K. **AUTHORIZATION OR CONSENT:** A photocopy of any court order, power of attorney or living will authorizing another person to speak or act on behalf of the resident and any resident consent forms.

L. **DISCHARGE OR TRANSFER INFORMATION:** Documents, prepared upon a resident's discharge or transfer from the facility, summarizing, when appropriate:
   1. Current medical finding and condition;
   2. Final diagnosis;
   3. Rehabilitation potential;
   4. A summary of the course of treatment;
   5. Nursing and dietary information;
   6. Ambulation status;
   7. Administrative and social information; and
   8. Needed continued care and instructions.

[7-1-60, 5-2-89; 7.9.2.32 NMAC – Rn, 7 NMAC 9.2.32, 8-31-00]

7.9.2.33 **OTHER RECORDS:** The facility shall retain:

A. **DIETARY RECORDS:** All menus and therapeutic diets for one year.

B. **STAFFING RECORDS:** Records of staff work schedules and time worked for one year.

C. **SAFETY TESTS:** Records of tests of fire detection, alarm, and extinguishment equipment.

D. **RESIDENT CENSUS:** At least a daily census of all residents, indicating number of residents requiring each level of care.

E. **PROFESSIONAL CONSULTATIONS:** Documentation of professional consultations by:
   1. A dietician.
   2. A registered nurse.
   3. Others, as may be used by the facility.

F. **IN-SERVICE AND ORIENTATION PROGRAMS:** Subject matter, instructors and attendance records of all in-service and orientation programs.

G. **TRANSFER AGREEMENTS:** Transfer agreements.

H. **FUNDS AND PROPERTY STATEMENT:** The statement prepared upon a resident's discharge or transfer from the facility that accounts for all funds and receipted property held by the facility for the resident.

I. **COURT ORDERS AND CONSENT FORMS:** Copies of court orders or other documents, if any, authorizing another person to speak or act on behalf of the resident.

[7-1-60, 7-1-64, 5-2-89; 7.9.2.33 NMAC – Rn, 7 NMAC 9.2.33, 8-31-00]

7.9.2.34 **LICENSE LIMITATIONS:**

A. **BED CAPACITY:** No facility may house more residents than the maximum bed capacity for which it is licensed. Persons participating in a day care program are not residents for purposes of these regulations.

B. **CARE LEVELS:** No person who requires care greater than that which the facility is licensed to provide may be admitted to or retained in the facility, unless under waiver according to State guidelines.

C. **OTHER CONDITIONS:** The facility shall comply with all other conditions of the license.

[5-2-89; 7.9.2.34 NMAC – Rn, 7 NMAC 9.2.34, 8-31-00]

7.9.2.35 **OTHER LIMITATIONS ON ADMISSION:**

A. **PERSONS REQUIRING UNAVAILABLE SERVICES:** Persons who require services which the facility does not provide or make available shall not be admitted or retained.

B. **COMMUNICABLE DISEASES:**
   1. Restriction: No person suspected of having a disease in a communicable state shall be admitted or retained unless the facility has the means to manage the condition.
   2. Isolation techniques: Persons suspected of having a disease in a communicable state shall be managed according to Isolation Techniques for use in Hospitals, published by the U.S. Department of Health and
Human Services, Public Health Services, Center for Disease Control, or with comparable methods as developed by facility policies.

(3) Reportable diseases: Suspected diseases reportable by law shall be reported to the local public health agency and the Division of Health, Bureau of Community Health and Prevention within time frames specified by these agencies.

C. DESTRUCTIVE RESIDENTS: Residents who are known to be destructive of property, self-destructive, disturbing or abusive to other residents, or suicide, shall not be admitted or retained, unless the facility has and uses sufficient resources to appropriately manage and care for them.

D. DEVELOPMENTAL DISABILITIES: No person who has a primary diagnosis of developmental disability may be admitted to a facility unless the facility is certified as an intermediate care facility for the mentally retarded, except that a person who has a developmental disability and who requires skilled nursing care services may be admitted to a skilled nursing facility if approved for such level of care by the State Developmental Disability Authority.

E. MENTAL ILLNESS: No person with a primary diagnosis of mental illness may be admitted to Long Term Care Facilities except that a person who has a diagnosis of mental illness and who requires skilled nursing care services may be admitted to a Long Term Care Facility if approved for such level of care by the State Mental Illness Authority.

F. ADMISSION SEVEN (7) DAYS A WEEK: With prior approval, facilities shall take reasonable steps to admit residents seven days a week.

[7-1-60, 5-2-89; 7.9.2.35 NMAC – Rn, 7 NMAC 9.2.35, 8-31-00]

7.9.2.36 PROGRAM STATEMENT FOR DEVELOPMENTALLY DISABLED RESIDENTS:

A. APPROVAL: Each facility serving residents who have a developmental disability and require active treatment shall submit a written program statement to the department for approval.

B. CONTENTS: The program statement shall detail the following:

(1) Services to be provided.
(2) Admission policies for developmentally disabled persons.
(3) Program goals for developmentally disabled residents.
(4) Description of program elements, including relationships, contracted services and arrangements with other health and social services agencies and programs.

(5) A designation of staff assigned to the care of developmentally disabled residents. Staff scheduling shall demonstrate consistency of staff involvement. Staff members shall have demonstrated skill in the management of these residents; and

(6) A description of care evaluation procedures for developmentally disabled residents. These procedures shall require that case evaluation results be incorporated into the individual resident's care plan and that individual plans of care be reviewed and revised as indicated by resident need.

[5-2-89; 7.9.2.36 NMAC – Rn, 7 NMAC 9.2.36, 8-31-00]

7.9.2.37 PROCEDURES FOR ADMISSION OF RESIDENTS:

A. “APPLICABILITY”: The procedures in this section apply to all persons admitted to facilities except persons admitted for short-term care.

B. “PHYSICIANS ORDERS”: No person may be admitted as a resident except upon:

(1) Order of a physician.
(2) Receipt of information from a physician, before or on the day of admission, about the person's current medical condition and diagnosis, and receipt of a physician's initial plan of care and orders from a physician for immediate care of the resident; and

(3) Receipt of certification in writing from a physician that the person is free of active tuberculosis and clinically apparent communicable disease the person may be found to have.

C. “MEDICAL EXAMINATION AND EVALUATION”:

(1) Examination: Each resident shall have a physical examination by a physician or physician extender.