

NORTH CAROLINA

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10A NCAC 13D .2208 SAFETY

... (e) The facility shall ensure that:

- (1) the patients' environment remains as free of accident hazards as possible; and
- (2) each patient receives adequate supervision and assistance to prevent accidents.

History Note: Authority G.S. 131E-104; Eff. January 1, 1996.

10A NCAC 13D .2305 QUALITY OF CARE

(a) The facility shall provide necessary care and services in accordance with medical orders, the patient's comprehensive assessment and on-going plan of care.

(b) Acute changes in the patient's physical, mental or psychosocial status shall be evaluated and reported to the physician or other persons legally authorized to perform medical acts.

(c) The facility shall not utilize any chemical or physical restraints for the purpose of discipline or convenience, and that are not required to treat the patient's medical condition. An evaluation shall be done to ensure that the least restrictive means of restraint have been initiated on patients requiring restraints.

(d) The facility shall ensure that all patients who are unable to perform activities of daily living receive the necessary assistance to maintain good grooming, and oral and personal hygiene. The facility shall ensure appropriate measures are taken to restore the patient's ability to bathe, dress, groom, transfer and ambulate, toilet and eat.

(e) The facility shall ensure measures are taken to prevent the formation of pressure sores and to promote healing of existing pressure sores. The facility shall ensure that patients with limited mobility receive appropriate care to promote comfort and maintain skin integrity.

(f) The facility shall ensure that in-dwelling catheters are not used unless the patient's clinical condition necessitates their use. The facility shall ensure incontinent patients receive appropriate treatment to prevent infections and to regain continence to the degree possible

(g) The facility shall ensure that patients with limited range of motion, or who are at risk for loss of range of motion, receive treatment services to prevent development of contractures or deformities, and to obtain and maintain their optimal level of functioning.

(h) The facility shall ensure that patients who are unable to feed themselves receive the appropriate assistance, retraining and assistive devices when needed.

(i) The facility shall ensure that enteral feeding tubes are used only when the patient's condition indicates the use of an enteral feeding tube is unavoidable.

(j) The facility shall ensure that patients fed by enteral feeding tubes receive the proper treatment to avoid aspiration pneumonia, metabolic and gastrointestinal problems, and to restore the patient to the highest practicable level of normal feeding function. The facility shall ensure appropriate care and services are provided to address needs related to hydration and nutrition.

(k) The facility shall ensure that patients requiring special respiratory care receive appropriate services.

(l) The facility shall ensure that patients are assisted to utilize personal visual lenses, hearing aids and dentures.

History Note: Authority G.S. 131E-104;

Eff. January 1, 1996.

10A NCAC 13D .2306 MEDICATION ADMINISTRATION

(a) The facility shall ensure that medications are administered in accordance with standards of professional practice and applicable occupational licensure regulations.

(b) The facility shall ensure that each patient's drug regimen is free from drugs used in excessive dose or duplicative therapy, for excessive duration or without adequate indications for the prescription of the drug. Drugs shall not be used without adequate monitoring or in the presence of adverse conditions that indicate the drugs' usage should be modified or discontinued.

(c) Antipsychotic therapy shall not be initiated on any patient unless necessary to treat a clinically diagnosed and clinically documented condition. When antipsychotic therapy is prescribed, unless clinically contraindicated, gradual dose reductions and behavioral interventions shall be employed in an effort to discontinue these drugs.

(d) The facility shall ensure that procedures aimed at minimizing medication error rates include, but are not limited to, the following:

(1) All medications or drugs and treatments shall be administered and discontinued in accordance with signed medical orders which are recorded in the patient's medical record. Such orders shall be complete and include drug name, strength, quantity to be administered, route of administration, frequency and, if ordered on an as-needed basis, a clearly stated indication for use.

(2) The requirements for self-administration of medication shall include, but not be limited to, the following:

(A) determination by the interdisciplinary team that this practice is safe;

(B) administration ordered by the physician or other person legally authorized to prescribe medications;

(C) specific instructions for administration printed on the medication label; and

(D) administration of medication monitored by the licensed nursing staff and consultant pharmacist.

(3) The administration of one patient's medications to another patient is prohibited except in the case of an emergency. In the event of such emergency, steps shall be taken to ensure that the borrowed medications are replaced promptly and so documented.

(4) Omission of medications and the reason for omission shall be indicated in the patient's medical record.

(5) Medication administration records shall provide time of administration, identification of the drug and strength of drug, quantity of drug administered, route of administration, frequency, documentation sufficient to determine the staff who administered the drugs. Medication administration records shall indicate documentation of injection sites and topical medication sites requiring rotation, including, but not limited to, transdermal medication.

(6) The pharmacy shall receive an exact copy of each physician's order for medications and treatments.

(7) Automatic stop orders for medications and treatments shall be established and implemented.

(8) The facility shall maintain an accountability of controlled substances as defined by the North Carolina Controlled Substances Act, G.S. 90, Article 5.

History Note: Authority G.S. 131E-104; Eff. January 1, 1996.

10A NCAC 13D .2309 CARDIO-PULMONARY RESUSCITATION

(a) Each facility shall develop and implement a Cardio-Pulmonary Resuscitation (CPR) policy.

(b) The policy shall be communicated to all residents or their responsible party prior to admission.

(c) Upon admission each resident or his or her responsible party must acknowledge in writing having received a copy of the policy.

(d) The policy shall designate an outside emergency medical service provider to be immediately notified whenever an emergency occurs.

(e) The policy shall designate the level of CPR that is available using terminology defined by the American Heart Association. American Heart Association terminology is as follows:

(1) Heartsaver CPR;

(2) Heartsaver Automatic External Defibrillator (AED);

(3) Basic Life Support (BLS); or

(4) Advanced Cardiac Life Support (ACLS).

(f) The facility shall maintain staff on duty 24 hours a day trained by someone with valid certification from the American Heart Association or American Red Cross capable of providing CPR at the level stated in the policy. The facility shall maintain a record in the personnel file of each staff person who has received CPR training.

(g) The facility shall have equipment readily available as required to deliver services stated in the policy.

(h) The facility shall provide training for staff members who are responsible for providing CPR with regards to the location of resources and measures for self- protection while administering CPR.

History Note: Authority G.S. 131E-104; Eff. October 1, 2006.