. 576, eff. 1−1−04; CR 04−053: am. (2) (c) and (4) and r. (5) and (6) Register October 2004 No. 586, eff. 11−1−04.

HFS 132.60 RESIDENT CARE.

...(8) RESIDENT CARE PLANNING.
(a) Development and content of care plans. Except in the case of a person admitted for short-term care, within 4 weeks following admission a written care plan shall be developed, based on the resident's history and assessments from all appropriate disciplines and the physician's evaluation and orders, as required by s. HFS 132.52, which shall include:

1. Realistic goals, with specific time limits for attainment; and

2. The methods for delivering needed care, and indication of which professional disciplines are responsible for delivering the care.

Note: For requirements upon admission, see s. HFS 132.52. For requirements for short-term care residents, see s. HFS 132.70 (2).

(b) Evaluations and updates. The care of each resident shall be reviewed by each of the services involved in the resident’s care and the care plan evaluated and updated as needed.

Note: For concurrent review of medications, see sub. (5) (a) 4.

(c) Implementation. The care plans shall be substantially followed.

(d) Assessment instrument. A resident's care plan shall be developed based on the facility's assessment required under s. 49.498 (2) (c), Stats., of the resident. The assessment shall be conducted by the facility using a form approved by the department which is based on a minimum data set specified under 42 USC 1395i–3 (f) (6) (A). The form shall cover resident identifying information; background information about the resident, including current payment sources, responsible party if not the resident, and any advance directives; the resident’s diagnosis, condition and body control, cognitive patterns, hearing, vision, dental status, need for help to perform activities of daily living, continence, recent use of appliances, devices or programs, potential for rehabilitation, skin condition, psychological well-being, mood and behavior patterns, activities, medications use, and any special treatment or procedures the person is receiving such as chemotherapy.

Note: For copies of the resident assessment form, write to the Bureau of Quality Assurance, P.O. Box 309, Madison, WI