

DISTRICT OF COLUMBIA

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3206. RESIDENT CARE POLICIES

3206.1 There shall be written policies to govern nursing care and related medical and other services provided.

3206.2 These policies shall be developed with the advice of a committee of professional personnel, including the Medical Director, the Director of Nursing and appropriate department heads as deemed necessary by the facility.

3206.3 Policies shall be reviewed by the committee at least annually with written notations, signatures, and dates of review.

3206.4 The Administrator shall be responsible for the execution of these policies.

3211. NURSING PERSONNEL

3211.1 Sufficient nursing time shall be given to each resident to ensure that the resident receives the following:

(a) Treatments, medications, diet and nutritional supplements and fluids as prescribed, and rehabilitative nursing care as needed;

(b) Proper care to minimize pressure ulcers and contractures and to promote the healing of ulcers;

(c) Assistance in daily personal grooming so that the resident is comfortable, clean, and neat as evidenced by freedom from body odor, cleaned and trimmed nails, and clean, neat and well-groomed hair;

(d) Protection from accident, injury, and infection;

(e) Encouragement, assistance, and training in self-care and group activities;

(f) Encouragement and assistance to:

(1) Get out of bed and dress or be dressed in his or her own clothing, and shoes or slippers, which shall be clean and in good repair;

(2) Use the dining room if he or she is able; and

(3) Participate in meaningful social and recreational activities;

(g) Prompt, unhurried assistance if he or she requires or requests help with eating;

(h) Prescribed adaptive self-help devices to assist him or her in eating independently;

- (i) Assistance, if needed, with daily hygiene, including oral care; and
- (j) Prompt response to an activated call bell or call for help.

3213 RESTORATIVE NURSING CARE PROGRAM

3213.1 The facility shall have a restorative nursing care program to assist in maintaining the highest

practicable level of physical, mental and psychosocial well-being of each resident.

3213.2 Each nursing employee shall provide restorative nursing in his or her daily care of residents, which shall include the following:

- (a) Maintaining good body alignment and proper positioning of bedridden residents;
- (b) Encouraging and assisting bedridden residents or those residents that are confined to a chair to change position at least every two (2) hours or more often as the resident's condition warrants, day and night, to stimulate circulation; prevent bed sores, pressure ulcers and deformities; and to promote the healing of pressure ulcers;
- (c) Encouraging residents to be active and out of bed for reasonable periods of time, except when contraindicated by physician's orders;
- (d) Encouraging residents to be independent in activities of daily living by teaching and explaining the importance of self-care, ensuring and assisting with transfer and ambulating activities, by allowing sufficient time for task completion by the residents, and by encouraging and honoring resident's choices;
- (e) Assisting residents to adjust to their condition and to their use of prosthetic devices;
- (f) Achieving good body alignment and balance for residents who use mechanical supports, which are properly designed and applied under the supervision of a licensed nurse;
- (g) Identifying residents who would benefit from a bowel and bladder training program and initiating such a program to decrease incontinence and unnecessary use of catheters; and
- (h) Assessing the nature, causes and extent of behavioral disorientation difficulty and implementing appropriate strategies and practices to improve the same.

3213.3 Each nursing employee who provides restorative nursing services shall attend educational programs in restorative nursing that includes practical experience.

3215 VENTILATOR CARE SERVICES

3215.1 The facility may care for ventilator patients in a ventilator care area upon compliance with Title III of the Nursing Home and Community Residence Facility Residents' Protections Act of 1985, effective April 18, 1986, D.C. Law 6-108, D.C. Code § 32-1431 et seq.

3215.2 Ventilator care shall be supervised by a physician who has special training and experience in diagnosing, treating and assessing problems related to ventilator patients.

3215.3 The facility shall ensure that ventilator care services are provided by a sufficient number of qualified staff and that personnel provide ventilator care services commensurate with their documented training, experience, and competence.

3215.4 As appropriate, ventilator care personnel shall be competent in the following:

- (a) The fundamentals of cardiopulmonary physiology and of fluids and electrolytes;
- (b) The recognition, interpretation and recording of signs and symptoms of respiratory dysfunction and medication side effects, particularly those that require notification of a physician;
- (c) The initiation and maintenance of cardiopulmonary resuscitation and other related life-support procedures;
- (d) The mechanics of ventilation and ventilator function;
- (e) The principles of airway maintenance, including endotracheal and tracheotomy care;
- (f) The effective and safe use of equipment for administering oxygen and other therapeutic gases and providing humidification, nebulization, and medication;
- (g) Pulmonary function testing and blood gas analysis when these procedures are performed within the ventilator care unit;
- (h) Methods that assist in the removal of secretions from the bronchial tree, such as hydration, breathing and coughing exercises, postural drainage, therapeutic percussion and vibration, and mechanical clearing of the airway through proper suctioning technique;
- (i) Procedures and observations to be followed during and after extubation; and
- (j) Recognition of and attention to the psychosocial needs of residents and their families.

3215.5 The facility shall ensure that each ventilator is equipped with an alarm, designed to alert the nursing station, on both the pressure valve and the volume valve.

3215.6 In order to operate a ventilator unit, a facility shall develop and the Department of Health shall approve, a plan of operation which shall include:

- (a) A description of the services to be provided;
- (b) A description of the staffing pattern;
- (c) A description of the qualification, duties and responsibilities of personnel;
- (d) A quality assurance plan which shall include:
 - (1) Assignment of responsibility for monitoring and evaluation activities;
 - (2) Identification of indicators and appropriate clinical critical criteria for monitoring the most important aspects; and

(3) Establishment of thresholds (levels or trends) for the indicators that will trigger evaluation of care;

(e) Policies and procedures on the following:

(1) The transfer or referral of residents who require services that are not provided by the nursing facility;

(2) The administration of medicines unique to the needs of the special care residents;

(3) Infection control measures to minimize the transfer of infection in the ventilator unit;

(4) Pertinent safety practices, including the control of fire and medical hazards; and

(5) Protocols for emergency situations.

3215.7 When the ventilator care services are provided by an outside contractor, the facility shall:

(a) Approve the contractor based on the contractor's credentials, qualifications and experience; and

(b) Ensure that all contractors:

(1) Provide services twenty-four hours a day;

(2) Meet all safety requirements;

(3) Abide by all pertinent policies and procedures of the facility;

(4) Provide services in accordance with the law governing the facility;

(5) Participate in the monitoring and evaluation of the appropriateness of services provided as required by the facility's quality assurance program; and

(6) Ensure that all contractual services are under the supervision of the facility's medical director or the physician employed by the facility to coordinate ventilator care services.

3222. IMMUNIZATIONS

3222.1 As described further in this Section, each facility shall ensure that each resident and each employee has either received immunization against influenza virus or has refused such vaccination, and that each resident and each employee indicated in subsection 3222.6 has either received immunization against pneumococcal disease or has refused such vaccination. The facility shall be required to maintain written evidence of each such immunization or refusal.

3222.2 Influenza and pneumococcal immunizations shall be provided and updated in accordance with the latest recommendations of the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention. To the extent that the ACIP recommendations may differ from the terms of this Section, the ACIP recommendations shall control.

3222.3 Except as provided in subsection 3222.9, each resident and each employee shall, no later than November 30th of each calendar year or six (6) weeks after the vaccination becomes readily available in the District of Columbia, whichever is later, undergo immunization for influenza virus

as required pursuant to subsection 3222.2. The facility shall provide the immunization to each resident, except as described in subsection 3222.4, and shall document the immunization.

3222.4 Pursuant to subsection 3222.3, each resident or employee may obtain the required immunization from a medical provider of his or her choice. If the resident or employee obtains such immunization from a provider other than the facility, the resident or employee shall provide the facility, no later than November 30th or six (6) weeks after the vaccination becomes readily available in the District of Columbia, whichever is later, with documentation of the immunization. The facility shall record such documentation within twenty-four (24) hours of its receipt.

3222.5 The facility shall, for each resident admitted between December 1st and March 31st, and for each employee hired between December 1st and March 31st, determine, within seventy-two (72) hours of admission or the start of employment, whether the resident or employee has received immunization against influenza virus as required pursuant to subsections 3222.2, 3222.3, and 3222.4. If the facility determines that a resident has not received such immunization, the facility shall provide it within seventy-two (72) hours of the determination, except as provided in subsections 3222.4 and 3222.9. If the facility determines that an employee has not received such immunization, the facility shall instruct the employee to obtain the immunization and to provide documentation thereof, or of refusal, to the facility within seven (7) days of the determination.

3222.6 Except as provided in subsection 3222.9, each resident and each employee in the categories described below shall, no later than one hundred eighty (180) days after the effective date of this Section or thirty (30) days after admission to the facility or the start of employment, whichever is later, undergo immunization for pneumococcal disease as required pursuant to subsection 3222.2. The facility shall provide the immunization to each resident, except as described in subsection 3222.7, and shall document the immunization. The following persons shall undergo immunization for pneumococcal disease:

- (a) Residents and employees sixty-five (65) years of age or older;
- (b) Residents and employees under the age of sixty-five (65) years with chronic cardiovascular disease, chronic pulmonary disease, diabetes mellitus, alcoholism, chronic liver disease, cerebrospinal fluid leaks, or functional or anatomic asplenia; and
- (c) Residents and employees under the age of sixty-five (65) years who are immunocompromised, receiving immunosuppressive therapy, or who have received an organ or bone marrow transplant.

3222.7 Pursuant to subsection 3222.6, each affected resident or employee may obtain the required immunization from a medical provider of his or her choice. If the resident or employee obtains such immunization from a provider other than the facility, the resident or employee shall provide the facility, no later than one hundred eighty (180) days after the effective date of this Section or thirty (30) days after admission to the facility or the start of employment, whichever is later, with documentation of the immunization. The facility shall record such documentation within twenty-four (24) hours of its receipt.

3222.8 Each resident and each employee affected by subsection 3222.6 shall be revaccinated against pneumococcal disease according to the schedule below. The facility shall provide the revaccination or shall obtain documentation of the revaccination provided elsewhere, as required by subsections 3222.6 and 3222.7, and shall document the revaccination, according to the schedule below. The following persons shall be revaccinated as indicated:

(a) Residents and employees sixty-five (65) years of age and older: a single revaccination at or after age sixty-five (65) if the person has been previously vaccinated and five (5) or more years have elapsed since the previous vaccination;

(b) Residents and employees under the age of sixty-five (65) years with chronic cardiovascular disease, chronic pulmonary disease, diabetes mellitus, alcoholism, chronic liver disease, or cerebrospinal fluid leaks: a single revaccination at or after age sixty-five (65) if the person has been previously vaccinated and five (5) or more years have elapsed since the previous vaccination; and

(c) Residents and employees under the age of sixty-five (65) years with functional or anatomic asplenia, or who are immunocompromised, receiving immunosuppressive therapy, or have received an organ or bone marrow transplant: a single revaccination if five (5) or more years have elapsed since the previous vaccination.

3222.9 No resident or employee shall be required to receive either an influenza virus immunization or a pneumococcal disease immunization if such immunization is medically contraindicated for that individual, or if such immunization is against the resident or employee's religious beliefs, or if the resident, the resident's representative or legal guardian, or the employee knowingly refuses such immunization.

3228. PODIATRY SERVICES PROGRAM

3228.1 Each facility shall have a written agreement for obtaining regular podiatry services with a podiatrist licensed in the District of Columbia.

3228.2 Podiatry services shall include direct services to residents, as well as consultation and in-service training for nursing employees.

3228.3 Each facility shall make available podiatry services upon need or request by a resident.

3228.4 If podiatry services are established and staffed by the facility, appropriate space and proper maintenance of equipment shall be provided at all times.

3228.5 Each medication or treatment that is prescribed by the podiatrist shall be in writing and included as part of the resident's medical record.

3228.6 Each resident's attending physician shall be notified prior to implementation of the podiatrist's order.

3228.7 Nursing employees shall assist a resident in carrying out the podiatrist's orders.

3228.8 Each treatment by the podiatrist shall be documented at the time of each visit and included in the medical record of each resident and the resident's attending physician shall be contacted if there are abnormal findings.

3228.9 Each resident shall have the right to select his or her podiatrist.

3228.10 Each facility shall develop policies and procedures which describe the objectives and scope of podiatry services.