

7. QUALITY OF CARE

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 plan of care.

7.1 Activities of Daily Living

Based on the comprehensive assessment of a resident, the facility must ensure that:

(a) a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's ability to:

(1) bathe, dress and groom;

(2) transfer and ambulate;

(3) toilet;

(4) eat; and

(5) use speech, language or other functional communication systems.

(b) a resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in subsection 7.1(a) above; and (c) a resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.

7.2 Vision and Hearing

To ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities, the facility must, if necessary, assist the resident:

(a) in making appointments; and

(b) 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.

7.3 Pressure Sores

Based on the comprehensive assessment of a resident, the facility must ensure that:

- (a) a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and
- (b) a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.

7.4 Urinary Incontinence

Based on the resident's comprehensive assessment, the facility must ensure that:

- (a) a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and
- (b) 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.

7.5 Range of Motion

Based on the comprehensive assessment of a resident, the facility must ensure that

- (a) 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; and
- (b) 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.

7.6 Mental and Psychosocial Functioning

Based on the comprehensive assessment of a resident, the facility must ensure that:

- (a) a resident who displays mental or psychosocial adjustment difficulty, receives appropriate treatment and services to correct the assessed problem; and
- (b) 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 is unavoidable.

7.7 Naso-Gastric Tubes

Based on the comprehensive assessment of a resident, the facility must ensure that:

(a) 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; and

(b) 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.

7.8 Accidents

The facility must ensure that:

(a) the resident's environment remains as free of accident hazards as is possible; and

(b) each resident receives adequate supervision and assistive devices to prevent accidents.

7.9 Nutrition

Based on a resident's comprehensive assessment, the facility must ensure that a resident:

(a) 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; and

(b) receives a therapeutic diet when there is a nutritional problem.

7.10 Hydration

The facility must provide each resident with sufficient fluid intake to maintain proper hydration and health.

7.11 Special Needs

The facility must ensure that residents receive proper treatment and care for the following special services:

(a) injections;

(b) parenteral and enteral fluids;

(c) colostomy, ureterostomy or ileostomy care;

(d) tracheostomy care;

- (e) tracheal suctioning;
- (f) respiratory care;
- (g) foot care; and
- (h) prostheses.

7.12 Medication/Drugs

(a) General. 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 therapy); or
- (2) for excessive duration; or
- (3) without adequate monitoring; or
- (4) without adequate indications for its use; or
- (5) in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or
- (6) any combinations of the reasons above.

(b) Antipsychotic Drugs. Based on a comprehensive assessment of a resident, the facility must ensure that:

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

(c) Medication Errors. The facility must ensure that

- (1) it is free of medication error rates of five percent or greater; and
 - (2) residents are free of any significant medication errors.
- (d) Controlled Drugs Policy. Facilities shall have policies and procedures regarding controlled drugs as required in 7.18 and in state law at 18 V.S.A. §§ 4201-4255.