

INDIANA

Downloaded January 2011

410 IAC 16.2-3.1-25 PHARMACY SERVICES

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1; IC 25-26-13

(b) The administration of drugs and treatments, including alcoholic beverages, nutrition concentrates, and therapeutic supplements, shall be as ordered by the attending physician and shall be supervised by a licensed nurse as follows:

(9) Any error in medication administration shall be noted in the resident's record. The physician shall be notified of any error in medication administration when there are any actual or potential detrimental effects to the resident. The facility must ensure that it is free of medication error rates of five percent (5%) or greater and that residents are free of any medication errors that jeopardize their health, safety, or welfare.

410 IAC 16.2-3.1-37 QUALITY OF CARE

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 37. (a) Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being in accordance with the comprehensive assessment and care plan.

(b) To ensure each resident receives proper care and treatment, the facility shall assist the resident in making appropriate appointments and in arranging for transportation to and from the office of the practitioner specializing in the needed treatment.

(c) For purposes of IC 16-28-5-1, a breach of subsection (a) or (b) is a deficiency. (Indiana State Department of Health; 410 IAC 16.2-3.1-37; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1555, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 16.2-3.1-38 ACTIVITIES OF DAILY LIVING

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 38. (a) Based on the comprehensive assessment of a resident and the care plan, the facility must ensure the following:

(1) The resident's abilities in activities of daily living (ADL) do not diminish unless circumstances of the resident's clinical condition demonstrate that diminution was unavoidable. Conditions demonstrating unavoidable diminution in ADLs include the following:

(A) The natural progression of the resident's disease.

(B) Deterioration of the resident's physical condition associated with the onset of a physical or mental disability while receiving care to restore or maintain functional abilities.

(2) A resident is given the appropriate treatment and services to maintain or improve his or her abilities, including, but not limited to, the following:

(A) Bathing, dressing, and grooming.

(B) Transfer and ambulation.

(C) Toileting.

(D) Eating.

(E) Speech, language, or other functional communication systems.

(3) A resident who is unable to carry out ADL receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Each resident shall show evidence of good personal hygiene, including, but not limited to, the following:

(A) Care of the skin.

(B) Shampoo and grooming of the hair.

(C) Oral hygiene and care of the lips to prevent dryness and cracking.

(D) Shaving and beard trimming.

(E) Cleaning and cutting of the fingernails and toenails.

(b) Consistent with the care plan and the resident's right to refuse care, the following services shall be provided:

(1) Each resident shall be given or assisted in oral care, at least daily, to promote clean and healthy gums and teeth. Dentures, when present, shall be properly cared for and cleaned at least daily.

(2) Each resident shall be bathed or assisted to bathe as frequently as is necessary, but at least twice weekly.

(3) Each resident shall have at least one (1) shampoo every week and more often if needed or requested as part of the resident's normal bathing schedule.

(4) Each resident shall be dressed in clean garments.

(5) Residents who are not bedfast shall be encouraged to be dressed each day.

(6) A resident who is bedfast or chair-fast shall have his or her body position changed in accordance with the resident's need as stated in the care plan. Proper body alignment shall be maintained in accordance with the capabilities of each resident.

(c) The resident shall be encouraged or assisted to be as independent as possible, including having self-help and ambulation devices readily available to meet the current needs of the resident with the devices in good repair.

(d) Each resident shall have personal care items such as combs and brushes, cleaned as appropriate.

(e) Each resident may retain personal care items if in the original container labeled by the manufacturer.

(f) The resident has the right to refuse care and treatment to restore or maintain functional abilities after efforts by the facility to counsel and/or offer alternatives to the resident. Refusal of such care and treatment should be documented in the clinical records.

(g) For purposes of IC 16-28-5-1, a breach of:

(1) subsection (a), (b), (c), or (f) is a deficiency; and

(2) subsection (d) or (e) is a noncompliance.

(Indiana State Department of Health; 410 IAC 16.2-3.1-38; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1555, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 16.2-3.1-39 VISION AND HEARING

Authority: IC 16-28-1-7; IC 16-28-1-12 Affected: IC 16-28-5-1

Sec. 39. (a) To ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities, the facility must, if necessary, assist the resident as follows:

(1) In making appointments.

(2) By arranging for transportation to and from the office of a practitioner specializing in the treatment of vision or hearing impairment or the office of a professional specializing in the provision of vision or hearing assistive devices.

(b) For purposes of IC 16-28-5-1, a breach of subsection (a) is a deficiency. (Indiana State Department of Health; 410 IAC 16.2-3.1-39; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1556, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 16.2-3.1-40 PRESSURE SORES

Authority: IC 16-28-1-7; IC 16-28-1-12 Affected: IC 16-28-5-1

Sec. 40. (a) Based on the comprehensive assessment of a resident and the care plan, the facility must ensure the following:

(1) A resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrated that they were unavoidable. A determination that the development of a pressure sore was unavoidable may be made only if routine preventative and daily care was provided.

(2) A resident having pressure sores or other sign of skin breakdown receives prompt necessary treatment, pressure reducing devices and services to promote healing, prevent infection, and prevent new sores from developing.

(3) The resident's physician shall be notified at the earliest sign of a pressure sore or other skin breakdown. Such notification shall be documented in the clinical record.

(b) For purposes of IC 16-28-5-1, a breach of subsection (a) is a deficiency. (Indiana State Department of Health; 410 IAC 16.2-3.1-40; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1556, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 16.2-3.1-41 URINARY INCONTINENCE

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 41. (a) Based on the resident's comprehensive assessment and care plan, the facility must ensure the following:

(1) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary.

(2) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.

(b) For purposes of IC 16-28-5-1, a breach of subsection (a) is a deficiency. (Indiana State Department of Health; 410 IAC 16.2-3.1-41; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1556, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 16.2-3.1-42 RANGE OF MOTION

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 42. (a) Based on the comprehensive assessment and care plan of a resident, the facility must ensure the following:

(1) A resident who enters the facility without a limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable.

(2) A resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.

(b) For purposes of IC 16-28-5-1, a breach of subsection (a) is a deficiency. (Indiana State Department of Health; 410 IAC 16.2-3.1-42; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1557, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 16.2-3.1-43 MENTAL AND PSYCHOSOCIAL FUNCTIONING

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 43. (a) Based on the comprehensive assessment and care plan of the resident, the facility must ensure the following:

(1) A resident who displays mental or psychosocial adjustment difficulty receives appropriate treatment and services to correct the assessed problem.

(2) A resident whose assessment did not reveal a mental or psychosocial adjustment difficulty does not display a pattern of decreased social interaction and/or increased withdrawn, angry, or depressive behaviors unless the resident's clinical condition demonstrates that such a pattern was unavoidable.

(b) For purposes of IC 16-28-5-1, a breach of subsection (a) is a deficiency. (Indiana State Department of Health; 410 IAC 16.2-3.1-43; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1557, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 16.2-3.1-44 NASO-GASTRIC TUBES

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 44. (a) Based on the comprehensive assessment and comprehensive care plan of a resident, but subject to the resident's right to refuse, the facility must ensure the following:

(1) A resident who has been able to eat enough alone or with assistance is not fed by naso-gastric tube unless the resident's clinical condition demonstrates that use of a naso-gastric tube was unavoidable.

(2) A resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.

(b) For purposes of IC 16-28-5-1, a breach of subsection (a) is a deficiency. (Indiana State Department of Health; 410 IAC 16.2-3.1-44; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1557, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 16.2-3.1-45 ACCIDENTS

Authority: IC 16-28-1-7; IC 16-28-1-12 Affected: IC 16-28-5-1

Sec. 45. (a) The facility must ensure the following:

(1) The resident's environment remains as free of accident hazards as is reasonably possible.

(2) Each resident receives adequate supervision and assistive devices to prevent accidents.

(b) For purposes of IC 16-28-5-1, a breach of subsection (a) is a deficiency. (Indiana State Department of Health; 410 IAC 16.2-3.1-45; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1557, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 16.2-3.1-46 NUTRITION AND HYDRATION

Authority: IC 16-28-1-7; IC 16-28-1-12 Affected: IC 16-28-5-1

Sec. 46. (a) Based on a resident's comprehensive assessment and care plan, but subject to the resident's right to refuse, the facility must ensure the following:

(1) That a resident maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible.

(2) Receives a therapeutic diet when there is a nutritional problem.

(b) Based on the resident's comprehensive assessment and care plan, the facility must provide each resident with sufficient fluid intake to maintain proper hydration and health. Fresh drinking water shall be provided to each resident and be available to each resident at all times, and a clean drinking glass and covered water pitcher shall be provided at least daily to each resident unless contraindicated by the resident's care plan. Ice shall be available to the residents at all times.

(c) For purposes of IC 16-28-5-1, a breach of subsection (a) or (b) is a deficiency. (Indiana State Department of Health; 410 IAC 16.2-3.1-46; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1557, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 16.2-3.1-47 SPECIAL NEEDS

Authority: IC 16-28-1-7; IC 16-28-1-12 Affected: IC 16-28-5-1

Sec. 47. (a) The facility must ensure that the residents receive proper treatment and care by qualified personnel for the following special services if offered:

- (1) Injections.
- (2) Parenteral and enteral fluids.
- (3) Colostomy, ureterostomy, or ileostomy care.
- (4) Tracheostomy care.
- (5) Tracheal suctioning.
- (6) Respiratory care.
- (7) Foot care.
- (8) Prostheses.

(b) For purposes of IC 16-28-5-1, a breach of subsection (a) is a deficiency. (Indiana State Department of Health; 410 IAC 16.2-3.1-47; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1558, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 16.2-3.1-48 DRUG THERAPY

Authority: IC 16-28-1-7; IC 16-28-1-12 Affected: IC 16-28-5-1

Sec. 48. (a) Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used:

- (1) in excessive dose (including duplicate drug therapy);
- (2) for excessive duration;
- (3) without adequate monitoring;
- (4) without adequate indications for its use;
- (5) in the presence of adverse consequences that indicate the dose should be reduced or discontinued; or
- (6) any combination of the reasons in this subsection.

(b) Based on a comprehensive assessment and care plan of a resident, the facility must ensure the following:

(1) Residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record.

(2) Residents who use antipsychotic drugs receive gradual dose reductions and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.

(c) The facility must ensure the following:

(1) It is free of medication error rates of five percent (5%) or greater.

(2) Residents are free of any medication errors that jeopardize their health, safety, or welfare.

(d) For purposes of IC 16-28-5-1, a breach of subsection (a), (b), or (c) is a deficiency. (Indiana State Department of Health; 410 IAC 16.2-3.1-48; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1558, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)