

## WISCONSIN

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Downloaded January 2011

HFS 132.60 Resident care.

(1) INDIVIDUAL CARE.

Unless it is in conflict with the plan of care, each resident shall receive care based upon individual needs.

(a) *Hygiene.*

1. Each resident shall be kept comfortably clean and well-groomed.
2. Beds shall be made daily, with a complete change of linen to be provided as often as necessary, but at least once each week.
3. Residents shall have clean clothing as needed to present a neat appearance and to be free of odors. Residents who are not bedfast shall be dressed each day, in their own clothing if available, as appropriate to their activities, preferences, and comforts.

(b) *Decubiti prevention.* Nursing personnel shall employ appropriate nursing management techniques to promote the maintenance of skin integrity and to prevent development of decubiti (bedsores). These techniques may include periodic position change, massage therapy and regular monitoring of skin integrity.

(c) Basic nursing care. 1. Nursing care initiated in the hospital shall be continued immediately upon admission to the nursing home unless ordered otherwise by the admitting physician.

2. Nursing personnel shall provide care designed to maintain current functioning and to improve the resident's ability to carry out activities of daily living, including assistance with maintaining good body alignment and proper positioning to prevent deformities.
3. Each resident shall be encouraged to be up and out of bed as much as possible, unless otherwise ordered by a physician.
4. Any significant changes in the condition of any resident shall be reported to the nurse in charge or on call, who shall take appropriate action including the notice provided for in sub. (3).
5. The nursing home shall provide appropriate assessment and treatment of pain for each resident suspected of or experiencing pain based on accepted standards of practice that includes all of the following:
  - a. An initial assessment of pain intensity that shall include: the resident's self-report of pain, unless the resident is unable to communicate; quality and characteristics of the pain, including the onset,

duration and location of pain; what measures increase or decrease the pain; the resident's pain relief goal; and the effect of the pain on the resident's daily life and functioning.

b. Regular and periodic reassessment of the pain after the initial assessment, including quarterly reviews, whenever the resident's medical condition changes, and at any time pain is suspected, including prompt reassessment when a change in pain is self-reported, suspected or observed.

c. The delivery and evaluation of pain treatment interventions to assist the resident to be as free of pain as possible.

d. Consideration and implementation, as appropriate, of nonpharmacological interventions to control pain.

(d) Rehabilitative measures. Residents shall be assisted in carrying out rehabilitative measures initiated by a rehabilitative therapist or ordered by a physician, including assistance with adjusting to any disabilities and using any prosthetic devices.

(2) NOURISHMENT. (a) Diets. Residents shall be served diets as prescribed.

(b) Adaptive devices. Adaptive self-help devices, including dentures if available, shall be provided to residents, and residents shall be trained in their use to contribute to independence in eating.

(c) Assistance. Residents who require assistance with food or fluid intake shall be helped as necessary.

(d) Food and fluid intake and diet acceptance. A resident's food and fluid intake and acceptance of diet shall be observed, and significant deviations from normal eating patterns shall be reported to the nurse and either the resident's physician or dietitian as appropriate.

Note: For other dietary requirements, see s. HFS 132.63.

...(5) TREATMENT AND ORDERS.

...(d) *Administration of medications.*

4. 'Self-administration.' Self-administration of medications by residents shall be permitted on order of the resident's physician or dentist or in a predischarge program under the supervision of a registered nurse or designee.

5. 'Errors and reactions.' Medication errors and suspected or apparent drug reactions shall be reported to the nurse in charge or on call as soon as discovered and an entry made in the resident's clinical record. The nurse shall take appropriate action.

...(7) USE OF OXYGEN. (a) Orders for oxygen. Except in an emergency, oxygen shall be administered only on order of a physician.

(b) Person administering. Oxygen shall be administered to residents only by a capable person trained in its administration and use.

(c) Signs. "No smoking" signs shall be posted in the room and at the entrance of the room in which oxygen is in use.

(d) Flammable goods. Prior to administering oxygen, all matches and other smoking material shall be removed from the room.