He-P 803.14 Duties and Responsibilities of All Licensees.

... (s) Accidents, injuries, and unusual incidents shall be documented, including:
1. The date and time of the occurrence;
2. A description of the occurrence, including identification of injuries, if applicable;
3. The actions taken;
4. The signature of the person documenting the occurrence; and
5. If medical intervention was required, the date and time that the emergency contact person and guardian or agent, if any, and the licensed practitioner were notified.

(t) Licensees shall:
1. Contact the department within one business day by telephone, fax or e-mail, and in writing within 72 hours if the initial notice was made by telephone or if additional information is available, to report an unusual incident and provide the following information:
   a. The nursing home name;
   b. A description of the incident, including identification of injuries, if applicable;
   c. The name of the licensee(s) or personnel involved in, witnessing or responding to the unusual incident;
   d. The name of resident(s) involved in or witnessing the unusual incident;
   e. The date and time of the unusual incident;
   f. The action taken in direct response to the unusual incident, including any follow-up;
   g. If medical intervention was required, by whom and the date and time;
   h. Whether the resident’s guardian or agent, if any, or personal representative was notified;
   i. The signature of the person reporting the unusual incident; and
   j. The date and time the resident’s licensed practitioner was notified;

2. For incidents where abuse, neglect, mistreatment or misappropriation of property are suspected, the licensee shall meet the requirement of (1) above by faxing the information required by (1)(a)-(j) above to the office of the long-term care ombudsman at (603) 271-5574;
3. Immediately notify the local police department, the department, guardian, agent or personal representative, if any, when a resident, who has been assessed or is known as being a danger to self or others, has an unexplained absence after the licensee has searched the building and the grounds of the nursing home; and
4. Submit additional information if required by the department.

He-P 803.15 Required Services

... (n) Pursuant to RSA 151:21, IX, residents shall be free from chemical and physical restraints except when they are authorized in writing by a licensed practitioner for a specific and limited time necessary to protect the resident or others from injury, or as
permitted by the CMS conditions of participation, or as allowed by (o) below and He-P 803.21(d).

(o) Pursuant to RSA 151:21, IX, in an emergency, physical restraints may be authorized by the personnel designated in (p)(3) below in order to protect the resident or others from injury, and such action shall be promptly reported to the resident’s physician and documented in the resident’s clinical record.

(p) The nursing home shall have written policies and procedures for implementing physical, chemical and mechanical restraints, including:
(1) What type of emergency restraints may be used;
(2) When restraints may be used;
(3) What professional personnel may authorize the use of restraints;
(4) The documentation of their use in the resident record including the physician order as applicable;
(5) How the facility plans for reduction of restraint use for any resident requiring restraints;
(6) Initial personnel training and subsequent education and training required to demonstrate competence related to the use of physical, chemical and mechanical restraints;
(7) The least restrictive to the most restrictive method to be utilized to control a resident’s behavior; and
(8) That the training shall be conducted by individuals who are qualified by education, training, and experience.

He-P 803.18 Personnel.

...(c) For all new hires, the licensee shall:
...(3) Verify that the applicant is not on the List of Excluded Individuals and Entities, maintained by the U.S. Department of Health and Human Services Office of Inspector General per 42 USC 1320-a7 or on the BEAS Registry maintained by the department’s bureau of elderly and adult services per RSA 161-F:49.

...(h) All employees shall:
...(2) Not be permitted to maintain their employment if they have been convicted of a felony, sexual assault, other violent crime, assault, fraud, abuse, neglect or exploitation of any person in this or any other state by a court of law or had a complaint investigation for abuse, neglect, or exploitation adjudicated and founded by the department unless a waiver has been granted by the department.
...(4) Receive an orientation within the first 3 days of work or prior to the assumption of duties that includes:
...e. Mandatory reporting requirements for abuse or neglect such as those found in RSA 161-F and RSA 169-C:29.

(l) The employee file shall include the following:
...(8) A statement, which shall be signed at the time the initial offer of employment is made and then annually thereafter, stating that he or she:
a. Does not have a felony conviction in this or any other state;
b. Has not been convicted of a sexual assault, other violent crime, assault, fraud, abuse, neglect or exploitation or pose a threat to the health, safety or well-being of a resident; and
c. Has not had a finding by the department or any administrative agency in this or any other state for assault, fraud, abuse, neglect or exploitation of any person;

**He-P 803.21 Restraints.**

(a) For CMS certified nursing homes, the use of restraints shall be permitted as allowed by 42 CFR 483.13(a).

(b) For all other facilities, the requirements in (c) through (g) shall apply.

(c) When physical restraints are used, the following requirements shall be met:
(1) Physical restraints shall be used only after less restrictive measures have been found to be ineffective to protect the resident or others from harm;
(2) Except as allowed in (d) below, physical restraints shall be ordered for a specified and limited time by a licensed practitioner; and
(3) The order for the physical restraints in (2) above may be verbal and shall:
   a. Be obtained by a licensed nurse before the physical restraint is administered; and
   b. Be followed with the licensed practitioner’s signature within 14 days.

(d) In an emergency situation, physical restraints may be authorized by a professional staff member designated by the facility in accordance with established policy and procedure under He-P 803.15(p)(3) as follows:
(1) The designated staff member shall promptly report the restraint use and the resident’s behavior to the resident’s licensed practitioner; and
(2) The designated staff member shall document the use of restraints in the resident’s clinical record, in accordance with (g) below.

(e) When chemical restraints are used, the following requirements shall be met:
(1) Chemical restraints shall be used only after less restrictive measures have been found to be ineffective to protect the resident or others from harm;
(2) Chemical restraints shall be ordered for a specified and limited time by a licensed practitioner;
(3) The order for the chemical restraints can be verbal and shall:
   a. Be obtained by a licensed nurse before the chemical restraint is administered; and
   b. Be followed with the licensed practitioner’s signature within 14 days;
(4) Medication used as a chemical restraint may only be administered by a licensed nurse or licensed practitioner;
(5) Standing orders for medications utilized as chemical restraints shall be prohibited; and
(6) It shall be the responsibility of the licensed nurse or licensed practitioner administering the chemical restraint to document the administration of the medication as specified in He-P 803.16(y) and (ac).

(f) When mechanical restraints are used, the following requirements shall be met:
(1) Mechanical restraints shall be used only when less restrictive measures have been found to be ineffective in protecting the resident or others from harm;
(2) Mechanical restraints shall be ordered for a specific and limited time by a licensed practitioner and the order shall include:
   a. The type of restraint to be used;
   b. The reason for the restraint; and
c. The time intervals at which facility personnel shall check the resident’s well-being and the placement and position of the restraint;

(3) Standing orders for the use of mechanical restraints shall be prohibited;
(4) Mechanical restraints shall not be applied in a manner that impedes circulation; and
(5) Locked, secured or alarmed doors or elevators, or units within a nursing home, anklets, bracelets and similar devices that cause a door to automatically lock when approached, thereby preventing a resident from freely exiting the nursing home or unit within shall not be considered restraints provided they meet the requirements of the applicable building and fire safety codes and are documented in the care plan.

(g) The use of all restraints shall be documented in the resident’s clinical record according to facility policy, including:
(1) The behavior and actions of the resident that necessitated the use of a restraint;
(2) The authorization given to restrain the resident;
(3) The type of restraint used;
(4) The length of time the resident was restrained;
(5) The effects of the restraint on the resident;
(6) The report to the resident’s licensed practitioner and all actions taken; and
(7) Any orders from the resident’s licensed practitioner. Source. #9856-A, eff 1-26-11