

MICHIGAN

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R 325.20501 CARE IN GENERAL.

Rule 501. The feelings, attitude, sensibility, and comfort of a patient shall be fully respected and given meticulous attention at all times by all personnel.

History: 1981 AACS.

R 325.20503 OXYGEN ADMINISTRATION.

Rule 503. A written policy shall govern the administration of oxygen to a patient in the home. This policy shall include the requirements that only personnel who have been trained to administer oxygen shall do so and that oxygen shall only be administered on the order of a physician or as authorized in emergency situations.

History: 1981 AACS.

R 325.20504 BLOOD AND BLOOD SUBSTITUTE ADMINISTRATION.

Rule 504. A written policy shall govern the administration of blood and blood substitutes to a patient in the home. This policy shall include a requirement that blood or blood substitutes administered to a patient in the home shall be started by a physician or registered nurse.

History: 1981 AACS.

R 325.20505 PARENTERAL FLUID ADMINISTRATION.

Rule 505. A written policy shall govern the administration of parenteral fluids administered to a patient in the home. Parenteral fluids shall be administered only on the order of a physician, shall be started by either a physician or registered nurse, and shall be supervised in the course of administration by a physician or licensed nurse.

History: 1981 AACS.

R 325.20707 NURSING CARE AND SERVICES.

Rule 707.

(1) A patient in a home shall receive preventive, supportive, maintenance, habilitative, and rehabilitative nursing care directed to the physiologic and psychosocial needs and well-being of that patient.

(2) Patient observations by nursing personnel shall be accurately recorded in the clinical record in accordance with established and written procedures.

(3) Treatments administered to a patient shall be modified according to the patient response consistent with the orders of the attending physician and nursing assessment. All modifications shall be documented in the patient's clinical record.

(4) Nursing care and services shall include, at a minimum, all of the following:

(a) Care of the skin, mouth, teeth, hands, and feet and shampooing and grooming of the hair.

(b) Oral hygiene shall be provided at least daily and more often as required. Special mouth care shall be regularly provided to the acutely ill patient in accordance with individual need or as ordered by the physician.

(c) A patient's hair shall be combed or brushed daily. A patient's hair shall be shampooed on a routine basis at least weekly and more often as required, unless the attending physician writes an order to the contrary.

(d) A patient shall be offered the opportunity and facilities for, and assistance with, shaving, if necessary, as often as is required for comfort and appearance, unless the patient requests otherwise or the physician writes an order to the contrary. Daily shaving shall be made available on request or for comfort and appearance as needed.

(e) A complete tub or shower bath shall be taken, under staff supervision, by, or administered to, an ambulatory patient at least once a week, unless the physician writes an order to the contrary.

(f) A bedfast patient shall be assisted with bathing or bathed completely at least twice a week and shall be partially bathed daily and as required due to secretions, excretions, or odors.

(g) A patient shall be provided the opportunity for, and, as necessary, assisted with, personal care, including toileting, oral hygiene, and washing of hands and face before the breakfast meal. A patient's hands shall be washed before and, as required, after all meals and snacks.

(h) A patient's clothing or bedding shall be changed promptly when it becomes wet or soiled.

(i) A patient shall receive skin care as required according to written procedures to prevent dryness, irritation, itching, or decubitus.

(j) A patient shall receive care as required according to written procedures to prevent complications of inactivity or prolonged periods of being bedfast.

(k) An inactive or bedfast patient shall be positioned according to written procedures so that major body parts are in natural alignment. Such position shall be changed appropriately at regular and specified intervals. Supportive devices shall be employed as indicated to maintain posture, support weakened body parts, or relieve undue pressure.

(l) A patient shall have, during each day, planned periods of rest, exercise, and diversional activities consistent with the patient's health status and desires.

(m) A patient shall be weighed and have his or her temperature, pulse, respirations, and blood pressure taken and recorded on admission and at least monthly thereafter or more frequently if ordered by a physician. The patient's measured or estimated height shall be recorded on admission.

(n) Provisions shall be made for the marking, laundering, ironing, and mending of the clothing of each patient. The clothing of each patient shall be stored individually. A system of inventory for patient clothing shall be implemented and maintained to prevent and control loss or theft insofar as possible.

(o) A patient who is out of bed in the daytime shall be dressed in comfortable clothing, unless contraindicated by the patient's medical condition or preference and justification thereof is documented in the patient's clinical record. Ambulatory patients shall wear appropriate footwear. Nonambulatory patients shall at least wear appropriate eprotective foot coverings.

History: 1981 AACCS; 1983 AACCS.

R 325.20708 REHABILITATIVE NURSING CARE.

Rule 708.

(1) Rehabilitative nursing care shall be provided as part of the home's nursing care program for patients. Such care shall be directed to restoring and maintaining a patient's optimum level of independence, particularly in terms of activities of daily living.

(2) A patient's care plan for purposes of rehabilitative nursing care shall include, at a minimum, all of the following:

(a) An evaluation of a patient's disabilities and care needs.

(b) An estimation of rehabilitation potential.

(c) A program for relearning activities of daily living.

(d) A program of assistance in adjusting physiologically and psychosocially to impairments, disabilities, and utilization of prosthetic appliances and devices.

(3) Nursing personnel in a home shall be competent and experienced in providing, at a minimum, all of the following:

(a) A range of motion exercises.

(b) Positioning and body alignment.

(c) Preventive skin care.

(d) Transfer and ambulation training.

(e) Bowel and bladder training.

(f) Training in activities of daily living, including eating, dressing, personal hygiene, and toilet activities.

(4) Rehabilitative nursing procedures and techniques shall be available, provided, and recorded in the patient's clinical record on a weekly summary basis or in accordance with a physician's orders and nursing assessment.

(5) Necessary equipment utilized in application of rehabilitative nursing techniques and procedures shall be available in adequate supply to meet the needs of all patients. Such equipment shall include the following:

(a) Bedboards, footboards, footstools.

(b) Trochanter rolls, positioning pillows, bed cradles.

(c) Wheelchairs, geriatric chairs, canes, crutches, slings, splints, and lifts.

(d) Trapeze equipment.

(6) Rehabilitative nursing policies, procedures, and techniques shall be an integral part of inservice education for nursing personnel in the home.

History: 1981 AACCS.

R 325.20711 EQUIPMENT AND SUPPLIES.

Rule 711.

(5) The following items of equipment shall be available in sufficient quantities so that patients who require them may have them assigned for personal use:

(a) Washbasins.

(b) Mouthwash cups.

(c) Denture cups.

(d) Emesis basins.

(e) Bedpans and urinals.

(f) Water carafes and drinking glasses or cups.

(g) Oral and rectal clinical thermometers.

(h) Bedside safety rails.

(6) Equipment and supplies shall be stored, handled, dispensed in a sanitary manner.

(a) Bedpans, urinals, and emesis basins shall be emptied and cleaned immediately after use.

(b) Mouthwash cups, denture cups, water carafes, and bedside drinking cups and glasses shall be cleaned daily.

(c) Single service equipment shall be used only once, and disposable equipment shall be used only by the patient to whom it was originally dispensed.

(d) Individual personal equipment shall not be transferred from one patient to another without being thoroughly disinfected.

R 325.20713 PATIENT EVALUATION BY MENTAL HEALTH WORKER; THERAPY.

Rule 713. All patients in need of mental health services shall receive an evaluation by a professional mental health worker and, when ordered by the physician, shall receive indicated therapy through arrangements with a community mental health center or comparable agency or provider.

History: 1981 AACs.

R 325.20904 MEDICATIONS; ERRORS; REACTIONS.

Rule 904. Medication error or drug reaction shall be immediately reported to the charge nurse, physician, and the pharmacist as soon as possible and shall be recorded in the patient's clinical record as well as on an incident report form which shall be forwarded to the administrator and kept on file. Corrective action shall be initiated promptly by the physician, administrator, director of nursing, or pharmacist as appropriate.

History: 1981 AACs.

R 333.21332 HOME FOR THE AGED; INFLUENZA VACCINATION.

Sec. 21332. A home for the aged shall offer each resident, or shall provide each resident with information and assistance in obtaining, an annual vaccination against influenza in accordance with the most recent recommendations of the advisory committee on immunization practices of the federal centers for disease control and prevention, as approved by the department of community health.

History: Add. 2000, Act 437, Imd. Eff. Jan. 9, 2001.

Popular name: Act 368

333.21715 Programs of planned and continuing nursing and medical care required; nurses and physicians in charge; expiration of subsection (1)(a); nature and scope of services.

Sec. 21715.

...(2) Nursing care and medical care shall consist of services given to individuals who are subject to prolonged suffering from illness or injury or who are recovering from illness or injury. The services

shall be within the ability of the home to provide and shall include the functions of medical care such as diagnosis and treatment of an illness; nursing care via assessment, planning, and implementation; evaluation of a patient's health care needs; and the carrying out of required treatment prescribed by a physician.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1978, Act 493, Eff. Mar. 30, 1979.

Popular name: Act 368

333.21716 Nursing home; influenza vaccination.

Sec. 21716. A nursing home shall offer each resident, or shall provide each resident with information and assistance in obtaining, an annual vaccination against influenza in accordance with the most recent recommendations of the advisory committee on immunization practices of the federal centers for disease control and prevention, as approved by the department of community health.

History: Add. 2000, Act 437, Imd. Eff. Jan. 9, 2001.

Popular name: Act 368

333.21734 Nursing home; bed rails; provisions; guidelines; liability.

Sec. 21734. (1) Notwithstanding section 20201(2)(1), a nursing home shall give each resident who uses a hospital-type bed or the resident's legal guardian, patient advocate, or other legal representative the option of having bed rails. A nursing home shall offer the option to new residents upon admission and to other residents upon request. Upon receipt of a request for bed rails, the nursing home shall inform the resident or the resident's legal guardian, patient advocate, or other legal representative of alternatives to and the risks involved in using bed rails. A resident or the resident's legal guardian, patient advocate, or other legal representative has the right to request and consent to bed rails for the resident. A nursing home shall provide bed rails to a resident only upon receipt of a signed consent form authorizing bed rail use and a written order from the resident's attending physician that contains statements and determinations regarding medical symptoms and that specifies the circumstances under which bed rails are to be used. For purposes of this subsection, "medical symptoms" includes the following:

(a) A concern for the physical safety of the resident.

(b) Physical or psychological need expressed by a resident. A resident's fear of falling may be the basis of a medical symptom.

(2) A nursing home that provides bed rails under subsection (1) shall do all of the following:

(a) Document that the requirements of subsection (1) have been met.

(b) Monitor the resident's use of the bed rails.

(c) In consultation with the resident, resident's family, resident's attending physician, and individual who consented to the bed rails, periodically reevaluate the resident's need for the bed rails.

(3) The department of consumer and industry services shall develop clear and uniform guidelines to be used in determining what constitutes each of the following:

(a) Acceptable bed rails for use in a nursing home in this state. The department shall consider the recommendations of the hospital bed safety work group established by the United States food and drug administration, if those are available, in determining what constitutes an acceptable bed rail.

(b) Proper maintenance of bed rails.

(c) Properly fitted mattresses.

(d) Other hazards created by improperly positioned bed rails, mattresses, or beds.

(4) The department of consumer and industry services shall develop the guidelines under subsection (3) in consultation with the long-term care work group. An individual representing manufacturers of bed rails, 2 residents or family members, and an individual with expertise in bed rail installation and use shall be added to the long-term care work group for purposes of this subsection. The department shall consider as part of its report to the legislature the recommendations of the hospital bed safety work group established by the United States food and drug administration, if those recommendations are available at the time of the submission of the report. Not later than 6 months after the effective date of the amendatory act that added this section, the

department of consumer and industry services shall submit its report to the legislature. The department may delay submission of its report by up to 3 months so that its report may reflect the recommendations of the hospital bed safety work group established by the United States food and drug administration.

(5) A nursing home that complies with subsections (1) and (2) and the guidelines developed under this section in providing bed rails to a resident is not subject to administrative penalties imposed by the department based solely on providing the bed rails. Nothing in this subsection precludes the department from citing specific state or federal deficiencies for improperly maintained bed rails, improperly fitted mattresses, or other hazards created by improperly positioned bed rails, mattresses, or beds.

(6) The department of consumer and industry services shall consult with representatives of the nursing home industry to expeditiously develop interim guidelines on bed rail usage that are to be used until the department develops the guidelines required under subsection (4).

History: Add. 2000, Act 437, Imd. Eff. Jan. 9, 2001.

Popular name: Act 368