

COLORADO

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PART 5 - RESIDENT CARE

5.1 RESIDENT CARE. Residents shall receive the care necessary to meet individual physical, psycho-social, and rehabilitative needs and assistance to achieve and maintain their highest possible level of independence, self-care, and self-worth and well-being. Provision of care shall be documented in the health record.

5.1.2 PRESSURE ULCER PREVENTION AND CARE. (See also 7.7)

(1) For residents whose pressure ulcers developed while the resident was in the facility, the facility shall have:

(a) assessed the potential for skin breakdown, and

(b) provided preventive measures before the ulcer developed to residents identified in the assessment required in section 5.2 as at risk of pressure ulcers (i.e., a resident exhibiting three or more of the following symptoms: underweight, incontinence, dehydration, disorientation or unconsciousness, or limited mobility).

(2) For all residents with pressure ulcers, the facility shall:

(a) have developed an individualized treatment plan (as prescribed by section 5.7) designed to alleviate the condition;

(b) be providing active treatment to improve the condition in accordance with the treatment plan;

(c) be evaluating the resident's progress and treatment at least weekly and revising the treatment plan as needed and required by section 5.7;

(d) be providing proper nutrition and hydration to promote healing and prevent further breakdown.

5.1.3 ACCIDENT PREVENTION AND ATTENTION.

(1) The facility shall:

(a) investigate causes of accidents;

(b) monitor the resident's response to the accident, and obtain physician's or mental health evaluation, if needed;

(c) have developed and implemented an individualized plan as part of the care plan prescribed by Section 5.7 for prevention of future accidents;

(d) evaluate and revise the plan as needed.

(2) For residents at high risk for accidents, the facility shall have identified the risk in the care plan and taken reasonable precautions to prevent common accidents before the accident occurred. Residents at high risk of accidents include the blind, the deaf, those with seizure disorders, those with accidents in the last 6 months, the totally confused but ambulatory, new amputees, and residents on psychoactive drugs.

5.1.4 BEHAVIOR PROBLEM CARE.

(1) For residents with behavior problems the facility shall:

(a) have noted the behavioral problem and evaluated it in the initial assessment required by Section 5.2;

(b) develop and implement an individualized treatment plan as part of the care plan prescribed by Section 5.7;

(c) develop and implement a behavior management plan as part of the care plan prescribed by Section 5.7;

(d) obtain a mental health evaluation in appropriate cases;

(e) evaluate the resident's progress and revise the plan, as needed and required by Section 5.7;

(2) For residents receiving behavior modification drugs, the facility shall indicate in nurses' notes both positive and/or negative effects of the drug and that alternatives or adjuncts to the drugs in care planning were considered. These evaluations shall meet requirements of Section 7.10.8.

5.1.5 CONTRACTURE CARE. (See also 7.7)

(1) For residents with contractures upon admission, the facility shall have noted the problem, evaluated it, and undertaken restorative nursing intervention.

(2) For residents with contractures that occurred while in the facility, the facility shall have documented that range of motion and/or repositioning was performed before the contracture developed; if the resident refused treatment or preventive measures, the facility shall have documented that such measures and the consequences of the refusal were explained to the resident.

(3) For all other residents with the potential for contracture, the facility shall have developed and be implementing an individualized treatment plan as part of the care plan prescribed in Section 5.7 to prevent or manage contractures and be periodically evaluating the progress. The plan shall be reviewed and revised at least annually as needed.

5.1.6 PROMOTION OF MOBILITY. (See also 7.7)

(1) For all residents, the facility shall have assessed each resident's ambulation potential and capability at least monthly, designed a plan of care as part of the care plan prescribed in section 5.7 to encourage mobility, be implementing the plan, regularly evaluate progress and revise the plan as needed.

(2) For residents requiring devices and/or personal assistance to ambulate, the facility shall provide and maintain devices in good repair, assist the resident to obtain appropriate footwear, and provide assistance to residents to move and transfer.

5.1.7 INDWELLING CATHETER CARE.

(1) For residents with any indwelling catheter, the facility shall have:

- (a) evaluated appropriateness of continued use at least monthly;
- (b) assessed the reason for the incontinence;
- (c) evaluated the potential of bladder retraining, implementing it, if indicated, or documenting reasons if retraining was not indicated;
- (d) implemented any physician order for irrigation or catheter replacement.

(2) For residents exhibiting signs or symptoms of urinary tract infection, the facility shall have notified the physician, obtained orders for treatment and implemented such treatment plan.

5.1.8 WEIGHT CHANGES. The facility shall:

- (1) evaluate the resident to determine the cause of the weight change;
- (2) develop and implement an individualized plan of care as part of the care plan prescribed by Section 5.7 (including appropriate intervention by other appropriate disciplines); evaluate resident progress as required by Section 5.7, and revise the plan, as needed;
- (3) observe food and fluid intake and provide encouragement to residents with eating problems;
- (4) provide reasonable choices of foods to meet personal preferences and religious needs;
- (5) if nourishments are provided as part of the care plan, between meals and at bedtime, document the nourishments provided and whether they are consumed;
- (6) provide assistance in eating or adaptive eating devices and assist residents in obtaining dentures, or dental care, as appropriate to the individual resident;
- (7) for residents with mouth or gum problems, meet the requirements of part 10.

5.1.9 GROOMING.

(1) The facility shall assist the resident to obtain appropriate materials for personal care for the resident, provide personal care in a manner that preserves resident dignity and privacy, and provide social services intervention, if needed.

(2) For residents with inappropriate, unclean, or poorly maintained clothing and/or assistive devices, the facility shall assist the residents to obtain clothing, shoes and devices. Such clothing, shoes and devices shall fit properly, be clean, and be in good repair.

(3) For residents with poor oral hygiene, the facility shall meet the requirements of Part 10.

5.1.10 EXCORIATION PREVENTION AND CARE. (See also 7.7)

(1) For all residents who are incontinent or immobile, have impaired sensation, compromised nutritional or fluid status, or inadequate hygiene, the facility shall:

(a) have completed an initial skin evaluation upon admission and re-evaluated the condition at least weekly;

(b) be providing measures to prevent the excoriation, including:

(1) maintenance of clean, dry well lubricated skin;

(2) taking incontinent residents to the bathroom on a regular individualized schedule;

(3) evaluating the need for daily baths;

(4) determining potential trouble spots where microbial growth may occur (breasts, gluteal folds, skin folds).

(2) For residents with excoriations, the facility shall:

(a) develop and be implementing an individualized treatment plan as part of the care plan prescribed by Section 5.7 for the excoriation;

(b) evaluate the resident's progress at least daily and review and revise the treatment plan as needed;

(c) enter a progress note at least weekly in the health record.

5.1.11 FLUID MANAGEMENT. The facility shall provide fluid in quantities needed to maintain hydration and body weight and shall:

(1) assess each resident's hydration needs;

(2) observe and evaluate food and fluid intake daily and record and report deviations from sufficient food and fluid intake;

(3) provide assistance and encouragement to residents requiring assistance to meet their food and fluid requirements;

(4) provide self-help adaptive devices and encourage their use.

PART 7. NURSING SERVICES

7.12 SAFETY DEVICES. A safety device such as an alarm, helmet or pillow is used to protect the resident from injury to self, maintain body alignment, or facilitate comfort. Prior to using any safety device, the facility shall assess the resident to properly identify the resident's needs and medical symptom/s that the safety device is being employed to address. The facility shall also evaluate whether any safety device being used meets the definition of a physical restraint as defined at section 7.11(A).

7.12.1 Linen shall not be used as safety devices.

7.12.2 Safety devices shall not be used for disciplinary purposes, for the convenience of staff, or to reduce the need for care of residents during periods of understaffing.

7.12.3 The facility shall establish written policies and procedures governing the use of safety devices and shall assure that they are followed by all staff members.

7.12.4 If a safety device meets the definition of a restraint, then all regulations under section 7.11 apply. A registered nurse may order a safety device after assessing and determining the need exists. Through the nursing assessment, if the need is ongoing, a comprehensive, documented physical and functional assessment shall be completed no less often than after the first 24 hours, at the end of the week, and monthly thereafter.

...7.13 PHYSICIAN NOTIFICATION. Facility staff shall notify the attending physician promptly in cases of significant change in resident status and any incident or accident involving the resident.

PART 13. EMERGENCY SERVICES

13.1 EMERGENCY CARE POLICIES. The facility shall have and follow written policies for the care of residents in an emergency available for staff use, including: 1) arrangements for necessary medical care when a resident's physician is unavailable (developed by persons described in Section 6.2); 2) procedures and training programs that cover immediate care of residents; and 3) persons to be notified in an emergency.