

NEW JERSEY

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8:39-14.2 ADVISORY STAFF EDUCATION AND TRAINING FOR COMMUNICATION

(a) Periodic meetings are held with each service to discuss ways to improve care of all residents.

8:39-27.1 Mandatory policies, procedures and practices for quality of care

(a) The facility shall provide and ensure that each resident receives all care and services needed to enable the resident to attain and maintain the highest practicable level of physical (including pain management), emotional and social well-being, in accordance with individual assessments and care plans.

(b) All resident care policies shall be written and developed by a resident care committee, shall be available to physicians, advanced practice nurses, staff, residents, their relatives or guardians, and the public, and shall be implemented in accordance with acceptable professional standards of practice.

(c) The interdisciplinary committee or equivalent shall develop, review at least annually, revise as needed, and ensure implementation of written policies and procedures for the use of restraints and assure that the facility continuously attempts to eliminate the need for restraints. Guidance for such policies and procedures is provided in Appendix D of this chapter. Policies shall include the collection of the following data:

1. All emergency restraint applications;
2. Indicators for the frequency of the use of restraints in the facility;
3. Evaluation of all cases in which there is
 - i. A failure to obtain or receive a physician's or advanced practice nurse's order;
 - ii. A negative clinical outcome; and
4. Indicators of the frequency of the use of psychopharmacological agents.

(d) All nursing and professional staff of the facility shall receive orientation and annual training

in the use of restraints, including at least:

1. Emergency and non-emergency procedures;
2. Practice in the application of restraints and alternative methods of intervention; and
3. Interventions by licensed and non-licensed nursing personnel.

(e) The facility shall take preventive measures against the development of pressure sores, including assessing the resident's skin daily and minimizing friction and pressure against clothing and bed linens. When present, pressure sores shall be identified, documented, and treated.

(f) The facility shall conduct a bladder and bowel retraining program for selected residents on a 24-hour basis with results documented.

8:39-27.2 MANDATORY RESIDENT SERVICES FOR PERSONAL CARE

(a) Residents shall be weighed accurately every month. Whenever there is a gain or loss of five percent or more, a note shall be entered into the medical record stating whether the care plan should be modified. If the resident cannot be weighed, alternate measures shall be used to monitor weight change

(b) Non-ambulatory residents shall be repositioned at least once every two hours.

(c) Effective and safe measures shall be taken to ensure that residents do not harbor parasitic insects.

(d) Effective and safe measures shall be taken to ensure that residents are not malodorous.

(e) Any dehydrated and/or malnourished resident shall be accurately evaluated and effectively treated.

(f) Oral hygiene care shall be offered to the resident by staff on a daily basis.

(g) The resident's hair and nails shall be groomed.

(h) Each resident shall be kept clean and dry.

(i) Each resident shall receive at least one bath (tub or shower) per week unless contraindicated.

(j) Each resident's bed shall be made daily. Clean linen shall be provided for each resident at least once a week or whenever linens are soiled or wet.

(k) Each resident shall have access to fresh drinking water or juice at all times, unless contraindicated. .

(l) Non-bedfast residents shall be provided with the means for leaving and returning to their beds and rooms each morning and afternoon.

(m) Measures to prevent contractures shall be used, and contractures shall be identified, documented, and managed by rehabilitative nursing and physical therapy.

(n) Indwelling catheters shall not be used for the convenience of staff.

8:39-27.5 MANDATORY SUPPLIES AND EQUIPMENT FOR RESIDENT CARE

(a) Prostheses, including eyeglasses, dentures, and hearing aids, shall be functional and individualized, and shall be kept available to the resident, unless the resident specifically rejects their use.

(b) Adaptive devices and equipment shall be functional and individualized, and shall be kept available to the resident unless the resident specifically rejects their use.

(c) All drinking water containers shall be washed daily and sanitized weekly. Containers that cannot be sanitized shall be discarded.

(d) The facility shall maintain at least one bag-valve-mask resuscitator.

(e) Bath thermometers or other temperature controls shall be used to monitor the temperatures of each bath or shower.

8:39-28.1 ADVISORY POLICIES AND PROCEDURES FOR RESIDENT CARE

(a) The facility conducts scheduled interdisciplinary staff discussions, and discussions with residents and families, about the right of residents to die with dignity.

(b) The facility develops and provides individualized non-restrictive equipment meeting individual needs which fosters and supports a restraint-free environment for all residents.

(c) The facility maintains an on-going and on-site program of preventative treatment and referral to mental health services which includes prevention, treatment, and referral directed by a qualified mental health professional.

8:39-29.3 MANDATORY PHARMACY REPORTING POLICIES AND PROCEDURES

(a) The consultant pharmacist shall conduct a drug regimen review and enter appropriate comments into the medical record of every resident receiving medication, at least monthly, on a

pharmacist consultation sheet or another portion of the medical record in accordance with N.J.A.C. 13.39. The drug regimen review shall be performed in accordance with Federal and State Statutes, rules and regulations, and currently accepted standards of practice for rational drug therapy.

1. The consultant pharmacist shall report any irregularities promptly to the attending physician or advanced practice nurse and to the director of nurses and these reports shall be acted upon. These reports shall include, but are not limited to, problems and recommendations about drug therapy which may be affected by biologicals, laboratory tests, special dietary requirements and foods used or administered concomitantly with other medication to the same recipient. Also, these reports are required to include monitoring for potential adverse effects, allergies, drug interactions, contraindications, rationale, and drug evaluation.

2. Drug product defects and adverse drug reactions shall be reported in accordance with the ASHSP-USP-FDA (American Society of Health System Pharmacists, United States Pharmacopoeia, Food and Drug Administration) Drug Product Defect Reporting System and the USP Adverse Drug Reaction Reporting System.

3. All known drug allergies shall be documented in the resident's medical record including the medication administration records and physician or advanced practice nurse order sheets and on the outside front cover and communicated to the provider or dispensing pharmacy.

4. Drugs that are not specifically limited as to duration of use or number of doses shall be controlled by automatic stop orders. The resident's attending physician or advanced practice nurse shall be notified of the automatic stop order prior to the last dose so that he or she may decide whether to continue use of the drug.

5. If medication is withheld, the reason for withholding the medication shall be documented in the resident's medical record.

6. Medication errors and adverse drug reactions shall be reported immediately to the director of nursing or the alternate to the director of nursing, and a description of the error or adverse drug reaction shall be entered into the medical record before the end of the employee shift. If the

resident has erroneously received medication, the resident's physician or advanced practice nurse shall be notified immediately. If a medication error originated in the pharmacy, the pharmacy shall be notified immediately. The Department shall be notified of an adverse drug reaction that results in death.

8:39-29.8 MANDATORY PHARMACY QUALITY ASSURANCE

The pharmacy and therapeutics committee shall review reports of medication errors and suspected adverse drug reactions and shall summarize these reports yearly.