

## OREGON

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### 411-086-0110 Nursing Services: Resident Care

(Effective 10/01/1990)

(1) NURSING SERVICES GENERALLY. Nursing services staff shall provide and document nursing services for each resident. Nursing staff shall provide services to attain and maintain the highest practicable physical, mental and psychosocial well-being, independence, self-direction, and self-care of each resident, including:

(a) Good grooming and cleanliness of body, skin, nails, hair, eyes, ears, and face, including removal or shaving of hair in accordance with resident wishes, and prompt assistance with toileting needs and care for incontinence;

(b) Good body alignment and adequate exercise or range-of-motion, including, when practicable, ambulation;

(c) Adequate fluid and nutritional intake:

(A) Assistance or supervision with eating and drinking shall be provided as required;

(B) Fluids shall be offered at least three times a day (in addition to meal times) to residents who are unable to help themselves; and

(C) Weigh each resident on admission and quarterly thereafter or more often if resident's condition warrants it;

(d) Adequate sleep and rest;

(e) Oral hygiene;

(f) Bowel and bladder evacuation and continence;

(g) Optimal freedom from pain; and

(h) Resident ability to:

(A) Dress, bathe and groom;

(B) Transfer and ambulate;

(C) Appropriately interact with others; and

(D) Effective October 1, 1990, or in the event of delay of the federal requirement, effective the actual federal implementation date, self-medicate based on nursing and physician assessment and provision of instruction to the resident if necessary.

(2) COORDINATION OF SERVICES. The DNS and RN care manager shall coordinate the provision of nursing services for the resident with other disciplines and providers. The DNS and RN care manager shall ensure provision and documentation of resident care interventions prescribed by other health care professionals, including timely medications and treatments ordered by the resident's physician.

(3) Questionable Care. When any RN questions the efficacy, need or safety of medications or treatments, the RN shall report that question to the attending physician or nurse practitioner. The RN shall seek and document instructions received and all actions taken to ensure problem resolution.

(4) Standards of Practice. Nursing care staff shall provide nursing services in accordance with the Oregon Nurse Practice Act (ORS Chapter 678).

(5) Documentation. Licensed nursing staff shall evaluate and accurately document in the clinical record the effectiveness of services provided to the resident, including required preventive care, at least quarterly.

Stat. Auth.: ORS 410.070, 410.090 & 441.055

Stats. Implemented: ORS 441.055 & 441.615 Hist.: SSD 19-1990, f. 8-29-90, cert. ef. 10-1-90

#### 411-086-0120 Nursing Services: Changes of Condition

*(Effective 10/01/1990)*

(1) CHANGE OF CONDITION (Generally). Nursing staff shall observe, assess, document, and report to the DNS and the resident's physician any significant change in resident condition that warrants medical or nursing intervention, including any significant change in:

- (a) Vital signs;
- (b) Skin integrity (i.e., decubitus ulcer);
- (c) Hydration;
- (d) Ability to take or retain food or fluids;
- (e) Weight gain/loss;
- (f) Bowel or bladder function;
- (g) Behavior;
- (h) Level of comfort (i.e., pain, injury); or
- (i) Level of consciousness.

(2) Acute Condition Change. The nursing staff shall ensure that any significant and acute condition change is promptly assessed and documented by a registered nurse and that appropriate measures are immediately instituted.

(3) Documentation. Documentation shall include assessment, appropriate interventions, monitoring and outcome until point of resolution.

Stat. Auth.: ORS 410.070, 410.090 & 441.055 Stats. Implemented: ORS 441.055 & 441.615 Hist.: SSD 19-1990, f. 8-29-90, cert. ef. 10-1-90

#### 411-086-0140 Nursing Services: Problem Resolution & Preventive Care

(Effective 10/01/1990)

##### (1) PROBLEM RESOLUTION and PREVENTION.

(a) Conditions to be prevented. The licensee shall take all reasonable measures consistent with resident choice to resolve and to prevent undesirable conditions such as:

- (A) Decubitus ulcers and other skin breakdowns;
- (B) Loss of mobility, or development of contractures or foot drop;
- (C) Dehydration;
- (D) Impaction;
- (E) Infections;
- (F) Weight loss/gain;
- (G) Loss of range of motion;
- (H) Loss of bowel and bladder control; and
- (I) Loss of self-esteem or dignity.

(b) Reasonable Measures. Reasonable measures which are required to be taken include, but are not limited to:

- (A) Assessment of residents who are at risk;
- (B) Implementation of preventive measures; and
- (C) Reassessment and modification of treatment program when the program implemented is not

effective.

(2) **SAFE ENVIRONMENT.** The licensee shall ensure the provision of a safe environment to protect residents from injury. Actions taken by the facility staff shall be consistent with each resident's right to fully participate in his or her own care planning and shall not limit any resident's ability to care for herself/himself.

(a) **Dangerous Conditions.** The licensee shall take all reasonable precautions to protect a resident from possible injury from dangerous conditions.

(b) **Falling, Wandering, Negligence.** The licensee shall take all reasonable precautions to protect a resident from possible injury from falling, wandering, other resident(s), staff and staff negligence.

(c) **Reasonable Precautions.** Reasonable precautions include, but are not limited to, provision and documentation of an assessment and evaluation of resident's condition, medications, and treatments, and completion of a care plan, consistent with OAR 411-086-0060; and, when appropriate:

(A) Physician notification;

(B) Provision of additional in-service training; and/or

(C) Evaluation/adjustment of staffing patterns and supervision.

(d) The licensee shall take all reasonable precautions to protect a resident from dangerous conditions relating to remodeling or construction.

#### **NURSING SERVICES: RESTORATIVE CARE**

(1) **Restorative Program.** Nursing services staff shall provide a restorative program which re-establishes and maintains to the greatest extent practical the functional abilities of residents. Such functional abilities shall include but not be limited by the abilities identified in OAR 411-086-0110(1). The facility shall have written policies governing the provision and documentation of restorative services pursuant to OAR 411-085-0210.

(2) **Director.** The Director of Nursing Services or his/her designee shall ensure the development and implementation of an effective restorative services program.

(3) **Staffing.** Restorative services shall be provided by facility nursing staff in accordance with the resident's care plan.

(4) Restorative Plan. Each resident shall have a restorative plan based on an assessment of resident's needs and delivered in accordance with the resident care plan:

(a) Restorative services shall be provided to the resident in accordance with the preliminary resident care plan not later than 24 hours after admission;

(b) The restorative services plan shall be reviewed and updated as frequently as the resident's condition changes, but no less often than quarterly.

(5) Documentation. All restorative services provided and results of those services shall be clearly documented in the resident's clinical record. Progress notes relevant to the plan shall be documented in the resident's clinical record as frequently as the resident's condition or ability changes, but no less often than quarterly.

Stat. Auth.: ORS 410.070, 410.090 & 441.055 Stats. Implemented: ORS 441.055 & 441.615 Hist.: SSD 19-1990, f. 8-29-90, cert. ef. 10-1-90

#### 411-086-0260 Pharmaceutical Services

*(Effective 10/01/1990)*

...(5) MEDICATION REVIEW. Medications shall be reviewed monthly by the consulting pharmacist and reordered by the physician as necessary, but no less often than quarterly. The pharmacist shall alert the DNS when drugs designated "less-than effective" ("DESI" drugs) by the Federal Food and Drug Administration have been ordered and what alternative medications may be available. The DNS shall notify the physician.

### **NURSING FACILITIES LICENSING - ADMINISTRATION AND SERVICES**

#### 411-086-0360 Resident Furnishings, Equipment

*(Effective 10/01/1990)*

(1) RESIDENT EQUIPMENT.

...(c) Equipment such as wheelchairs, walkers, geri-chairs and crutches shall be readily available for residents needing this equipment.