State Regulations Pertaining to Quality of Care

Note: This document is arranged alphabetically by State. To move easily from State to State, click the "Bookmark" tab on the Acrobat navigation column to the left of the PDF document. This will open a Table of Contents for the document. The relevant federal regulations are at the end of the PDF.

ALABAMA

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420-5-10-.10 Quality of Care.

(1) 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.

(2) 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 paragraph (2) (a) above.

(c) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal hygiene.

(3) 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.

(4) 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.

(5) 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;

(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.

(6) 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) 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 was unavoidable.

(8) 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 nasogastric 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 feeding function.

(9) Accidents. The facility must ensure that:

(a) The resident environment remains as free of accident hazards as is possible; and

(b) Each resident receives adequate supervision and assistance devices to prevent accidents.

(10) 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.

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

(12) 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.

(13) Unnecessary 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 combination of the reason 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.

(14) Medication Errors. The facility must ensure that:

(a) It is free of medication error rates of five percent or greater; and

(b) Residents are free of any significant medication errors.

Author: Patricia E. Ivie Statutory Authority: Code of Alabama, 1975, 22-21-20, et seq. History:

Original rules filed: July 19, 1996; effective August 23, 1996.

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420-5-10-.10 Quality of Care

07 AAC 012.258. Use of Psychoactive Drugs.

(a) In addition to the rights of patients specified in 7 AAC 12.890, residents of nursing facilities have the right to be free from psychoactive drugs administered for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms.

(b) The record must contain evidence of an interdisciplinary team's identification of less restrictive approaches to be used before or in conjunction with the use of psychoactive drugs.

(c) If, after a trial period of less restrictive measures, a nursing facility decides that a psychoactive drug would enable and promote greater functional or social independence, the nursing facility must explain the use of the psychoactive drug to the resident, before its use. If the resident has a legal representative, the explanation must also be given to the resident's legal representative, before its use. The explanation must include a description of the risks and benefits of the use of the drug.

(d) Approval of the use of a psychoactive drug by a resident or legal representative must precede its use, except in the case of a medical emergency in which there is a risk of harm to the resident or others. The approval, or the circumstances of the emergency, must be documented in the resident's medical records at the nursing facility.

(e) A resident's medical records must contain evidence of an interdisciplinary team's periodic reassessment of the psychoactive drug to determine its effectiveness and appropriateness for continued use.

(f) A nursing home must also meet the requirements at 42 C.F.R. 483.10, 483.12, 483.13, and 483.15, as amended July 1, 1991, regardless of whether the nursing home is certified to receive Medicaid payments under 7 AAC 43.170.

History - Eff. 5/28/92, Register 122; am 8/15/92, Register 123.

Authority:

AS 18.20.010

AS 18.20.060

07 AAC 012.270. Staff Duties.

(b) The nursing facility staff shall give residents the necessary care to prevent pressure ulcers, contractures, and deformities.

(c) The nursing facility staff shall implement procedures to prevent and reduce incontinence of residents. These procedures must include

(1) A written assessment by a registered nurse within two weeks after admission of an incontinent resident's ability to participate in a bowel or bladder training program;

(2) An individualized bowel or bladder training plan for each resident, as appropriate; and

(3) a monthly written summary of a resident's performance in the training program.

(d) The nursing facility staff shall observe the hydration status of residents, and shall record deviations from the normal status and report the deviations to the charge nurse.

History - Eff. 11/19/83, Register 88; am 5/28/92, Register 122.

Authority:

AS 18.20.010

AS 18.20.060

7 AAC 12.680 PHARMACEUTICAL SERVICE.

(a)…The pharmacist shall perform the following duties:

…(8) Document and evaluate medication errors to prevent reoccurrence and to ensure the accuracy and adequacy of the medication distribution system.

History: Eff. 11/19/83, Register 88; am 5/28/92, Register 122; am 5/4/97, Register 142; am 12/3/2006, Register 180; am 5/24/2007, Register 182; am 9/30/2007, Register 183Authority: AS 18.05.040 AS 47.32.010 AS 47.32.030

R9-10-906. Nursing Services

…B. A director of nursing shall ensure that:

…14. A resident is free from significant medication errors; and

15. An unnecessary drug is not administered to a resident.

R9-10-910. Medical Services

…5. As required in A.R.S. § 36-406, vaccinations for influenza and pneumonia are available to each resident at least once every 12 months unless:

a. The attending physician provides documentation that the vaccination is medically contraindicated;

b. The resident or the resident's representative refuses the vaccination or vaccinations and documentation is maintained in the resident's medical records that the resident or the resident's representative has been informed of the risks and benefits of each vaccination refused; or

c. The resident or the resident's representative provides documentation that the resident received a pneumonia vaccination within the last five years or the current recommendation from the U.S. Department of Health and Human Services, Center for Disease Control and Prevention; and

6. A resident is assisted in obtaining, at the resident's expense:

a. Vision services;

b. Hearing services;

c. Dental services;

…e. Psychosocial services;

…i. Behavioral health services; and

j. Services for an individual who has a developmental disability as defined in A.R.S. Title 36, Chapter 5.1, Article 1.

Historical Note

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1).

R9-10-911. Medication

…B. An administrator shall ensure that:

…3. The medication error rate at the nursing care institution, as determined by the Department during a license survey, is less than five percent;

C. A director of nursing shall ensure that:

…3. A medication administration error or an adverse reaction to a medication or biological is reported to a resident's attending physician or the attending physician's designee and documented in the resident's medical records;

4. An antipsychotic medication:

a. Is only administered to a resident for a diagnosed medical condition;

b. Unless clinically contraindicated or otherwise ordered by an attending physician or the attending physician's designee, is gradually reduced in dosage while the resident is simultaneously provided with interventions such as behavior and environment modification in an effort to discontinue the antipsychotic medication unless a dose reduction is attempted and the resident displays behavior justifying the need for the antipsychotic medication, and the attending physician documents the necessity for the continued use and dosage; and

c. Is documented as required in R9-10-913 and includes the resident's response to the medication.

ARKANSAS

516 NURSING CARE REQUIREMENTS

516.1 Charting

e. The following observations must be charted upon occurrence*:

* If a flow sheet is utilized for documentation of the following, it is only necessary to document a summarization on the nurse's progress notes based on the time frequencies in item (d) above.

1. Accidents/Incidents (charting will be done every shift for at least 48 hours or until the resident returns to pre-accident status or stable condition, which ever is longer);

2. Significant changes in the residents physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications). Charting will be required on every shift until the resident's condition becomes stable;

3. Any need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment. due to adverse consequences, or to commence a new form of treatment);

4. Use of physical restraints to include the type applied, time of application, checks, releases and exercise of resident. (Flow sheet may be used.);

5. Bedtime snacks for therapeutic diets and physician ordered supplemental feedings to include the type, amount served and amount consumed. (Flow sheet may be used.);

6. Meal consumption for residents at nutritional risk to include percentage of meal consumed. (Flow sheet may be used.);

7. PRN medications to include name, amount, route of administration, time, reason given and response. PRN "controlled" drugs must also be charted in the nurse's notes, which must also contain the condition of the patient before and after administration.

8. Foley catheters to include documentation of insertion, reinsertion, removal and catheter irrigations. The total amount of urinary output must be documented, at. a minimum, every eight (8) hours. (Flow sheet may be used.);

9. Nasogastric or gastrostomy tubes to include documentation of insertion, reinsertion, removal, placement checks, care of site, type of formula, amount of formula, rate of feeding, and flushes. Total fluid intake must be documented, at a minimum, every eight (8) hours to include formula and flushes. (Flow sheet may be used.);

10. Problem skin conditions to include date of onset and weekly progress notes. Documentation must identify the skin problem, stage, size, color, odor and drainage, if any. The chart shall also document the date and time of treatments and dressings. (Flow sheet may be used.);

11. Physician visits to include date of visit;

12. Any contacts with the physician (date and time) regarding the resident's condition and the physician's response/instructions;

13. Resident’s condition on discharge or transfer;

14. Disposition of personal belongings and medications upon discharge;

15. Time of death of a resident, the name of person pronouncing death and disposition of the body.

516.2 Routine Care and Services

Each patient in the home shall receive the type of nursing care including restorative nursing as required by his/her condition. Patients shall be encouraged to be active, to develop techniques for

self-help, and be stimulated to develop hobbies and interests. Criteria for determining adequate and proper care includes:

516.2.1 Kind and considerate care and treatment at all times.

516.2.2 A minimum of a complete bath twice a week for all ambulatory patients with adequate assistance or supervision as needed. Patients who are incontinent or are confined to bed shall have a complete bath daily and partial baths each time the bed or clothing is wet or soiled. All soiled linen and clothing shall be replaced with clean dry ones.

516.2.3 A minimum of one shampoo every week and assistance with daily hair grooming. Patients shall not be required to pay for routine hair grooming provided by facility staff.

516.2.4 Assistance with or supervision of shaving of men patients at least every other day except when contraindicated or refused by the patient. Patients shall not be required to pay for routine shaving.

516.2.5 Oral care shall be provided at least twice a day.

516.2.6 Hands and feet shall have proper care and attention. Nails shall be kept clean and trimmed. Additional lotion shall be applied to hands and feet when indicated. Precautions shall be taken to prevent foot drop in bed patients.

516.2.7 Bed linens shall be changed weekly or more often as needed and adjusted at least daily.

516.2.8 Patients shall have clean and seasonal clothing as needed to present a neat and clean appearance, to be free of odors, and to be comfortable.

516.2.9 Measures shall be taken toward the prevention of pressure sores, and if they exist, treatment shall be given on written medical order. The position of bed patients shall be changed every two (2) hours during the day and night.

516.2.10 Each mattress and pillow shall be moisture proof or must have a moisture proof cover. Rubber or plastic sheets shall be cleaned often to prevent accumulation of odors. Clean cloth draw sheets shall be used over the rubber or plastic sheet.

516.2.11 Assistance with the use of commode, bedpan, or toilet, and keeping the commode, bedpan, and urinal clean and free of odors. Bedpans, urinals, and wash basins shall be name-labeled, cleaned after each use, properly stored in the patient's bedside cabinet, and sanitized at least weekly. Any of these utensils not name-labeled and stored in individual bedside cabinets must be sterilized after each use.

516.2.12 Each patient shall be up and out of bed for at least a brief period everyday unless the physician has written an order for him/her to remain in bed.

516.2.13 Fluids shall be offered at frequent intervals when the patient is unable to obtain them. Water pitchers shall be refilled at least once each shift and should be kept in reach of patients. Clean drinking glasses shall be kept with each water pitcher.

516.2.14 Physical findings (temperature, pulse, respiration, and blood pressure) shall be taken and recorded as ordered by the physician, but not less than one (1) time a week. All residents with indwelling catheters should have urine output recorded each shift.

516.2.15 Administration of oxygen.

516.2.16 Documentation that a continuous program of bowel or bladder training is provided when appropriate.

516.2.17 Proper bed and chair positioning.

516.2.18 Nursing equipment is in sufficient supply, in good condition, is properly cleaned and cared for, well organized, and readily available.

516.2.19 Precautions to assure the safety of patients are continuously in effect. (See, also, Section 309 regarding restraints.)

516.2.20 Bedside nursing care.

516.2.21 Administration of hypodermic medications as prescribed.

516.2.22 Rehabilitation programs such as physical therapy, occupational therapy, speech therapy, etc., as required by written physician orders. Such therapies must be administered by qualified persons.

516. 3 Skilled Nursing Facilities:

In addition, the following services will be required in Skilled Nursing Facilities:

☐ Intravenous feedings

☐ Complex dressings

☐ Skilled nursing care

☐ Tube feedings

There will be no administration of blood in the nursing home unless the nursing home is physically connected to a hospital. In any nursing home administering blood, a registered nurse must be on duty throughout the entire administration.

517 TREATMENT AND MEDICATIONS

517.8 Treatment of a lesion or open wound shall be done only by licensed nursing personnel.

518 REHABILITATIVE NURSING

518.1 Nursing personnel shall be trained in rehabilitative nursing measures. This shall be documented in the orientation program, and in-service on this subject shall be conducted at least annually.

518.2 The facility shall have an active program of rehabilitative nursing care which is an integral part of nursing service and is directed toward assisting each patient to achieve and maintain an optimal level of self care and independence.

518.3 Rehabilitative nursing services such as proper maintenance of body alignment, bed and chair positioning, use of foodboards, use of handrolls, range of motion exercises, elevation of extremities as indicated, assistance with ambulation, and bowel or bladder training shall be performed daily and recorded routinely for those patients who require such service.

CALIFORNIA

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s 72301. Required Services.

… (b) Skilled nursing facilities caring for patients who are mentally disordered and whose needs for a special treatment program are identified shall also meet the requirements for a special treatment program service.

s 72311. Nursing Service –General

(a) Nursing service shall include, but not be limited to, the following:

… (3) Notifying the attending physician promptly of:

(A) The admission of a patient.

(B) Any sudden and/or marked adverse change in signs, symptoms or behavior exhibited by a patient.

(C) An unusual occurrence involving a patient, as defined in Section 72541.

(D) A change in weight of five pounds or more within a 30-day period unless a different stipulation has been stated in writing by the patient's physician.

(E) Any untoward response or reaction by a patient to a medication or treatment.

(F) Any error in the administration of a medication or treatment to a patient which is life threatening and presents a risk to the patient.

(G) The facility's inability to obtain or administer, on a prompt and timely basis, drugs, equipment, supplies or services as prescribed under conditions which present a risk to the health, safety or security of the patient.

(b) All attempts to notify physicians shall be noted in the patient's health record including the time and method of communication and the name of the person acknowledging contact, if any. If the attending physician or his designee is not readily available, emergency medical care shall be provided as outlined in Section 72301(g).

(c) Licensed nursing personnel shall ensure that patients are served the diets as prescribed by attending physicians.

Note: Authority cited: Section 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§72315. Nursing Service--Patient Care.

...(d) Each patient shall be provided care which shows evidence of good personal hygiene, including care of the skin, shampooing and grooming of hair, oral hygiene, shaving or beard trimming, cleaning and cutting of fingernails and toenails. The patient shall be free of offensive odors.

(e) Each patient shall be encouraged and/or assisted to achieve and maintain the highest level of self-care and independence. Every effort shall be made to keep patients active, and out of bed for reasonable periods of time, except when contraindicated by physician's orders.

(f) Each patient shall be given care to prevent formation and progression of decubiti, contractures and deformities. Such care shall include:

(1) Changing position of bedfast and chair-fast patients with preventive skin care in accordance with the needs of the patient.

(2) Encouraging, assisting and training in self-care and activities of daily living.

(3) Maintaining proper body alignment and joint movement to prevent contractures and deformities.

(4) Using pressure-reducing devices where indicated.

(5) Providing care to maintain clean, dry skin free from feces and urine.

(6) Changing of linens and other items in contact with the patient, as necessary, to maintain a clean, dry skin free from feces and urine.

(7) Carrying out of physician's orders for treatment of decubitus ulcers. The facility shall notify the physician, when a decubitus ulcer first occurs, as well as when treatment is not effective, and shall document such notification as required in Section 72311 (b).

(g) Each patient requiring help in eating shall be provided with assistance when served, and shall be provided with training or adaptive equipment in accordance with identified needs, based upon patient assessment, to encourage independence in eating.

(h) Each patient shall be provided with good nutrition and with necessary fluids for hydration.

(i) Measures shall be implemented to prevent and reduce incontinence for each patient and shall include:

(1) Written assessment by a licensed nurse to determine the patient's ability to participate in a bowel and/or bladder management program. This is to be initiated within two weeks after admission of an incontinent patient.

(2) An individualized plan, in addition to the patient care plan, for each patient in a bowel and/or bladder management program.

(3) A weekly written evaluation in the progress notes by a licensed nurse of the patient's performance in the bowel and/or bladder management program.

(j) Fluid intake and output shall be recorded for each patient as follows:

(1) If ordered by the physician.

(2) For each patient with an indwelling catheter:

(A) Intake and output records shall be evaluated at least weekly and each evaluation shall be included in the licensed nurses' progress notes.

(B) After 30 days the patient shall be reevaluated by the licensed nurse to determine further need for the recording of intake and output.

(k) The weight and length of each patient shall be taken and recorded in the patient's health record upon admission, and the weight shall be taken and recorded once a month thereafter.

(l) Each patient shall be provided visual privacy during treatments and personal care.

(m) Patient call signals shall be answered promptly.

s 72443. Special Treatment Program Service Unit -General.

(a) Special treatment programs shall provide programs to serve patients who have a chronic psychiatric impairment and whose adaptive functioning is moderately impaired. Special treatment program services are those therapeutic services, including prevocational preparation and prerelease planning, provided to mentally disordered persons having special needs in one or more of the following general areas: self-help skills, behavior adjustment, interpersonal relationships.

(b) To be eligible for special treatment program services, the patient's condition should be responsive to special treatment program services and prohibitive to placement in a skilled nursing facility.

(c) The facility shall not accept for care any mentally disordered patient who has an identified program need unless the Department of Mental Health has approved the facility's specific special treatment plan.

Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

s 72445. Special Treatment Program Service Unit -Services.

(a) The program objective shall be to provide a program aimed at improving the adaptive functioning of chronic mentally disordered patients to enable some patients to move into a less restrictive environment and prevent other patients from regressing to a lower level of functioning.

(b) The facility shall have the capability of providing all of the following special rehabilitation program services. Individual programs shall be provided based on the specific needs identified through patient assessments.

(1) Self-Help Skills Training. This shall include but not be limited to:

(A) Personal care and use of medications

(B) Money management

(C) Use of public transportation

(D) Use of community resources

(E) Behavior control and impulse control

(F) Frustration tolerance

(G) Mental health education

(H) Physical fitness

(2) Behavioral Intervention Training. This shall include but not be limited to:

(A) Behavior modification modalities

(B) Remotivation therapy

(C) Patient government activities

(D) Group counseling

(E) Individual counseling

(3) Interpersonal Relationships. This shall include but not be limited to:

(A) Social counseling

(B) Educational and recreational therapy

(C) Social activities such as outings, dances, etc.

(4) Prevocational Preparation Services. This shall include but not be limited to:

(A) Homemaking

(B) Work activity

(C) Vocational counseling

(5) Prerelease Planning

(A) Out-of-home placement.

COLORADO

Part 5 - Resident Care

5.1 RESIDENT CARE. Residents shall receive the care necessary to meet individual physical, psycho-social, and rehabilitative needs and assistance to achieve and maintain their highest possible level of independence, self-care, and self-worth and well-being. Provision of care shall be documented in the health record.

5.1.2 PRESSURE ULCER PREVENTION AND CARE. (See also 7.7)

(1) For residents whose pressure ulcers developed while the resident was in the facility, the facility shall have:

(a) assessed the potential for skin breakdown, and

(b) provided preventive measures before the ulcer developed to residents identified in the assessment required in section 5.2 as at risk of pressure ulcers (i.e., a resident exhibiting three or more of the following symptoms: underweight, incontinence, dehydration, disorientation or unconsciousness, or limited mobility).

(2) For all residents with pressure ulcers, the facility shall:

(a) have developed an individualized treatment plan (as prescribed by section 5.7) designed to alleviate the condition;

(b) be providing active treatment to improve the condition in accordance with the treatment plan;

(c) be evaluating the resident's progress and treatment at least weekly and revising the treatment plan as needed and required by section 5.7;

(d) be providing proper nutrition and hydration to promote healing and prevent further breakdown.

5.1.3 ACCIDENT PREVENTION AND ATTENTION.

(1) The facility shall:

(a) investigate causes of accidents;

(b) monitor the resident's response to the accident, and obtain physician's or mental health evaluation, if needed;

(c) have developed and implemented an individualized plan as part of the care plan prescribed by Section 5.7 for prevention of future accidents;

(d) evaluate and revise the plan as needed.

(2) For residents at high risk for accidents, the facility shall have identified the risk in the care plan and taken reasonable precautions to prevent common accidents before the accident occurred. Residents at high risk of accidents include the blind, the deaf, those with seizure disorders, those with accidents in the last 6 months, the totally confused but ambulatory, new amputees, and residents on psychoactive drugs.

5.1.4 BEHAVIOR PROBLEM CARE.

(1) For residents with behavior problems the facility shall:

(a) have noted the behavioral problem and evaluated it in the initial assessment required by Section 5.2;

(b) develop and implement an individualized treatment plan as part of the care plan prescribed by Section 5.7;

(c) develop and implement a behavior management plan as part of the care plan prescribed by Section 5.7;

(d) obtain a mental health evaluation in appropriate cases;

(e) evaluate the resident's progress and revise the plan, as needed and required by Section 5.7;

(2) For residents receiving behavior modification drugs, the facility shall indicate in nurses' notes both positive and/or negative effects of the drug and that alternatives or adjuncts to the drugs in care planning were considered. These evaluations shall meet requirements of Section 7.10.8.

5.1.5 CONTRACTURE CARE. (See also 7.7)

(1) For residents with contractures upon admission, the facility shall have noted the problem, evaluated it, and undertaken restorative nursing intervention.

(2) For residents with contractures that occurred while in the facility, the facility shall have documented that range of motion and/or repositioning was performed before the contracture developed; if the resident refused treatment or preventive measures, the. facility shall have documented that such measures and the consequences of the refusal were explained to the resident.

(3) For all other residents with the potential for contracture, the facility shall have developed and be implementing an individualized treatment plan as part of the care plan prescribed in Section 5.7 to prevent or manage contractures and be periodically evaluating the progress. The plan shall be reviewed and revised at least annually as needed.

5.1.6 PROMOTION OF MOBILITY. (See also 7.7)

(1) For all residents, the facility shall have assessed each resident's ambulation potential and capability at least monthly, designed a plan of care as part of the care plan prescribed in section 5.7 to encourage mobility, be implementing the plan, regularly evaluate progress and revise the plan as needed.

(2) For residents requiring devices and/or personal assistance to ambulate, the facility shall provide and maintain devices in good repair, assist the resident to obtain appropriate footwear, and provide assistance to residents to move and transfer.

5.1.7 INDWELLING CATHETER CARE.

(1) For residents with any indwelling catheter, the facility shall have:

(a) evaluated appropriateness of continued use at least monthly;

(b) assessed the reason for the incontinence;

(c) evaluated the potential of bladder retraining, implementing it, if indicated, or documenting reasons if retraining was not indicated;

(d) implemented any physician order for irrigation or catheter replacement.

(2) For residents exhibiting signs or symptoms of urinary tract infection, the facility shall have notified the physician, obtained orders for treatment and implemented such treatment plan.

5.1.8 WEIGHT CHANGES. The facility shall:

(1) evaluate the resident to determine the cause of the weight change;

(2) develop and implement an individualized plan of care as part of the care plan prescribed by Section 5.7 (including appropriate intervention by other appropriate disciplines); evaluate resident progress as required by Section 5.7, and revise the plan, as needed;

(3) observe food and fluid intake and provide encouragement to residents with eating problems;

(4) provide reasonable choices of foods to meet personal preferences and religious needs;

(5) if nourishments are provided as part of the care plan, between meals and at bedtime, document the nourishments provided and whether they are consumed;

(6) provide assistance in eating or adaptive eating devices and assist residents in obtaining dentures, or dental care, as appropriate to the individual resident;

(7) for residents with mouth or gum problems, meet the requirements of part 10.

5.1.9 GROOMING.

(1) The facility shall assist the resident to obtain appropriate materials for personal care for the resident, provide personal care in a manner that preserves resident dignity and privacy, and provide social services intervention, if needed.

(2) For residents with inappropriate, unclean, or poorly maintained clothing and/or assistive devices, the facility shall assist the residents to obtain clothing, shoes and devices. Such clothing, shoes and devices shall fit properly, be clean, and be in good repair.

(3) For residents with poor oral hygiene, the facility shall meet the requirements of Part 10.

5.1.10 EXCORIATION PREVENTION AND CARE. (See also 7.7)

(1) For all residents who are incontinent or immobile, have impaired sensation, compromised nutritional or fluid status, or inadequate hygiene, the facility shall:

(a) have completed an initial skin evaluation upon admission and re-evaluated the condition at least weekly;

(b) be providing measures to prevent the excoriation, including:

(1) maintenance of clean, dry well lubricated skin;

(2) taking incontinent residents to the bathroom on a regular individualized schedule;

(3) evaluating the need for daily baths;

(4) determining potential trouble spots where microbial growth may occur (breasts, gluteal folds, skin folds).

(2) For residents with excoriations, the facility shall:

(a) develop and be implementing an individualized treatment plan as part of the care plan prescribed by Section 5.7 for the excoriation;

(b) evaluate the resident's progress at least daily and review and revise the treatment plan as needed;

(c) enter a progress note at least weekly in the health record.

5.1.11 FLUID MANAGEMENT. The facility shall provide fluid in quantities needed to maintain hydration and body weight and shall:

(1) assess each resident's hydration needs;

(2) observe and evaluate food and fluid intake daily and record and report deviations from sufficient food and fluid intake;

(3) provide assistance and encouragement to residents requiring assistance to meet their food and fluid requirements;

(4) provide self-help adaptive devices and encourage their use.

Part 7. NURSING SERVICES

7.12 SAFETY DEVICES. A safety device such as an alarm, helmet or pillow is used to protect the resident from injury to self, maintain body alignment, or facilitate comfort. Prior to using any safety device, the facility shall assess the resident to properly identify the resident's needs and medical symptom/s that the safety device is being employed to address. The facility shall also evaluate whether any safety device being used meets the definition of a physical restraint as defined at section 7.11(A).

7.12.1 Linen shall not be used as safety devices.

7.12.2 Safety devices shall not be used for disciplinary purposes, for the convenience of staff, or to reduce the need for care of residents during periods of understaffing.

7.12.3 The facility shall establish written policies and procedures governing the use of safety devices and shall assure that they are followed by all staff members.

7.12.4 If a safety device meets the definition of a restraint, then all regulations under section 7.11 apply. A registered nurse may order a safety device after assessing and determining the need exists. Through the nursing assessment, if the need is ongoing, a comprehensive, documented physical and functional assessment shall be completed no less often than after the first 24 hours, at the end of the week, and monthly thereafter.

…7.13 PHYSICIAN NOTIFICATION. Facility staff shall notify the attending physician promptly in cases of significant change in resident status and any incident or accident involving the resident.

Part 13. EMERGENCY SERVICES

13.1 EMERGENCY CARE POLICIES. The facility shall have and follow written policies for the care of residents in an emergency available for staff use, including: 1) arrangements for necessary medical care when a resident's physician is unavailable (developed by persons described in Section 6.2); 2) procedures and training programs that cover immediate care of residents; and 3) persons to be notified in an emergency.

CONNECTICUT

19-13-D8t. Chronic and convalescent nursing homes and rest homes with nursing supervision

(m) Nursing staff:

…(2) The number, qualifications, and experience of such personnel shall be sufficient to assure that each patient:

(A) receives treatment, therapies, medications and nourishments as prescribed in the patient care plan developed pursuant to subsection (o) (2) (I) of these regulations;

(B) is kept clean, comfortable and well groomed;

(C) is protected from accident, incident, infection, or other unusual occurrence.

(n) Medical and professional services.

…(8) Professional services provided to each patient by the facility shall include, but not necessarily be limited to, the following:

(A) monthly:

(i) blood pressure, and

(ii) weight check;

(B) yearly:

(i) hematocrit, hemoglobin and red blood cell indices determination;

(ii) urinalysis, including determination of qualitative protein glucose and microscopic examination of urine sediment;

(iii) immunization against influenza in accordance with the recommendations of the Advisory Committee on Immunization Practices, established by the United States Secretary of Health and Human Services;

(iv) blood urea nitrogen or creatinine;

(v) dental examination and evaluation;

(vi) rectal examination, including a determination for occult blood in stool, on patients forty (40) years or over; and

(vii) breast examination on all women;

(C) every two (2) years, visual acuity, grossly tested, for near and distant vision for sighted patients;

(D) every five (5) years:

(i) screening audiometry for patients without a hearing aid; and

(ii) tonometry for sighed patients forty (40) years or over; and

(E) every ten (10) years, tetanus-diphtheria toxoid immunization following completion of initial series.

(F) Immunization against pneumococcal disease in accordance with the recommendations of the National Advisory Committee on Immunization Practices, established by the Secretary of Health and Human Services.

DELAWARE

Downloaded January 2011

6.3 Nursing Administration

6.3.10 The facility shall ensure that all licensed or certified direct care staff receive CPR certification and shall ensure that at least one staff person with current CPR certification is present in the facility during all shifts.

6.9.3 Immunizations

6.9.3.1 All facilities shall have on file evidence of annual vaccination against influenza for all residents, as recommended by the Immunization Practice Advisory Committee of the Centers for Disease Control, unless medically contraindicated.

6.9.3.2 All facilities shall have on file evidence of vaccination against pneumococcal pneumonia for all residents older than 65 and as recommended by the Immunization Practice Advisory Committee of the Centers for Disease Control unless medically contraindicated.

6.9.3.3 A resident who refuses to be vaccinated against influenza or pneumococcal pneumonia shall be informed by the facility of the health risks involved. The reason for the refusal(s) shall be documented in the resident's medical record annually.

DISTRICT OF COLUMBIA

Downloaded January 2011

3206. RESIDENT CARE POLICIES

3206.1 There shall be written policies to govern nursing care and related medical and other services provided.

3206.2 These policies shall be developed with the advice of a committee of professional personnel, including the Medical Director, the Director of Nursing and appropriate department heads as deemed necessary by the facility.

3206.3 Policies shall be reviewed by the committee at least annually with written notations, signatures, and dates of review.

3206.4 The Administrator shall be responsible for the execution of these policies.

3211. NURSING PERSONNEL

3211.1 Sufficient nursing time shall be given to each resident to ensure that the resident receives the following:

(a) Treatments, medications, diet and nutritional supplements and fluids as prescribed, and rehabilitative nursing care as needed;

(b) Proper care to minimize pressure ulcers and contractures and to promote the healing of ulcers;

(c) Assistance in daily personal grooming so that the resident is comfortable, clean, and neat as evidenced by freedom from body odor, cleaned and trimmed nails, and clean, neat and well-groomed hair;

(d) Protection from accident, injury, and infection;

(e) Encouragement, assistance, and training in self-care and group activities;

(f) Encouragement and assistance to:

(1) Get out of bed and dress or be dressed in his or her own clothing, and shoes or slippers, which shall be clean and in good repair;

(2) Use the dining room if he or she is able; and

(3) Participate in meaningful social and recreational activities;

(g) Prompt, unhurried assistance if he or she requires or requests help with eating;

(h) Prescribed adaptive self-help devices to assist him or her in eating independently;

(i) Assistance, if needed, with daily hygiene, including oral care; and

(j) Prompt response to an activated call bell or call for help.

3213 RESTORATIVE NURSING CARE PROGRAM

3213.1 The facility shall have a restorative nursing care program to assist in maintaining the highest

practicable level of physical, mental and psychosocial well-being of each resident.

3213.2 Each nursing employee shall provide restorative nursing in his or her daily care of residents, which shall include the following:

(a) Maintaining good body alignment and proper positioning of bedridden residents;

(b) Encouraging and assisting bedridden residents or those residents that are confined to a chair to change position at least every two (2) hours or more often as the resident's condition warrants, day and night, to stimulate circulation; prevent bed sores, pressure ulcers and deformities; and to promote the healing of pressure ulcers;

(c) Encouraging residents to be active and out of bed for reasonable periods of time, except when contraindicated by physician's orders;

(d) Encouraging residents to be independent in activities of daily living by teaching and explaining the importance of self-care, ensuring and assisting with transfer and ambulating activities, by allowing sufficient time for task completion by the residents, and by encouraging and honoring resident's choices;

(e) Assisting residents to adjust to their condition and to their use of prosthetic devices;

(f) Achieving good body alignment and balance for residents who use mechanical supports, which are properly designed and applied under the supervision of a licensed nurse;

(g) Identifying residents who would benefit from a bowel and bladder training program and initiating such a program to decrease incontinence and unnecessary use of catheters; and

(h) Assessing the nature, causes and extent of behavioral disorientation difficulty and implementing appropriate strategies and practices to improve the same.

3213.3 Each nursing employee who provides restorative nursing services shall attend educational programs in restorative nursing that includes practical experience.

3215 VENTILATOR CARE SERVICES

3215.1 The facility may care for ventilator patients in a ventilator care area upon compliance with Title III of the Nursing Home and Community Residence Facility Residents' Protections Act of 1985, effective April 18, 1986, D.C. Law 6-108, D.C. Code § 32-1431 et seq.

3215.2 Ventilator care shall be supervised by a physician who has special training and experience in diagnosing, treating and assessing problems related to ventilator patients.

3215.3 The facility shall ensure that ventilator care services are provided by a sufficient number of qualified staff and that personnel provide ventilator care services commensurate with their documented training, experience, and competence.

3215.4 As appropriate, ventilator care personnel shall be competent in the following:

(a) The fundamentals of cardiopulmonary physiology and of fluids and electrolytes;

(b) The recognition, interpretation and recording of signs and symptoms of respiratory dysfunction and medication side effects, particularly those that require notification of a physician;

(c) The initiation and maintenance of cardiopulmonary resuscitation and other related life-support procedures;

(d) The mechanics of ventilation and ventilator function;

(e) The principles of airway maintenance, including endotracheal and tracheotomy care;

(f) The effective and safe use of equipment for administering oxygen and other therapeutic gases and providing humidification, nebulization, and medication;

(g) Pulmonary function testing and blood gas analysis when these procedures are performed within the ventilator care unit;

(h) Methods that assist in the removal of secretions from the bronchial tree, such as hydration, breathing and coughing exercises, postural drainage, therapeutic percussion and vibration, and mechanical clearing of the airway through proper suctioning technique;

(i) Procedures and observations to be followed during and after extubation; and

(j) Recognition of and attention to the psychosocial needs of residents and their families.

3215.5 The facility shall ensure that each ventilator is equipped with an alarm, designed to alert the nursing station, on both the pressure valve and the volume valve.

3215.6 In order to operate a ventilator unit, a facility shall develop and the Department of Health shall approve, a plan of operation which shall include:

(a) A description of the services to be provided;

(b) A description of the staffing pattern;

(c) A description of the qualification, duties and responsibilities of personnel;

(d) A quality assurance plan which shall include:

(1) Assignment of responsibility for monitoring and evaluation activities;

(2) Identification of indicators and appropriate clinical critical criteria for monitoring the most important aspects; and

(3) Establishment of thresholds (levels or trends) for the indicators that will trigger evaluation of care;

(e) Policies and procedures on the following:

(1) The transfer or referral of residents who require services that are not provided by the nursing facility;

(2) The administration of medicines unique to the needs of the special care residents;

(3) Infection control measures to minimize the transfer of infection in the ventilator unit;

(4) Pertinent safety practices, including the control of fire and medical hazards; and

(5) Protocols for emergency situations.

3215.7 When the ventilator care services are provided by an outside contractor, the facility shall:
(a) Approve the contractor based on the contractor's credentials, qualifications and experience; and

(b) Ensure that all contractors:

(1) Provide services twenty-four hours a day;

(2) Meet all safety requirements;

(3) Abide by all pertinent policies and procedures of the facility;

(4) Provide services in accordance with the law governing the facility;

(5) Participate in the monitoring and evaluation of the appropriateness of services provided as required by the facility's quality assurance program; and

(6) Ensure that all contractual services are under the supervision of the facility's medical director or the physician employed by the facility to coordinate ventilator care services.

3222. IMMUNIZATIONS

3222.1 As described further in this Section, each facility shall ensure that each resident and each employee has either received immunization against influenza virus or has refused such vaccination, and that each resident and each employee indicated in subsection 3222.6 has either received immunization against pneumococcal disease or has refused such vaccination. The facility shall be required to maintain written evidence of each such immunization or refusal.

3222.2 Influenza and pneumococcal immunizations shall be provided and updated in accordance with the latest recommendations of the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention. To the extent that the ACIP recommendations may differ from the terms of this Section, the ACIP recommendations shall control.

3222.3 Except as provided in subsection 3222.9, each resident and each employee shall, no later than November 30th of each calendar year or six (6) weeks after the vaccination becomes readily available in the District of Columbia, whichever is later, undergo immunization for influenza virus as required pursuant to subsection 3222.2. The facility shall provide the immunization to each resident, except as described in subsection 3222.4, and shall document the immunization.

3222.4 Pursuant to subsection 3222.3, each resident or employee may obtain the required immunization from a medical provider of his or her choice. If the resident or employee obtains such immunization from a provider other than the facility, the resident or employee shall provide the facility, no later than November 30th or six (6) weeks after the vaccination becomes readily available in the District of Columbia, whichever is later, with documentation of the immunization. The facility shall record such documentation within twenty-four (24) hours of its receipt.

3222.5 The facility shall, for each resident admitted between December 1st and March 31st, and for each employee hired between December 1st and March 31st, determine, within seventy-two (72) hours of admission or the start of employment, whether the resident or employee has received immunization against influenza virus as required pursuant to subsections 3222.2, 3222.3, and 3222.4. If the facilty determines that a resident has not received such immunization, the facility shall provide it within seventy-two (72) hours of the determination, except as provided in subsections 3222.4 and 3222.9. If the facilty determines that an employee has not received such immunization, the facility shall instruct the employee to obtain the immunization and to provide documentation thereof, or of refusal, to the facility within seven (7) days of the determination.

3222.6 Except as provided in subsection 3222.9, each resident and each employee in the categories described below shall, no later than one hundred eighty (180) days after the effective date of this Section or thirty (30) days after admission to the facility or the start of employment, whichever is later, undergo immunization for pneumococcal disease as required pursuant to subsection 3222.2. The facility shall provide the immunization to each resident, except as described in subsection 3222.7, and shall document the immunization. The following persons shall undergo immunization for pneumococcal disease:

(a) Residents and employees sixty-five (65) years of age or older;

(b) Residents and employees under the age of sixty-five (65) years with chronic cardiovascular disease, chronic pulmonary disease, diabetes mellitus, alcoholism, chronic liver disease, cerebrospinal fluid leaks, or functional or anatomic asplenia; and

(c) Residents and employees under the age of sixty-five (65) years who are immunocompromised, receiving immunosuppressive therapy, or who have received an organ or bone marrow transplant.

3222.7 Pursuant to subsection 3222.6, each affected resident or employee may obtain the required immunization from a medical provider of his or her choice. If the resident or employee obtains such immunization from a provider other than the facility, the resident or employee shall provide the facility, no later than one hundred eighty (180) days after the effective date of this Section or thirty (30) days after admission to the facility or the start of employment, whichever is later, with documentation of the immunization. The facility shall record such documentation within twenty-four (24) hours of its receipt.

3222.8 Each resident and each employee affected by subsection 3222.6 shall be revaccinated against pneumococcal disease according to the schedule below. The facility shall provide the revaccination or shall obtain documentation of the revaccination provided elsewhere, as required by subsections 3222.6 and 3222.7, and shall document the revaccination, according to the schedule below. The following persons shall be revaccinated as indicated:

(a) Residents and employees sixty-five (65) years of age and older: a single revaccination at or after age sixty-five (65) if the person has been previously vaccinated and five (5) or more years have elapsed since the previous vaccination;

(b) Residents and employees under the age of sixty-five (65) years with chronic cardiovascular disease, chronic pulmonary disease, diabetes mellitus, alcoholism, chronic liver disease, or cerebrospinal fluid leaks: a single revaccination at or after age sixty-five (65) if the person has been previously vaccinated and five (5) or more years have elapsed since the previous vaccination; and

(c) Residents and employees under the age of sixty-five (65) years with functional or anatomic asplenia, or who are immunocompromised, receiving immunosuppressive therapy, or have received an organ or bone marrow transplant: a single revaccination if five (5) or more years have elapsed since the previous vaccination.

3222.9 No resident or employee shall be required to receive either an influenza virus immunization or a pneumococcal disease immunization if such immunization is medically contraindicated for that individual, or if such immunization is against the resident or employee's religious beliefs, or if the resident, the resident's representative or legal guardian, or the employee knowingly refuses such immunization.

3228. PODIATRY SERVICES PROGRAM

3228.1 Each facility shall have a written agreement for obtaining regular podiatry services with a podiatrist licensed in the District of Columbia.

3228.2 Podiatry services shall include direct services to residents, as well as consultation and in-service training for nursing employees.

3228.3 Each facility shall make available podiatry services upon need or request by a resident.

3228.4 If podiatry services are established and staffed by the facility, appropriate space and proper maintenance of equipment shall be provided at all times.

3228.5 Each medication or treatment that is prescribed by the podiatrist shall be in writing and included as part of the resident's medical record.

3228.6 Each resident's attending physician shall be notified prior to implementation of the podiatrist's order.

3228.7 Nursing employees shall assist a resident in carrying out the podiatrist's orders.

3228.8 Each treatment by the podiatrist shall be documented at the time of each visit and included in the medical record of each resident and the resident's attending physician shall be contacted if there are abnormal findings.

3228.9 Each resident shall have the right to select his or her podiatrist.

3228.10 Each facility shall develop policies and procedures which describe the objectives and scope of podiatry services.

59A-4.202 Quality of Care.

(1) The Agency shall determine how a Gold Seal recommended licensee ranks relative to other licensees in the same region.

(2) The agency shall compute a quality of care score and rank nursing home licensees, in accordance with the Nursing Home Guide Performance Measures Algorithm, July 2000.

(3) To be considered further for a Gold Seal Award, the facility's quality of care rank must be in the top 15% of facilities in the applicant's region or top 10% statewide. The facility must also be ranked in the Nursing Home Guide as a five-star facility overall.

Specific Authority 400.235(9) FS. Law Implemented 400.235 FS. History-New 8-21-01, Amended 5-15-07.

Statutes

400.141 Administration and management of nursing home facilities.

(1) Every licensed facility shall comply with all applicable standards and rules of the agency and shall:

…(u) Before November 30 of each year, subject to the availability of an adequate supply of the necessary vaccine, provide for immunizations against influenza viruses to all its consenting residents in accordance with the recommendations of the United States Centers for Disease Control and Prevention, subject to exemptions for medical contraindications and religious or personal beliefs. Subject to these exemptions, any consenting person who becomes a resident of the facility after November 30 but before March 31 of the following year must be immunized within 5 working days after becoming a resident. Immunization shall not be provided to any resident who provides documentation that he or she has been immunized as required by this paragraph. This paragraph does not prohibit a resident from receiving the immunization from his or her personal physician if he or she so chooses. A resident who chooses to receive the immunization from his or her personal physician shall provide proof of immunization to the facility. The agency may adopt and enforce any rules necessary to comply with or implement this paragraph.

(v) Assess all residents for eligibility for pneumococcal polysaccharide vaccination (PPV) and vaccinate residents when indicated within 60 days after the effective date of this act in accordance with the recommendations of the United States Centers for Disease Control and Prevention, subject to exemptions for medical contraindications and religious or personal beliefs. Residents admitted after the effective date of this act shall be assessed within 5 working days of admission and, when indicated, vaccinated within 60 days in accordance with the recommendations of the United States Centers for Disease Control and Prevention, subject to exemptions for medical contraindications and religious or personal beliefs. Immunization shall not be provided to any resident who provides

documentation that he or she has been immunized as required by this paragraph. This paragraph does not prohibit a resident from receiving the immunization from his or her personal physician if he or she so chooses. A resident who chooses to receive the immunization from his or her personal physician shall provide proof of immunization to the facility. The agency may adopt and enforce any rules necessary to comply with or implement this paragraph.

(w) Annually encourage and promote to its employees the benefits associated with immunizations against influenza viruses in accordance with the recommendations of the United States Centers for Disease Control and Prevention. The agency may adopt and enforce any rules necessary to comply with or implement this paragraph.

GEORGIA

Downloaded January 2011

290-5-8-.10 Medical, Dental and Nursing Care.

...(8) Nursing care shall be provided each patient according to his needs and in accordance with his patient care plan.

HAWAII

Downloaded January 2011

§11-94-23 Nursing services.

(b) Nursing services shall include at least the following:

...(4) Completion of all physician's orders with appropriate documentation.

(5) Restorative and preventive nursing care including patient education as appropriate for each patient.

(6) Supportive services to patients to enable them to participate fully in appropriate daily activities.

(7) Physical care to keep patients clean, comfortable, well-groomed, and protected from accidents and infections. As appropriate, patients shall be dressed in their own clothes appropriate to the activity in which they are engaged.

(8) Proper care to prevent or treat decubitus ulcers and deformities.

(9) Weighing each patient at least monthly and height taken upon admission.

(d) There shall be a nurses' call system which registers calls within hearing range and directly visible by on-duty personnel.

§11-94-27 Pharmaceutical services.

(f) Only appropriately, licensed and trained staff shall be allowed to administer drugs and shall be responsible for proper recording of the medication including the route of administration. Medication errors and drug reactions shall be recorded in the patient's chart and reported immediately to the physician who ordered the drug and an incident report shall be prepared. All incident reports shall be kept available for inspection by the director.

[Eff. May 3, 1985] (Auth: HRS §§321-9, 321-11) (Imp: HRS §§321-9, 321-11)

IDAHO

12. Accident or Injury. The administrator shall show evidence of written safety procedures for handling of patients/residents, equipment lifting, and the use of equipment. (1-1-88)

a. Polishes, waxes, and finishes on floors shall provide a nonslip surface. (1-1-88)

b. Throw or scatter rugs shall not be used in the facility. Exception: nonslip mats may be used. (1-1-88)

200. NURSING SERVICES.

03. Patient/Resident Care.

…b. Patient/resident needs shall be recognized by nursing staff and nursing services shall be provided to assure that each patient/resident receives care necessary to meet his total needs. Care shall include, but is not limited to:

i. Good grooming and cleanliness of body, skin, nails, hair, eyes, ears, and face, including the removal or shaving of hair in accordance with patient/resident wishes or as necessitated to prevent infection;

ii. Good body alignment and adequate exercises and range of motion;

iii. Adequate fluid and nutritional intake, including provisions for self-help eating devices as needed;

iv. Delivery of medications, diet and treatments as ordered by the attending physician, dentist or nurse practitioner;

v. Prevention of decubitus ulcers or deformities or treatment thereof, if needed, including, but not limited to, changing position every two (2) hours when confined to bed or wheelchair and opportunity for exercise to promote circulation;

vi. Protection from accident or injury;

vii. Oral hygiene;

viii. Maintenance of a comfortable environment free from soiled linens, beds or clothing, inappropriate application of restraints and any other factors which interfere with the proper care of the patients/residents;

xii. Rehabilitative nursing current with acceptable professional practices to assist the patient/resident in promoting or maintaining his physical functioning.

04. Medication Administration. Medications shall be provided to patients/residents by licensed nursing staff in accordance with established written procedures which shall include at least the following:

…g. Each patient's/resident's medication is properly recorded on his individual medication record by the person administering the medication. The record shall include:

…vii. Medication errors (which shall be reported to the charge nurse and attending physician.

ILLINOIS

Downloaded January 2011

Section 300.686 Unnecessary, Psychotropic, and Antipsychotic Drugs

a) A resident shall not be given unnecessary drugs in accordance with Section 300.Appendix F. In addition, an unnecessary drug is any drug used:

1) in an excessive dose, including in duplicative therapy;

2) for excessive duration;

3) without adequate monitoring;

4) without adequate indications for its use; or

5) in the presence of adverse consequences that indicate the drugs should be reduced or discontinued. (Section 2-106.1(a) of the Act)

b) Psychotropic medication shall not be prescribed or administered without the informed consent of the resident, the resident's guardian, or other authorized representative. (Section 2-106.1(b) of the Act) Additional informed consent is not required for reductions in dosage level or deletion of a specific medication. The informed consent may provide for a medication administration program

of sequentially increased doses or a combination of medications to establish the lowest effective dose that will achieve the desired therapeutic outcome. Side effects of the medications

shall be described.

c) Residents shall not be given antipsychotic drugs unless antipsychotic drug therapy is necessary, as documented in the resident's comprehensive assessment, to treat a specific or suspected condition as diagnosed and documented in the clinical record or to rule out the possibility of one of the conditions in accordance with Section 300.Appendix F.

d) Residents who use antipsychotic drugs shall receive gradual dose reductions and behavior interventions, unless clinically contraindicated, in an effort to discontinue these drugs in accordance with Section 300.Appendix F.

e) For the purposes of this Section:

1) "Duplicative drug therapy" means any drug therapy that duplicates a particular drug effect on the resident without any demonstrative therapeutic benefit. For example, any two or more drugs, whether from the same drug category or not, that have a sedative effect.

2) "Psychotropic medication" means medication that is used for or listed as used for antipsychotic, antidepressant, antimanic or antianxiety behavior modification or behavior management purposes in the latest edition of the AMA Drug Evaluations (Drug Evaluation Subscription, American Medical Association, Vols. IIII, Summer 1993), United States Pharmacopoeia Dispensing Information Volume I (USP DI) (United States Pharmacopoeial Convention, Inc., 15th Edition, 1995), American Hospital Formulary Service Drug Information 1995 (American Society of Health Systems Pharmacists, 1995), or the Physician's Desk Reference (Medical Economics Data Production Company, 49th Edition, 1995) or the United States Food and Drug Administration approved package insert for the psychotropic medication. (Section 2-106.1(b) of the Act)

3) "Antipsychotic drug" means a neuroleptic drug that is helpful in the treatment of psychosis and has a capacity to ameliorate thought disorders.

(Source: Added at 20 Ill. Reg. 12208, effective September 10, 1996)

Section 300.1060 Vaccinations

a) A facility shall annually administer a vaccination against influenza to each resident, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention that are most recent to the time of vaccination, unless the vaccination is medically contraindicated or the resident has refused the vaccine. Influenza vaccinations for all residents age 65 and over shall be completed by November 30 of each year or as soon as practicable if vaccine supplies are not available before November 1. Residents admitted after November 30, during the flu season, and until February 1 shall, as medically appropriate, receive an influenza vaccination prior to or upon admission or as soon as practicable if vaccine supplies are not available at the time of the admission, unless the vaccine is medically contraindicated or the resident has refused the vaccine. (Section 2-213 of the Act)

b) A facility shall document in the resident's medical record that an annual vaccination against influenza was administered, refused or medically contraindicated. (Section 2-213 of the Act)

c) A facility shall provide or arrange for administration of a pneumococcal vaccination to each resident who is age 65 or over, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, who has not received this immunization prior to or upon admission to the facility unless the resident refuses the offer for vaccination or the vaccination is medically contraindicated. (Section 2-213 of the Act)

d) A facility shall document in each resident's medical record that a vaccination against pneumococcal pneumonia was offered and administered, refused, or medically contraindicated. (Section 2-213 of the Act)

(Source: Added at 29 Ill. Reg. 12852, effective August 2, 2005)

Section 300.1210 General Requirements for Nursing and Personal Care

a) … Restorative measures shall include at a minimum the following procedures:

…2) All nursing personnel shall assist and encourage residents so that 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. All nursing personnel shall assist and encourage residents so that 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.

3) All nursing personnel shall assist and encourage residents so that a resident who is incontinent of bowel and/or bladder receives the appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. All nursing personnel shall assist residents so that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary.

4) All nursing personnel shall assist and encourage residents so that 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 abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene.

5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.

b) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis:

1) Medications including oral, rectal, hypodermic, intravenous and intramuscular shall be properly administered.

2) All treatments and procedures shall be administered as ordered by the physician.

3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.

4) Personal care shall be provided on a 24-hour, seven day a week basis. This shall include, but not be limited to, the following:

A) Each resident shall have proper daily personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician.

B) Each resident shall have at least one complete bath and hair wash weekly and as many additional baths and hair washes as necessary for satisfactory personal hygiene.

C) Each resident shall have clean suitable clothing in order to be comfortable, sanitary, free of odors, and decent in appearance. Unless otherwise indicated by his/her physician, this should be street clothes and shoes.

D) Each resident shall have clean bed linens at least once weekly and more often if necessary.

5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24 hour, seven day a week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.

6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.

(Source: Amended at 23 Ill. Reg. 8106, effective July 15, 1999)

Section 300.1630 Administration of Medication

…e) Medication errors and drug reactions shall be immediately reported to the resident's physician, licensed prescriber if other than a physician, the consulting pharmacist and the dispensing pharmacist (if the consulting pharmacist and dispensing pharmacist are not associated with the same pharmacy). An entry shall be made in the resident's clinical record, and the error or reaction shall also be described in an incident report.

Section 300.3220 Medical and Personal Care Program

g) Every woman resident of child-bearing age shall receive routine obstetrical and gynecological evaluations as well as necessary prenatal care. (Section 2-104(b) of the Act) In addition, women residents should be referred immediately for diagnosis whenever pregnancy is suspected.

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410 IAC 16.2-3.1-25 Pharmacy services

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1; IC 25-26-13

(b) The administration of drugs and treatments, including alcoholic beverages, nutrition concentrates, and therapeutic supplements, shall be as ordered by the attending physician and shall be supervised by a licensed nurse as follows:

(9) Any error in medication administration shall be noted in the resident's record. The physician shall be notified of any error in medication administration when there are any actual or potential detrimental effects to the resident. The facility must ensure that it is free of medication error rates of five percent (5%) or greater and that residents are free of any medication errors that jeopardize their health, safety, or welfare.

410 IAC 16.2-3.1-37 Quality of care

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 37. (a) 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 care plan.

(b) To ensure each resident receives proper care and treatment, the facility shall assist the resident in making appropriate appointments and in arranging for transportation to and from the office of the practitioner specializing in the needed treatment.

(c) For purposes of IC 16-28-5-1, a breach of subsection (a) or (b) is a deficiency. (Indiana State Department of Health; 410 IAC 16.2-3.1-37; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1555, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 16.2-3.1-38 Activities of daily living

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 38. (a) Based on the comprehensive assessment of a resident and the care plan, the facility must ensure the following:

(1) The resident's abilities in activities of daily living (ADL) do not diminish unless circumstances of the resident's clinical condition demonstrate that diminution was unavoidable. Conditions demonstrating unavoidable diminution in ADLs include the following:

(A) The natural progression of the resident's disease.

(B) Deterioration of the resident's physical condition associated with the onset of a physical or mental disability while receiving care to restore or maintain functional abilities.

(2) A resident is given the appropriate treatment and services to maintain or improve his or her abilities, including, but not limited to, the following:

(A) Bathing, dressing, and grooming.

(B) Transfer and ambulation.

(C) Toileting.

(D) Eating.

(E) Speech, language, or other functional communication systems.

(3) A resident who is unable to carry out ADL receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Each resident shall show evidence of good personal hygiene, including, but not limited to, the following:

(A) Care of the skin.

(B) Shampoo and grooming of the hair.

(C) Oral hygiene and care of the lips to prevent dryness and cracking.

(D) Shaving and beard trimming.

(E) Cleaning and cutting of the fingernails and toenails.

(b) Consistent with the care plan and the resident's right to refuse care, the following services shall be provided:

(1) Each resident shall be given or assisted in oral care, at least daily, to promote clean and healthy gums and teeth. Dentures, when present, shall be properly cared for and cleaned at least daily.

(2) Each resident shall be bathed or assisted to bathe as frequently as is necessary, but at least twice weekly.

(3) Each resident shall have at least one (1) shampoo every week and more often if needed or requested as part of the resident's normal bathing schedule.

(4) Each resident shall be dressed in clean garments.

(5) Residents who are not bedfast shall be encouraged to be dressed each day.

(6) A resident who is bedfast or chair-fast shall have his or her body position changed in accordance with the resident's need as stated in the care plan. Proper body alignment shall be maintained in accordance with the capabilities of each resident.

(c) The resident shall be encouraged or assisted to be as independent as possible, including having self-help and ambulation devices readily available to meet the current needs of the resident with the devices in good repair.

(d) Each resident shall have personal care items such as combs and brushes, cleaned as appropriate.

(e) Each resident may retain personal care items if in the original container labeled by the manufacturer.

(f) The resident has the right to refuse care and treatment to restore or maintain functional abilities after efforts by the facility to counsel and/or offer alternatives to the resident. Refusal of such care and treatment should be documented in the clinical records.

(g) For purposes of IC 16-28-5-1, a breach of:

(1) subsection (a), (b), (c), or (f) is a deficiency; and

(2) subsection (d) or (e) is a noncompliance.

(Indiana State Department of Health; 410 IAC 16.2-3.1-38; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1555, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 16.2-3.1-39 Vision and hearing

Authority: IC 16-28-1-7; IC 16-28-1-12 Affected: IC 16-28-5-1

Sec. 39. (a) To ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities, the facility must, if necessary, assist the resident as follows:

(1) In making appointments.

(2) 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.

(b) For purposes of IC 16-28-5-1, a breach of subsection (a) is a deficiency. (Indiana State Department of Health; 410 IAC 16.2-3.1-39; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1556, eff Apr 1,

1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 16.2-3.1-40 Pressure sores

Authority: IC 16-28-1-7; IC 16-28-1-12 Affected: IC 16-28-5-1

Sec. 40. (a) Based on the comprehensive assessment of a resident and the care plan, the facility must ensure the following:

(1) A resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrated that they were unavoidable. A determination that the development of a pressure sore was unavoidable may be made only if routine preventative and daily care was provided.

(2) A resident having pressure sores or other sign of skin breakdown receives prompt necessary treatment, pressure reducing devices and services to promote healing, prevent infection, and prevent new sores from developing.

(3) The resident's physician shall be notified at the earliest sign of a pressure sore or other skin breakdown. Such notification shall be documented in the clinical record.

(b) For purposes of IC 16-28-5-1, a breach of subsection (a) is a deficiency. (Indiana State Department of Health; 410 IAC 16.2-3.1-40; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1556, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 16.2-3.1-41 Urinary incontinence

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 41. (a) Based on the resident's comprehensive assessment and care plan, the facility must ensure the following:

(1) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary.

(2) 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.

(b) For purposes of IC 16-28-5-1, a breach of subsection (a) is a deficiency. (Indiana State Department of Health; 410 IAC 16.2-3.1-41; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1556, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 16.2-3.1-42 Range of motion

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 42. (a) Based on the comprehensive assessment and care plan of a resident, the facility must ensure the following:

(1) 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.

(2) 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.

(b) For purposes of IC 16-28-5-1, a breach of subsection (a) is a deficiency. (Indiana State Department of Health; 410 IAC 16.2-3.1-42; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1557, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 16.2-3.1-43 Mental and psychosocial functioning

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 43. (a) Based on the comprehensive assessment and care plan of the resident, the facility must ensure the following:

(1) A resident who displays mental or psychosocial adjustment difficulty receives appropriate treatment and services to correct the assessed problem.

(2) 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 was unavoidable.

(b) For purposes of IC 16-28-5-1, a breach of subsection (a) is a deficiency. (Indiana State Department of Health; 410 IAC 16.2-3.1-43; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1557, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 16.2-3.1-44 Naso-gastric tubes

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 44. (a) Based on the comprehensive assessment and comprehensive care plan of a resident, but subject to the resident's right to refuse, the facility must ensure the following:

(1) 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.

(2) 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.

(b) For purposes of IC 16-28-5-1, a breach of subsection (a) is a deficiency. (Indiana State Department of Health; 410 IAC 16.2-3.1-44; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1557, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 16.2-3.1-45 Accidents

Authority: IC 16-28-1-7; IC 16-28-1-12 Affected: IC 16-28-5-1

Sec. 45. (a) The facility must ensure the following:

(1) The resident's environment remains as free of accident hazards as is reasonably possible.

(2) Each resident receives adequate supervision and assistive devices to prevent accidents.

(b) For purposes of IC 16-28-5-1, a breach of subsection (a) is a deficiency. (Indiana State Department of Health; 410 IAC 16.2-3.1-45; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1557, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 16.2-3.1-46 Nutrition and hydration

Authority: IC 16-28-1-7; IC 16-28-1-12 Affected: IC 16-28-5-1

Sec. 46. (a) Based on a resident's comprehensive assessment and care plan, but subject to the resident's right to refuse, the facility must ensure the following:

(1) That a resident 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.

(2) Receives a therapeutic diet when there is a nutritional problem.

(b) Based on the resident's comprehensive assessment and care plan, the facility must provide each resident with sufficient fluid intake to maintain proper hydration and health. Fresh drinking water shall be provided to each resident and be available to each resident at all times, and a clean drinking glass and covered water pitcher shall be provided at least daily to each resident unless contraindicated by the resident's care plan. Ice shall be available to the residents at all times.

(c) For purposes of IC 16-28-5-1, a breach of subsection (a) or (b) is a deficiency. (Indiana State Department of Health; 410 IAC 16.2-3.1-46; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1557, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 16.2-3.1-47 Special needs

Authority: IC 16-28-1-7; IC 16-28-1-12 Affected: IC 16-28-5-1

Sec. 47. (a) The facility must ensure that the residents receive proper treatment and care by qualified personnel for the following special services if offered:

(1) Injections.

(2) Parenteral and enteral fluids.

(3) Colostomy, ureterostomy, or ileostomy care.

(4) Tracheostomy care.

(5) Tracheal suctioning.

(6) Respiratory care.

(7) Foot care.

(8) Prostheses.

(b) For purposes of IC 16-28-5-1, a breach of subsection (a) is a deficiency. (Indiana State Department of Health; 410 IAC 16.2-3.1-47; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1558, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 16.2-3.1-48 Drug therapy

Authority: IC 16-28-1-7; IC 16-28-1-12 Affected: IC 16-28-5-1

Sec. 48. (a) 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 drug therapy);

(2) for excessive duration;

(3) without adequate monitoring;

(4) without adequate indications for its use;

(5) in the presence of adverse consequences that indicate the dose should be reduced or discontinued; or

(6) any combination of the reasons in this subsection.

(b) Based on a comprehensive assessment and care plan of a resident, the facility must ensure the following:

(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.

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

(c) The facility must ensure the following:

(1) It is free of medication error rates of five percent (5%) or greater.

(2) Residents are free of any medication errors that jeopardize their health, safety, or welfare.

(d) For purposes of IC 16-28-5-1, a breach of subsection (a), (b), or (c) is a deficiency. (Indiana State Department of Health; 410 IAC 16.2-3.1-48; filed Jan 10, 1997, 4:00 p.m.: 20 IR 1558, eff Apr 1, 1997; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

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481—58.16(135C) Resident care and personal services.

58.16(1) Beds shall be made daily and adjusted as necessary. A complete change of linen shall be made at least once a week and more often if necessary. (III)

58.16(2) Residents shall receive sufficient supervision so that their personal cleanliness is maintained. (II, III)

58.16(3) Residents shall have clean clothing as needed to present a neat appearance, to be free of odors, and to be comfortable. Clothing shall be based on resident choice and shall be appropriate to residents' activities and to the weather. (III)

58.16(4) Rescinded, effective 7/14/82.

58.16(5) Residents shall be encouraged to leave their rooms and make use of the recreational room or living room of the facility. (III)

58.16(6) Residents shall not be required to pass through another's bedroom to reach a bathroom, living room, dining room, corridor, or other common areas of the facility. (III)

58.16(7) Rescinded, effective 7/14/82.

58.16(8) Uncontrollable residents shall be transferred or discharged from the facility in accordance with contract arrangements and requirements of Iowa Code chapter 135C. (II, III)

58.16(9) Exceptforthosewhorequestdifferently,residentswhoarenotbedfastshallbefullydressed each day to maintain self-esteem and promote the residents' normal lifestyles. (III)

58.16(10) Residents shall receive a bath of their choice, based on the facility's accommodations, as needed to maintain proper hygiene. (II, III)

481—58.18(135C) Nursing care.

58.18(1) Individualhealthcareplansshallbebasedonresidenttreatmentdecisions,thenatureofthe illness or disability, treatment, and care prescribed. Goals shall be developed by each discipline providing service, treatment, and care. These plans shall be in writing, revised as necessary, and kept current. They shall be made available to all those rendering the services and for review by the department. (III)

58.18(2) Residents shall be protected against hazards to themselves and others or the environment. (II, III)

58.18(3) The facility shall provide resident and family education as an integral part of restorative and supportive care. (III)

58.18(4) The facility shall provide prompt response from qualified staff for the resident's use of the nurse call system. (II, III) (Prompt response being considered as no longer than 15 minutes.)

58.19(135C) Required nursing services for residents. The program plan for nursing facilities shall have the following required nursing services under the 24-hour direction of qualified nurses with ancillary coverage as set forth in these rules:

58.19(1) Activities of daily living.

a. Bathing; (II, III)

b. Daily oral hygiene (denture care); (II, III)

c. Routine shampoo; (II, III)

d. Nail care; (III)

e. Shaving; (III)

f. Daily care and application of prostheses (glasses, hearing aids, glass eyes, limb prosthetics, braces, or other assistive devices); (II, III)

g. Ambulation with equipment if applicable, or transferring, or positioning; (I, II, III)

h. Daily routine range of motion; (II, III)

i. Mobility (assistance with wheelchair, mechanical lift, or other means of locomotion); (I, II, III)

j. Elimination.

(1) Assistance to and from the bathroom and perineal care; (II, III)

(2) Bedpan assistance; (II, III)

(3) Care for incontinent residents; (II, III) Page 19 of 75 PDF created; 09-26-06

(4) Bowel and bladder training programs including in-dwelling catheter care (i.e., insertion and irrigation), enema and suppository administration, and monitoring and recording of intake and output, including solid waste; (I, II, III)

k. Colostomy care (to be performed only by a registered nurse or licensed practical nurse or by a qualified aide under the direction of a registered nurse or licensed practical nurse); (I, II, III)

l. Ileostomy care (to be performed only by a registered nurse or licensed practical nurse or by a qualified aide under the direction of a registered nurse or licensed practical nurse); (I, II, III)

m. All linens necessary; (III)

n. Nutrition and meal service.

(1) Regular, therapeutic, modified diets, and snacks; (I, II, III)

(2) Mealtime preparation of resident; (II, III)

(3) Assistance to and from meals; (II, III)

(4) In-room meal service or tray service; (II, III)

(5) Assistance with food preparation and feeding including total feeding if needed; (II, III)

(6) Assistance with adaptive devices; (II, III)

(7) Tube feeding (to be performed by a registered nurse or licensed practical nurse only); (I, II, III) . Promote initiation of self-care for elements of resident care; (II, III)

p. Oral suctioning (to be performed only by a registered nurse or licensed practical nurse or by a qualified aide under the direction of a registered nurse or licensed practical nurse). (I, II)

58.19(2) Medications and treatment.

a. Administration of all medications as ordered by the physician including oral, instillations, topical, injectable (to be injected by a registered nurse or licensed practical nurse only); (I, II)

b. Wound care; (I, II)

c. Blood glucose monitoring; (II, III)

d. Vital signs, blood pressure, and weights; (I, II)

e. Ambulation and transfer; (II, III)

f. Provision of restraints; (I, II)

g. Administration of oxygen (to be performed only by a registered nurse or licensed practical nurse or by a qualified aide under the direction of a registered nurse or licensed practical nurse); (I, II)

h. Provision of all treatments; (I, II, III)

i. Provide emergency and arrange medical care, including transportation, in accordance with written policies and procedures of the facility. (I, II, III)

j. Provision of accurate assessment and timely intervention for all residents who have an onset of adverse symptoms which represent a change in mental, emotional, or physical condition. (I, II, III)

481—58.20(135C) Duties of health service supervisor. Every nursing facility shall have a health

service supervisor who shall:

…58.20(5) Initiate preventative and restorative nursing procedures for each resident so as to achieve and maintain the highest possible degree of function, self-care, and independence based on resident choice, where practicable; (II, III)

58.20(6) Supervise health services personnel to ensure they perform the following restorative measures in their daily care of residents:

a. Maintaining good bodily alignment and proper positioning; (II, III)

b. Making every effort to keep the resident active except when contraindicated by physician's orders, and encouraging residents to achieve independence in activities of daily living by teaching self-care, transfer, and ambulation activities; (III)

c. Assisting residents to adjust to their disabilities, to use their prosthetic devices, and to redirect their interests as necessary; (III)

d. Assistingresidentstocarryoutprescribedtherapyexercisesbetweenvisitsofthetherapist;(III)

e. Assisting residents with routine range of motion exercises. (III)

481—58.29(135C) Resident care.

58.29(1) There shall be a readily available supply of self-help and ambulation devices such as wheelchairs, walkers, and such other devices maintained in good repair that will meet the current needs of all residents. (III)

58.29(2) The facility shall ensure that each ambulatory resident has well-fitting shoes to provide support and prevent slipping. (III)

58.29(3) Equipment for personal care shall be maintained in a safe and sanitary condition. (II, III)

58.29(4) The expiration date for sterile equipment shall be exhibited on its wrappings.

58.29(5) Residents who have been known to wander shall be provided with appropriate means of identification. (II, III)

58.29(6) Electric heating pads, blankets, or sheets shall be used only on the written order of a physician, when allowed by the Life Safety Code or applicable state or local fire regulations. (II, III)

KANSAS

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28-39-152. Quality of care. Each resident shall receive and the nursing facility shall 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 the plan of care. (a) Activities of daily living. Based on the comprehensive assessment of the resident, the facility shall ensure all of the following:

(1) Each resident's abilities in activities of daily living improve or are maintained except as an unavoidable result of the resident's clinical condition. This shall include the resident's ability to perform the following:

(A) bathe;

(B) dress and groom;

(C) transfer and ambulate;

(D) toilet;

(E) eat; and

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

(2) Each resident is given the appropriate treatment and services to maintain or improve the level of functioning as described above in paragraph (1).

(3) Any resident who is unable to perform activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. The facility shall ensure all of the following:

(A) Residents are bathed to ensure skin integrity, cleanliness, and control of body odor.

(B) Oral care is provided so that the oral cavity and dentures are clean and odor is controlled.

(C) Residents are dressed and groomed in a manner that preserves personal dignity.

(D) Residents who are unable to eat without assistance are offered fluids and food in a manner that maintains adequate hydration and nutrition.

(E) The resident's abilities to obtain fluid and nutrition in a normal manner are preserved or enhanced.

(b) Urinary incontinence. The facility shall ensure all of the following:

(1) Residents who are incontinent at the time of admission or who become incontinent after admission are assessed, and based on that assessment a plan is developed and implemented to assist the resident to become continent, unless the resident's clinical condition demonstrates that incontinency is unavoidable.

(2) Residents who are incontinent receive appropriate treatment and services to prevent urinary tract infections.

(3) Residents who are admitted to the facility without an indwelling catheter are not catheterized, unless the resident's clinical condition demonstrates that catheterization is necessary.

(4) Residents with indwelling catheters receive appropriate treatment and services to prevent urinary tract infections and to restore normal bladder function, if possible.

(c) Pressure ulcers. Based on the comprehensive assessment, the facility shall ensure all of the following:

(1) Any resident who enters the facility without pressure ulcers does not develop pressure ulcers; unless the resident's clinical condition demonstrates that they were unavoidable. The facility shall report in writing the development of any pressure ulcer to the medical director.

(2) Any resident with pressure ulcers receives the necessary treatment and services to promote healing, prevent infection, and prevent new ulcers from developing.

(3) A skin integrity program is developed for each resident identified to be at risk for pressure ulcers. The program shall include the following:

(A) Frequent changes of position at least one time every two hours;

(D) methods to assist the resident to remain in good body alignment.

(d) Stasis ulcers. Based on the comprehensive assessment of the resident, the facility shall ensure both of the following:

(1) Any resident who is identified on the comprehensive assessment as being at risk for development of stasis ulcers does not develop stasis ulcers, unless the resident's clinical condition demonstrates that the stasis ulcers were unavoidable.

(2) Any resident with stasis ulcers receives the necessary treatment and services to promote healing, prevent infection, and prevent new ulcers from developing.

(e) Range of motion. Based on the comprehensive assessment of a resident, the facility shall ensure all of the following:

(1) Any resident who enters the facility without a limitation in range of motion does not experience a reduction in range; unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable. (2) Any resident with a decrease in range of motion receives appropriate treatment and services to increase range of motion, if practicable, and to prevent further decrease in range of motion.

(3) Any resident who is identified as at risk for experiencing a decrease in range of motion is provided appropriate treatment and services to prevent the decrease.

(f) Mobility. Based on the comprehensive assessment of the resident, the facility shall ensure all of the following:

(1) A resident's level of mobility does not decrease after admission; unless the resident's clinical condition demonstrates that a reduction in mobility is unavoidable.

(2) Any resident with a limitation in mobility receives the appropriate treatment and services to maintain or increase the resident's mobility.

(3) Any resident who is identified by the comprehensive assessment to be at risk for a reduction of function in the area of mobility is provided the treatment and services to prevent or limit that decrease in function.

(h) Gastric tubes. Based on the comprehensive assessment of a resident, the facility shall ensure that each resident meets either of the following criteria:

(1) Has been able to eat enough to maintain adequate nutrition and hydration independently or with assistance is not fed by a gastric tube, unless the resident's clinical condition demonstrates that use of a gastric tube was unavoidable; or

(2) is fed by a gastric tube and receives the following appropriate treatment and services:

(A) To prevent the following:

(i) Aspiration pneumonia;

(ii) diarrhea;

(iii) vomiting;

(iv) dehydration;

(v) metabolic abnormalities;

(vi) nasal and pharyngeal ulcers; and

(vii) ulceration at a gastrostomy tube site; and

(B) to restore, if possible, normal feeding function.

(i) Accidents. The facility shall ensure both of the following:

(2) Each resident receives adequate supervision and assistive devices to prevent accidents.

(j) Nutrition. Based on the resident's comprehensive assessment, the facility shall ensure all of the following for each resident:

(1) Maintenance of acceptable parameters of nutritional status, including usual body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible;

(2) a therapeutic diet as ordered by the attending physician when there is a nutritional problem or there is a potential for a nutritional problem; and

(3) for residents at risk for malnutrition, the provision of monitoring, and appropriate treatment and services to prevent malnutrition.

(k) Hydration. The facility shall provide each resident with sufficient fluid intake to maintain proper hydration and health.

(1) Fresh water, with or without ice according to the preference of the resident, shall be accessible to each resident at all times except when not appropriate due to resident's clinical condition.

(2) Any resident at risk for dehydration shall be monitored and appropriate treatment and services shall be provided to prevent dehydration.

(l) The facility shall ensure that each resident receives proper treatment and care for special services, which shall include the following:

(1) Parenteral injections. Parenteral injections shall be performed by licensed nurses and physicians;

(2) intravenous fluids and medications. Intravenous fluids and medications shall be administered and monitored by a registered nurse or by a licensed practical nurse who has documented successful completion of training in intravenous therapy;

(3) colostomy, ureterostomy, or ileostomy care;

(4) tracheostomy care;

(5) tracheal suctioning;

(6) respiratory care;

(7) podiatric care;

(8) prosthetic care;

(9) skin care related to pressure ulcers;

(10) diabetic testing; and

(11) other special treatments and services ordered by the resident's physician.

(m) Drug therapy. The facility shall ensure that all drugs are administered to residents in accordance with a physician's order and acceptable medical practice. The facility shall further ensure all of the following:

(1) All drugs are administered by physicians, licensed nursing personnel, or other personnel who have completed a state-approved training program in drug administration.

(2) A resident may self-administer drugs if the interdisciplinary team has determined that the resident can perform this function safely and accurately and the resident's physician has given written permission.

(3) Drugs are prepared and administered by the same person.

(4) The resident is identified before administration of a drug, and the dose of the drug administered to the resident is recorded on the resident's individual drug record by the person who administers the drug.

(n) Oxygen therapy. The facility shall ensure that oxygen therapy is administered to a resident in accordance with a physician's order. The facility shall further ensure all of the following:

(1) Precautions are taken to provide safe administration of oxygen.

(2) Each staff person administering oxygen therapy is trained and competent in the performance of the required procedures.

(3) Equipment used in the administration of oxygen, including oxygen concentrators, is maintained and disinfected in accordance with the manufacturer's recommendations.

(4) A sign that reads "oxygen - no smoking" is posted and visible at the corridor entrance to a room in which oxygen is stored or in use.

(5) All smoking materials, matches, lighters, or any item capable of causing a spark has been removed from a room in which oxygen is in use or stored.

(6) Oxygen containers are anchored to prevent them from tipping or falling over.

(Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997; amended Oct. 8, 1999.)

Section 8. Quality of Care [nursing facilities].

Each resident shall receive the necessary nursing, medical and psychosocial services to attain and maintain the highest possible mental and physical functional status, as defined by the comprehensive assessment and plan of care. Each resident shall receive services 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.

(1) Activities of daily living. Based on the comprehensive assessment of a resident, the facility shall ensure:

(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. To 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 paragraph (a) of this subsection; 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.

(2) Vision and hearing. To ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities, the facility shall, if necessary, assist the resident:

(a) In making appointments; and

(b) By arranging for transportation to and from the office of a medical 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.

(3) Pressure sores. Based on the comprehensive assessment of a resident, the facility shall 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.

(4) Urinary incontinence. Based on the resident's comprehensive assessment, the facility must ensure that:

(a) A resident who enters the facility without an in-dwelling 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.

(5) Range of motion. Based on the comprehensive assessment of a resident, the facility shall 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 and/or receives appropriate treatment and services to increase range of motion to prevent further decrease in range of motion.

(6) Psychosocial functioning. Based on the comprehensive assessment of a resident, the facility shall ensure that:

(a) A resident who displays psychosocial adjustment difficulty, receives appropriate treatment and services to achieve as much remotivation and reorientation as possible; and

(b) A resident whose assessment did not reveal a 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 was unavoidable.

(7) Accidents. The facility shall ensure that:

(a) The resident environment remains as free of accident hazards as is possible; and

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

(8) Nutrition. Based on a resident's comprehensive assessment, the facility shall 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.

(9) Special needs. The facility shall 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) Podiatric care; and (h) Prostheses.

(10) Drug therapy.

(a) Unnecessary drugs. Each resident's drug regimen shall be free from unnecessary drugs.

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

1. Residents who have not used antipsychotic drugs and are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition; and

2. Residents who use antipsychotic drugs receive gradual dose reductions, drug holidays or behavioral programming, unless clinically contraindicated in an effort to discontinue these drugs.

(11) Hydration. The facility shall provide each resident with sufficient fluid intake to maintain proper hydration and health.

(12) Naso-gastric tubes. Based on the comprehensive assessment of a resident, the facility shall 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 feeding function.

(c) Medication errors. The facility shall ensure that:

1. It is free of significant medication error rates; and

2. Residents are free of any significant medication errors.

Subchapter B. Nursing Services

§9813. Nursing Care

A. Each resident shall receive personal attention and nursing care in accordance with his/her condition and consistent with current acceptable nursing practice. Residents unable to carry out activities of daily living shall receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.

B. Each resident shall be kept clean, dry, well-groomed and dressed appropriately to the time of day and the environment; and good body and oral hygiene shall be maintained. Skin care shall be provided to each resident as needed to prevent dryness, scaling, irritation, itching, and/or pressure sores.

C. Restorative nursing care shall be provided to each resident to achieve and maintain the highest possible degree of function, self-care, and independence. Restorative nursing care shall be provided for the residents requiring such care.

D. Residents requiring assistance at mealtimes shall be assisted when necessary.

E. The nursing home shall endeavor to keep residents free from pressure sores with measures taken toward their prevention.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2009.1-2116.4.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 24:56 (January 1998).

MAINE

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13.A. 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 for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing and psychosocial needs that are identified in the comprehensive assessment that is in conformance with the current standards of the Gerontological Nursing Practice of the American Nurses Association.

13.A.1. Activities of Daily Living (ADL)

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 resident's clinical condition demonstrate the diminution was unavoidable. This includes the resident's ability to:

1. bathe, dress, and groom;

2. transfer and ambulate;

3. toilet;

4. eat;

5. use speech, language or other functional communication systems; and

6. bed mobility.

b. A resident is given the appropriate treatment and services to maintain or improve his or her abilities to carry out his/her Activities of Daily Living.

c. A resident who is unable to carry out Activities of Daily Living receives the necessary services and assistance to meet his/her needs.

d. A resident is given encouragement and assistance to be up and dressed in his/her own personal clothing which is appropriate to the time of day and season, clean, attractive, and in good repair.

13.A.2. Personal Care

Each resident shall receive proper nursing care, as defined by the Standards of Care established by the American Nurses Association. These services include, but are not limited to:

a. Good personal hygiene, such as clean, well-groomed hair, cleaned, trimmed fingernails, clean skin, and freedom from offensive odors, clean mouth and teeth, and absence of dry cracked lips;

b. Appropriate nursing measures including encouraging and assisting resident to change position at least every two (2) hours to stimulate circulation and prevent pressure sores, contractures and deformities.

c. Ensuring clean resident rooms, beds, bed linen and clothing.

d. Ensuring that resident care equipment is in sufficient supply, in good condition, properly cleaned and cared for, well organized and readily available.

13.A.3. 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.

13.A.4. Hydration and Nutrition

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

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

1. Maintains acceptable parameters of nutritional status unless the resident's clinical condition demonstrates that this is not possible; and

2. Receives a therapeutic diet when there is a nutritional problem.

b. The facility assures that good dietary practices are maintained through the use of self-feeding devices, attention to individual food preferences and knowledge of food intake of individual residents. Residents should be offered the opportunity to choose mealtime companions and these groups should be served their meals simultaneously.

c. As appropriate, water and other fluids shall be provided and accessible to the resident.

d. Special eating equipment and utensils must be provided for residents who need them. Syringe feeding may only be done after evaluation by an appropriate professional and according to the plan of care developed by the multidisciplinary team.

3.A.5. Nasogastric and Gastrostomy Tubes

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

a. Nasogastric and gastrostomy tubes are not used, unless the resident's clinical condition demonstrates that use of a naso-gastric or gastrostomy tube was unavoidable and that the need for continued use is monitored and justified; and

b. A resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services according to accepted standards of nursing practice.

13.A.6. Vision and Hearing

The facility must 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. In arranging for transportation.

13.A.7. Incontinence

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

a. 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.

b. A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary.

c. A bowel and bladder training and management program is initiated when possible.

d. Any resident with incontinence must be assessed for causal factors for decline, potential for decline or lack of improvement.

13.A.8. 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 resident's clinical condition demonstrates that the pressure sores were unavoidable;

and

b. A resident with pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.

13.A.9. Restorative Nursing

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

a. A resident who enters the facility 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 maintain or increase range of motion.

c. The facility shall have an active program of rehabilitation directed towards assisting each resident to achieve or maintain an optimum level of self-care and independence. d. The following minimum restorative nursing interventions shall be included in the comprehensive care plans as needed:

1. Assistance in maintaining current level of function and adjustment to disabilities;

2. Assistance in carrying out prescribed exercises; Page 28 of 75 PDF created; 09-26-06

3. Provision of out-of-bed activities as tolerated;

4. Education and encouragement in achieving independence in Activities of Daily Living.

13.A.10. Accidents

The facility must ensure that:

a. The resident environment remains as free of accident hazards as is possible; and

b. Each resident receives adequate supervision and assistance devices to prevent accidents.

13.A.11. Special Services

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.

17.H. Reporting of Medication Errors and Adverse Reactions

17.H.1. Reports to Physician

Medication errors and adverse reactions shall be immediately reported to the resident's physician. Medication errors include omissions, as well as errors of commission. Adverse reactions shall also be reported to the pharmacist consultant and pharmacy.

17.H.2. Clinical Records. An entry of the error and/or adverse reaction shall be made in the resident clinical record.

17.H.3. Incident Reports

There shall be an incident report made out for each medication error and/or adverse reaction. These reports shall be kept together on the premises of the facility, reviewed by the Quality Assurance Committee and be made available for review by representatives of the Department.

MARYLAND

10.07.02.09 Resident Care Policies.

D. Use of Protective Device or Devices.

(1) A written physician's order is required for the use of a protective device or devices. This order shall be in effect for a maximum of 60 days. If continuation of the use of a protective device or devices beyond 60 days is necessary, a new order shall be written by the physician and rewritten every 60 days.

(2) The physician's order shall contain the specific type of protective device or devices to be used.

(3) The physician's order shall reflect his or her reason for ordering a protective device or devices.

(4) A patient in a protective device or devices shall be observed periodically by personnel, to insure that the patient's health needs are met.

(5) A patient who is in a protective device or devices may not be left in the same postural position for more than 2 consecutive hours.

10.07.02..12 Nursing Services

…O. Nursing Care--24 Hours a Day. There shall be sufficient licensed and supportive nursing service personnel on duty 24 hours a day to provide appropriate bedside care to assure that each patient:

(1) Receives treatments, medications, and diet as prescribed;

(2) Receives rehabilitative nursing care as needed;

(3) Receives proper care to prevent decubitus ulcers and deformities;

(4) Is kept comfortable, clean, and well-groomed;

(5) Is protected from accident, injury, and infection;

(6) Is encouraged, assisted, and trained in self-care and group activities.

…S. Program of Restorative Nursing Care. There shall be an active program of restorative nursing care aimed at assisting each patient to achieve and maintain his highest level of independent function including activities of daily living. This program shall include:

(1) Ambulation and range of motion;

(2) Maintaining good body alignment and proper positioning of bedfast patients;

(3) Encouraging and assisting patients to change positions at least every 2 hours to stimulate circulation and prevent decubiti and deformities;

(4) Encouraging and assisting patients to keep active and out of bed for reasonable periods of time, within the limitations permitted by physicians' orders, and encouraging patients to achieve independence in activities; and

(5) Assisting patients to adjust to their disabilities, to use their prosthetic and assistive devices, and to redirect their interests, if necessary.

T. Coordination of Nursing and Dietetic Services. Nursing and dietetic services shall

establish an effective policy to assure that:

(1) Nursing personnel are aware of the nutritional needs and food and fluid intake of patients and ensure that special feedings and nourishment are provided when required;

(2) Nursing personnel assist promptly when necessary in the feeding of patients;

(3) The dietetic service is informed of physicians' diet orders and of patients' problems;

(4) Food and fluid intake of patients is observed, and deviations from normal are recorded and reported to the:

(a) Charge nurse,

(b) Physician, and

(c) Dietetic service.

W. Responsibility to Report Care Which is Considered Questionable. If a nurse has any reason to doubt or question the care provided to any patient or believes that appropriate consultation is needed and has not been obtained, the nurse shall call this to the attention of the supervisor who, in turn, shall, if indicated, refer the matter to the director of nursing services. If warranted, the director of nursing shall bring the matter to the attention of the principal physician or medical director, as applicable.

MASSACHUSETTS

150.006: Other Professional Services and Diagnostic Services

…(C) Podiatric.

(1) All patients and residents shall have proper foot care and foot wear.

(2) When the services of a podiatrist are needed or requested, such services shall be rendered with the knowledge of the attending physician or physician-physician assistant team or physician-nurse practitioner team.

(3) All podiatric services shall be documented and recorded in the clinical record.

(D) Patients and residents shall be assisted to obtain other routine or special services as their needs may require, such as:

(1) Eye examinations and eye glasses.

(2) Auditory testing and hearing aids.

(E) Patients and residents shall be assisted to prepare for and meet appointments punctually at outpatient departments, clinics, physician's offices, etc., when these have been scheduled.

150.007 Nursing Services

…(D) Nursing Care.

(1) Nursing care shall be an integral part of total health care and shall emphasize the promotion of health, the prevention and treatment of disease and disability, and the teaching counseling and emotional support of patients. …(E) Restorative Nursing Care.

(1) All facilities that provide Level I, II or III care shall provide a program of restorative nursing care as an integral part of overall nursing care. Restorative nursing care shall be designed to assist each patient to achieve or maintain the highest possible degree of function, self-care and independence.

(2) Nursing personnel shall provide restorative nursing services in their daily care of patients.

(3) Restorative nursing services shall include such procedures as:

(a) Maintaining good body alignment, keeping range of motion of weak or paralyzed limbs, proper positioning and support with appropriate equipment -- particularly of bedfast or wheel chair patients.

(b) Encouraging and assisting bedfast patients to change positions at least every two hours during waking hours (7:00 A.M. to 10:00 P.M.) in order to stimulate circulation, and prevent decubiti and contractures.

(c) Maintaining a program of preventive skin care.

(d) Assisting patients to keep active and out of bed for reasonable periods of time except when contraindicated by physician's or physician-physician assistant team's or physician-nurse practitioner team's orders or the patient's condition.

(e) Maintaining a bowel and bladder training program.

(f) Assisting patients to adjust to any disabilities and to redirect their interests if necessary.

(g) Assisting patients to carry out prescribed physical therapy, occupational therapy and speech, hearing and language therapy exercises between visits by the therapist.

(h) Assisting patients to maintain or restore function and activity through proper general exercises and activities appropriate to their condition.

(i) Assisting and teaching the activities of daily living (such as feeding, dressing, grooming and toilet activities).

(j) Coordinating restorative nursing services with restorative services, activity programs and other patient care services.

(F) Dietary Supervision.

(1) Nursing personnel shall have knowledge of the dietary needs, food and fluid intake and special dietary restrictions of patients and shall see that patients are served diets as prescribed. Patients' acceptance of food shall be observed, and any significant deviation from normal food or fluid intake or refusal of food shall be reported to the nurse in charge and the food service supervisor or dietitian.

(2) Patients requiring assistance in eating shall receive adequate assistance. Help shall be assigned promptly upon receipt of meals, and adaptive self-help devices shall be provided when necessary.

(G) Nursing and Supportive Routines and Practices.

(1) All facilities shall provide sufficient nursing care and supportive care so that each patient or resident:

(a) Receives treatments, medications, diet and other services as prescribed and planned in his medical, nursing, restorative, dietary, social and other care plans.

(b) Receives proper care to prevent decubiti, contractures and immobility.

(c) Is kept comfortable, clean and well groomed.

(d) Is protected from accident and injury through safety plans and measures.

(e) Is treated with kindness and respect.

(2) No medication, treatment or therapeutic diet shall be administered to a patient or resident except on written or oral order of a physician or physician assistant or nurse

practitioner.

(3) Nursing personnel and responsible persons shall constantly be alert to the condition and health needs of patients and residents and shall promptly report to the nurse or person in charge any untoward patient conditions or symptomatology such as dehydration, fever, drug reaction or unresponsiveness.

(4) Nursing personnel and responsible persons shall assist patients or residents to dress and prepare for appointments, medical or other examinations, diagnostic tests, special activities and other events outside the facility.

(5) The following personal care routines shall be provided by all facilities as a part of the patient's or resident's general care and well-being.

(a) A tub bath, shower or full-bed bath as desired or required, but at least weekly. In a SNCFC or INCFC, a bath or shower daily.

(b) Bed linen changed as required, but at least weekly.

(c) Procedures to keep incontinent patients clean and dry.

(d) Frequent observation of bedfast patients for skin lesions and special care for all pressure areas.

(e) Daily ambulation or such movement as condition permits (as ordered by the physician or physician assistant or nurse practitioner).

(f) A range of recreational activities.

(g) Provision for daily shaving of men.

(h) Provision for haircuts for men at least monthly.

(i) Hair shampoos at least once every two weeks.

(j) Daily oral hygiene and dentures or teeth cleaned morning and night.

(k) Foot care sufficient to keep feet clean and nails trimmed.

(l) Appropriate, clean clothing that is properly mended, appropriate to the time of day and season, whether indoors or outdoors. No clothing of highly flammable fabrics shall be permitted.

(m) An attendant for walks and other such activities, when necessary, to safeguard ambulatory patients or residents.

(H) Nursing Review and Notes. Each patient's condition shall be reviewed with special notation of any untoward event, change in condition, nursing or other services provided and the patient's response or progress.

(1) In facilities that provide Level II care each patient shall be reviewed by the nursing personnel going off duty with the nursing personnel coming on duty at each change of shift. At minimum a weekly progress note shall be recorded in each patient's record unless the patient's condition warrants more frequent notations; the weekly progress note documentation shall be performed by a licensed nurse.

(2) In facilities that provide Level III care, each resident's general condition shall be reviewed each morning. Significant changes of findings shall be noted in the clinical record and the attending physician or physician-physician assistant team or physician-nurse practitioner team notified with a written notation or the time and date of notification. A note summarizing the resident's condition shall be written monthly in the clinical record.

150.008: Pharmaceutical Services and Medications

…(C) Supervision and administration of medication shall be as follows:

…(7) Medication errors and drug reactions shall be reported to the patient's or resident's physician and recorded in the clinical record.

150.015: Patient Comfort, Safety, Accommodations and Equipment

(A) All facilities shall provide for the comfort, safety and mental and physical well-being of patients or residents.

(1) The types and amounts of personal services, assistance in daily activities, protection and accommodations needed by each patient or resident shall be recorded and known to all staff attending that person.

(2) Patients' and residents' personal needs shall be evaluated periodically and appropriate modifications made in services, protective measures and accommodations.

(3) All facilities shall be prohibited from applying any Aversive Interventions to a patient or resident.

…(C) Safety and Personal Protection.

(1) At all times a responsible staff member shall be on duty and immediately accessible, to whom patients or residents can report injuries, symptoms of illness, emergencies, any other discomfort or complaint, and who is responsible for ensuring that prompt, appropriate action is taken.

…(3) There shall be a signal system or a hand bell at each patient's bedside, in sitting rooms, in bathrooms, in shower and tub rooms and in all other patient areas. The method used for signaling shall be approved by the Department.

(4) Grip bars, properly placed, shall be in all bathrooms, toilets, tub rooms and showers.

(5) Non-skid wax shall be used on all waxed floors. Throw rugs or scatter rugs shall not be used. Non-slip entrance mats may be used. Non-skid treads shall be used on stairs.

(6) Bedrails shall be provided as needed for restless patients.

… (8) Facilities that provide only Level IV care shall provide a first-aid kit in a convenient place. The contents of the kit shall be in accordance with the recommendations of the American Red Cross.

(9) A check-out system shall be maintained for patients or residents leaving the facility. The patient's or resident's name, the destination, the name of the person assuming responsibility, the time of departure, and the estimated time of return shall be recorded.

(10) There shall be at least one functioning telephone on each floor or in each unit where patients, residents or personnel reside. These telephones shall be free of locks and shall be available for use in emergency for both incoming and outgoing calls. In addition, all facilities shall provide at least one telephone for patient or resident use, which may be coin operated, that is located so as to assure privacy during use; is a single line without an extension; is placed and positioned at a height so that the equipment is fully accessible to individuals in wheelchairs; is equipped with sound amplification for those with hearing disabilities and so identified with instructions for use. For existing facilities, the Division may grant a waiver of 105 CMR 150.015(C)(10) if it is demonstrated that enforcement would result in unreasonable hardship upon the facility. All facilities shall comply with the provisions of 105 CMR 150.015(C)(10) by December 23, 1983 except that it the facility demonstrates that major structural changes are necessary, compliance shall be achieved by June 23, 1984.

(11) Light switches shall be located adjacent to doors of all patient or resident rooms and all bathrooms.

(12) All hospital beds shall have brakes set and all wheelchairs shall be equipped with brakes.

…(G) Patients' and Residents' Equipment and Supplies.

(1) Equipment and supplies appropriate in quantity and kind shall be provided for the routine care, comfort and special nursing care of patients or residents.

(2) All equipment and supplies shall be kept in good working condition and in a clean and sanitary manner.

(3) All facilities shall use techniques approved by the Department to autoclave, sterilize, disinfect or dispose of equipment and supplies.

(4) Every patient or resident shall be provided with the following basic equipment and

supplies:

… tooth brush and dentifrice, containers for the care of patients' or residents' dentures, an individual comb and brush, soap dish, bar of soap, shaving equipment, individual sputum containers (when needed), and other equipment for personal care.

(5) Other Patient or Resident Equipment that shall be provided:

…(f) An adequate number of commode chairs, wheelchairs, walkers, foot soak basins, foot boards, cradles, armboards, and other such equipment to meet patient or resident needs.

(6) The following equipment and supplies shall be readily available as needed for the administration of medications, the performance of treatments, or other use. Items marked with an asterisk shall be disposable (single use) or sterilized by autoclave.

*Syringes and needles

*Instruments

Glassware

* Rubber goods

Thermometers (rectal and oral)

* Enema Equipment

Stethoscope

Blood pressure apparatus

Tourniquets

Flash Lights

Mouth bites

A standard scale for weighing

*Catheters and catheterization equipment

* Suction equipment

I.V. poles

Sand bags, wheelchairs, walkers, foot boards, cradles, armboards and other such equipment.

(7) All equipment used for personal care of more than one individual, such as electric shavers, shall be thoroughly cleaned after each use.

(8) All facilities shall provide adequate space, equipment and procedures for the proper disinfection of beds, springs, mattresses and bed pillows and for the proper sterilization of equipment as needed.

MICHIGAN

R 325.20501 Care in general.

Rule 501. The feelings, attitude, sensibility, and comfort of a patient shall be fully respected and given meticulous attention at all times by all personnel.

History: 1981 AACS.

R 325.20503 Oxygen administration.

Rule 503. A written policy shall govern the administration of oxygen to a patient in the home. This policy shall include the requirements that only personnel who have been trained to administer oxygen shall do so and that oxygen shall only be administered on the order of a physician or as authorized in emergency situations.

History: 1981 AACS.

R 325.20504 Blood and blood substitute administration.

Rule 504. A written policy shall govern the administration of blood and blood substitutes to a patient in the home. This policy shall include a requirement that blood or blood substitutes administered to a patient in the home shall be started by a physician or registered nurse.

History: 1981 AACS.

R 325.20505 Parenteral fluid administration.

Rule 505. A written policy shall govern the administration of parenteralfluids administered to a patient in the home. Parenteral fluids shall be administered only on the order of a physician, shall be started by either a physician or registered nurse, and shall be supervised in the course of administration by a physician or licensed nurse.

History: 1981 AACS.

R 325.20707 Nursing care and services.

Rule 707.

(1) A patient in a home shall receive preventive, supportive, maintenance, habilitative, and rehabilitative nursing care directed to the physiologic and psychosocial needs and well-being of that patient.

(2) Patient observations by nursing personnel shall be accurately recorded in the clinical record in accordance with established and written procedures.

(3) Treatments administered to a patient shall be modified according to the patient response consistent with the orders of the attending physician and nursing assessment. All modifications shall be documented in the patient's clinical record.

(4) Nursing care and services shall include, at a minimum, all of the following:

(a) Care of the skin, mouth, teeth, hands, and feet and shampooing and grooming of the hair.

(b) Oral hygiene shall be provided at least daily and more often as required. Special mouth care shall be regularly provided to the acutely ill patient in accordance with individual need or as ordered by the physician.

(c) A patient's hair shall be combed or brushed daily. A patient's hair shall be shampooed on a routine basis at least weekly and more often as required, unless the attending physician writes an order to the contrary.

(d) A patient shall be offered the opportunity and facilities for, and assistance with, shaving, if necessary, as often as is required for comfort and appearance, unless the patient requests otherwise or the physician writes an order to the contrary. Daily shaving shall be made available on request or for comfort and appearance as needed.

(e) A complete tub or shower bath shall be taken, under staff supervision, by, or administered to, an ambulatory patient at least once a week, unless the physician writes an order to the contrary.

(f) A bedfast patient shall be assisted with bathing or bathed completely at least twice a week and shall be partially bathed daily and as required due to secretions, excretions, or odors.

(g) A patient shall be provided the opportunity for, and, as necessary, assisted with, personal care, including toileting, oral hygiene, and washing of hands and face before the breakfast meal. A patient's hands shall be washed before and, as required, after all meals and snacks.

(h) A patient's clothing or bedding shall be changed promptly when it becomes wet or soiled.

(i) A patient shall receive skin care as required according to written procedures to prevent dryness, irritation, itching, or decubitus.

(j) A patient shall receive care as required according to written procedures to prevent complications of inactivity or prolonged periods of being bedfast.

(k) An inactive or bedfast patient shall be positioned according to written procedures so that major body parts are in natural alignment. Such position shall be changed appropriately at regular and specified intervals. Supportive devices shall be employed as indicated to maintain posture, support weakened body parts, or relieve undue pressure.

(l) A patient shall have, during each day, planned periods of rest, exercise, and diversional activities consistent with the patient's health status and desires.

(m) A patient shall be weighed and have his or her temperature, pulse, respirations, and blood pressure taken and recorded on admission and at least monthly thereafter or more frequently if ordered by a physician. The patient's measured or estimated height shall be recorded on admission.

(n) Provisions shall be made for the marking, laundering, ironing, and mending of the clothing of each patient. The clothing of each patient shall be stored individually. A system of inventory for patient clothing shall be implemented and maintained to prevent and control loss or theft insofar as possible.

(o) A patient who is out of bed in the daytime shall be dressed in comfortable clothing, unless contraindicated by the patient's medical condition or preference and justification thereof is documented in the patient's clinical record. Ambulatory patients shall wear appropriate footwear. Nonambulatory patients shall at least wear appropriate eprotective foot coverings.

History: 1981 AACS; 1983 AACS.

R 325.20708 Rehabilitative nursing care.

Rule 708.

(1) Rehabilitative nursing care shall be provided as part of the home's nursing care program for patients. Such care shall be directed to restoring and maintaining a patient's optimum level of independence, particularly in terms of activities of daily living.

(2) A patient's care plan for purposes of rehabilitative nursing care shall include, at a minimum, all of the following:

(a) An evaluation of a patient's disabilities and care needs.

(b) An estimation of rehabilitation potential.

(c) A program for relearning activities of daily living.

(d) A program of assistance in adjusting physiologically and psychosocially to impairments, disabilities, and utilization of prosthetic appliances and devices.

(3) Nursing personnel in a home shall be competent and experienced in providing, at a minimum, all of the following:

(a) A range of motion exercises.

(b) Positioning and body alignment.

(c) Preventive skin care.

(d) Transfer and ambulation training.

(e) Bowel and bladder training.

(f) Training in activities of daily living, including eating, dressing, personal hygiene, and toilet activities.

(4) Rehabilitative nursing procedures and techniques shall be available, provided, and recorded in the patient's clinical record on a weekly summary basis or in accordance with a physician's orders and nursing assessment.

(5) Necessary equipment utilized in application of rehabilitative nursing techniques and procedures shall be available in adequate supply to meet the needs of all patients. Such equipment shall include the following:

(a) Bedboards, footboards, footstools.

(b) Trochanter rolls, positioning pillows, bed cradles.

(c) Wheelchairs, geriatric chairs, canes, crutches, slings, splints, and lifts.

(d) Trapeze equipment.

(6) Rehabilitative nursing policies, procedures, and techniques shall be an integral part of inservice education for nursing personnel in the home.

History: 1981 AACS.

R 325.20711 Equipment and supplies.

Rule 711.

(5) The following items of equipment shall be available in sufficient quantities so that patients who require them may have them assigned for personal use:

(a) Washbasins.

(b) Mouthwash cups.

(c) Denture cups.

(d) Emesis basins.

(e) Bedpans and urinals.

(f) Water carafes and drinking glasses or cups.

(g) Oral and rectal clinical thermometers.

(h) Bedside safety rails.

(6) Equipment and supplies shall be stored, handled, dispensed in a sanitary manner.

(a) Bedpans, urinals, and emesis basins shall be emptied and cleaned immediately after use.

(b) Mouthwash cups, denture cups, water carafes, and bedside drinking cups and glasses shall be cleaned daily.

(c) Single service equipment shall be used only once, and disposable equipment shall be used only by the patient to whom it was originally dispensed.

(d) Individual personal equipment shall not be transferred from one patient to another without being thoroughly disinfected.

R 325.20713 Patient evaluation by mental health worker; therapy.

Rule 713. All patients in need of mental health services shall receive an evaluation by a professional mental health worker and, when ordered by the physician, shall receive indicated therapy through arrangements with a community mental health center or comparable agency or provider.

History: 1981 AACS.

R 325.20904 Medications; errors; reactions.

Rule 904. Medication error or drug reaction shall be immediately reported to the charge nurse, physician, and the pharmacist as soon as possible and shall be recorded in the patient's clinical record as well ason an incident report form which shall be forwarded to the administrator and kept on file. Corrective action shall be initiated promptly by the physician, administrator, director of nursing, or pharmacist as appropriate.

History: 1981 AACS.

R 333.21332 Home for the aged; influenza vaccination.

Sec. 21332. A home for the aged shall offer each resident, or shall provide each resident with information and assistance in obtaining, an annual vaccination against influenza in accordance with

the most recent recommendations of the advisory committee on immunization practices of the federal centers for disease control and prevention, as approved by the department of community health.

History: Add. 2000, Act 437, Imd. Eff. Jan. 9, 2001.

Popular name: Act 368

333.21715 Programs of planned and continuing nursing and medical care required; nurses and physicians in charge; expiration of subsection (1)(a); nature and scope of services.

Sec. 21715.

…(2) Nursing care and medical care shall consist of services given to individuals who are subject to prolonged suffering from illness or injury or who are recovering from illness or injury. The services shall be within the ability of the home to provide and shall include the functions of medical care such as diagnosis and treatment of an illness; nursing care via assessment, planning, and implementation; evaluation of a patient's health care needs; and the carrying out of required treatment prescribed by a physician.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1978, Act 493, Eff. Mar. 30, 1979.

Popular name: Act 368

333.21716 Nursing home; influenza vaccination.

Sec. 21716. A nursing home shall offer each resident, or shall provide each resident with information and assistance in obtaining, an annual vaccination against influenza in accordance with the most recent recommendations of the advisory committee on immunization practices of the federal centers for disease control and prevention, as approved by the department of community health.

History: Add. 2000, Act 437, Imd. Eff. Jan. 9, 2001.

Popular name: Act 368

333.21734 Nursing home; bed rails; provisions; guidelines; liability.

Sec. 21734. (1) Notwithstanding section 20201(2)(l), a nursing home shall give each resident who uses a hospital-type bed or the resident's legal guardian, patient advocate, or other legal representative the option of having bed rails. A nursing home shall offer the option to new residents upon admission and to other residents upon request. Upon receipt of a request for bed rails, the nursing home shall inform the resident or the resident's legal guardian, patient advocate, or other legal representative of alternatives to and the risks involved in using bed rails. A resident or the resident's legal guardian, patient advocate, or other legal representative has the right to request and consent to bed rails for the resident. A nursing home shall provide bed rails to a resident only

upon receipt of a signed consent form authorizing bed rail use and a written order from the resident's attending physician that contains statements and determinations regarding medical symptoms and that specifies the circumstances under which bed rails are to be used. For purposes of this subsection, “medical symptoms” includes the following:

(a) A concern for the physical safety of the resident.

(b) Physical or psychological need expressed by a resident. A resident's fear of falling may be the basis of a medical symptom.

(2) A nursing home that provides bed rails under subsection (1) shall do all of the following:

(a) Document that the requirements of subsection (1) have been met.

(b) Monitor the resident's use of the bed rails.

(c) In consultation with the resident, resident's family, resident's attending physician, and individual who consented to the bed rails, periodically reevaluate the resident's need for the bed rails.

(3) The department of consumer and industry services shall develop clear and uniform guidelines to be used in determining what constitutes each of the following:

(a) Acceptable bed rails for use in a nursing home in this state. The department shall consider the recommendations of the hospital bed safety work group established by the United States food and drug administration, if those are available, in determining what constitutes an acceptable bed rail.

(b) Proper maintenance of bed rails.

(c) Properly fitted mattresses.

(d) Other hazards created by improperly positioned bed rails, mattresses, or beds.

(4) The department of consumer and industry services shall develop the guidelines under subsection (3) in consultation with the long-term care work group. An individual representing manufacturers of bed rails, 2 residents or family members, and an individual with expertise in bed rail installation and use shall be added to the long-term care work group for purposes of this subsection. The department shall consider as part of its report to the legislature the recommendations of the hospital bed safety work group established by the United States food and drug administration, if those recommendations are available at the time of the submission of the report. Not later than 6 months after the effective date of the amendatory act that added this section, the

department of consumer and industry services shall submit its report to the legislature. The department may delay submission of its report by up to 3 months so that its report may reflect the recommendations of the hospital bed safety work group established by the United States food and drug administration.

(5) A nursing home that complies with subsections (1) and (2) and the guidelines developed under this section in providing bed rails to a resident is not subject to administrative penalties imposed by the department based solely on providing the bed rails. Nothing in this subsection precludes the

department from citing specific state or federal deficiencies for improperly maintained bed rails, improperly fitted mattresses, or other hazards created by improperly positioned bed rails, mattresses, or beds.

(6) The department of consumer and industry services shall consult with representatives of the nursing home industry to expeditiously develop interim guidelines on bed rail usage that are to be used until the department develops the guidelines required under subsection (4).

History: Add. 2000, Act 437, Imd. Eff. Jan. 9, 2001.

Popular name: Act 368

MINNESOTA

4658.0090 USE OF OXYGEN.

A nursing home must develop and implement policies and procedures for the safe storage and use of oxygen.

STAT AUTH: MS s 144A.04; 144A.08; 256B.431

HIST: 20 SR 303

Current as of 01/19/05

4658.0520 ADEQUATE AND PROPER NURSING CARE.

Subpart 1. Care in general. A resident must receive nursing care and treatment, personal and custodial care, and supervision based on individual needs and preferences as identified in the comprehensive resident assessment and plan of care as described in parts 4658.0400 and 4658.0405. A nursing home resident must be out of bed as much as possible unless there is a written order from the attending physician that the resident must remain in bed or the resident prefers to remain in bed.

Subp. 2. Criteria for determining adequate and proper care. The criteria for determining adequate and proper care include:

A. Evidence of adequate care and kind and considerate treatment at all times. Privacy must be respected and safeguarded.

B. Clean skin and freedom from offensive odors. A bathing plan must be part of each resident's plan of care. A resident whose condition requires that the resident remain in bed must be given a complete bath at least every other day and more often as indicated. An incontinent resident must be checked at least every two hours, and must receive perineal care following each episode of incontinence. Clean linens or clothing must be provided promptly each time the bed or clothing is soiled. Perineal care includes the washing and drying of the perineal area. Pads or diapers must be used to keep the bed dry and for the resident's comfort. Special attention must be given to the skin to prevent irritation. Rubber, plastic, or other types of protectors must be kept clean, be completely covered, and not come in direct contact with the resident. Soiled linen and clothing must be removed immediately from resident areas to prevent odors.

C. A shampoo at least weekly and assistance with daily hair grooming as needed.

D. Assistance with or supervision of shaving of all residents as necessary to keep them clean and well-groomed.

E. Assistance as needed with oral hygiene to keep the mouth, teeth, or dentures clean. Measures must be used to prevent dry, cracked lips.

F. Proper care and attention to hands and feet. Fingernails and toenails must be kept clean and trimmed.

G. Bed linen must be changed weekly, or more often as needed. Beds must be made daily and straightened as necessary.

H. Clean clothing and a neat appearance. Residents must be dressed during the day whenever possible.

I. Monitoring resident temperature, pulse, respiration, and blood pressure as often as indicated by the resident's condition but at least weekly.

J. Recording resident height and weight at the time of admission and weight at least monthly thereafter.

STAT AUTH: MS s 144A.04; 144A.08; 256B.431

HIST: 20 SR 303

Current as of 01/19/05

4658.0525 REHABILITATION NURSING CARE.

Subpart 1. Program required. A nursing home must have an active program of rehabilitation nursing care directed toward assisting each resident to achieve and maintain the highest practicable physical, mental, and psychosocial well-being according to the comprehensive resident assessment and plan of care described in parts 4658.0400 and 4658.0405 . Continuous efforts must be made to encourage ambulation and purposeful activities

Subp. 2. Range of motion. A supportive program that is directed toward prevention of deformities through positioning and range of motion must be implemented and maintained. Based on the comprehensive resident assessment, the director of nursing services must coordinate the development of a nursing care plan which provides that:

A. a resident who enters the nursing home 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 to prevent further decrease in range of motion.

Subp. 3. Pressure sores. Based on the comprehensive resident assessment, the director of nursing services must coordinate the development of a nursing care plan which provides that:

A. a resident who enters the nursing home without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates, and a physician authenticates, that they were unavoidable; and

B. a resident who has pressure sores receives necessary treatment and services to promote healing, prevent infection, and prevent new sores from developing.

Subp. 4. Positioning. Residents must be positioned in good body alignment. The position of residents unable to change their own position must be changed at least every two hours, including periods of time after the resident has been put to bed for the night, unless the physician has documented that repositioning every two hours during this time period is unnecessary or the physician has ordered a different interval.

Subp. 5. Incontinence. A nursing home must have a continuous program of bowel and bladder management to reduce incontinence and the unnecessary use of catheters. Based on the comprehensive resident assessment, a nursing home must ensure that:

A. a resident who enters a nursing home without an indwelling catheter is not catheterized unless the resident's clinical condition indicates 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.

Subp. 6.

Activities of daily living. Based on the comprehensive resident assessment, a nursing home must ensure that:

A. a resident is given the appropriate treatments and services to maintain or improve abilities in activities of daily living unless deterioration is a normal or characteristic part of the resident's condition. For purposes of this part, activities of daily living includes the resident's ability to:

(1) bathe, dress, and groom;

(2) transfer and ambulate;

(3) use the toilet;

(4) eat; and

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

B. 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.

Subp. 7. Nasogastric tubes, gastrostomy tubes, and feeding syringes. Based on the comprehensive resident assessment, a nursing home must ensure that:

A. a resident who has been able to eat enough independently or with assistance is not fed by nasogastric tube or feeding syringe unless the resident's clinical condition demonstrates that use of a naso-gastric tube or feeding syringe was unavoidable; and MS

B. a resident who is fed by a nasogastric or gastrostomy tube or feeding syringe 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 feeding function.

Subp. 8. Prosthetic devices. A nursing home must assist residents to adjust to their disabilities and to use their prosthetic devices.

Subp. 9. Hydration. Residents must be offered and receive adequate water and other fluids to maintain proper hydration and health, unless fluids are restricted.

STAT AUTH: MS s 144A.04 ; 144A.08 ; 256B.431

HIST: 20 SR 303

Current as of 01/19/05

4658.1315 UNNECESSARY DRUG USAGE.

Subpart 1. General. A resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used:

A. in excessive dose, including duplicate drug therapy;

B. for excessive duration;

C. without adequate indications for its use; or

D. in the presence of adverse consequences which indicate the dose should be reduced or discontinued.

In addition to the drug regimen review required in part 4658.1310, the nursing home must comply with provisions in the Interpretive Guidelines for Code of Federal Regulations, title 42, section 483.25(1)(1) found in Appendix P of the State Operations Manual, Guidance to Surveyors for Long-

Term Care Facilities, published by the Department of Health and Human Services, Health Care Financing Administration, April 1992. This standard is incorporated by reference. It is available through the Minitex interlibrary loan system and the State Law Library. It is not subject to frequent change.

Subp. 2. Monitoring. A nursing home must monitor each resident's drug regimen for unnecessary drug usage, based on the nursing home's policies and procedures, and the pharmacist must report any irregularity to the resident's attending physician. If the attending physician does not concur with the nursing home's recommendation, or does not provide adequate justification, and the pharmacist believes the resident's quality of life is being adversely affected, the pharmacist must refer the matter to the medical director for review if the medical director is not the attending physician. If the medical director determines that the attending physician does not have adequate justification for the order and if the attending physician does not change the order, the matter must be referred for review to the Quality Assurance and Assessment (QAA) committee required by part 4658.0070. If the attending physician is the medical director, the consulting pharmacist shall refer the matter directly to the QAA.

STAT AUTH: MS s 144A.04; 144A.08; 256B.431

HIST: 20 SR 303

Current as of 01/19/05

4658.1320 MEDICATION ERRORS.

A nursing home must ensure that:

A. Its medication error rate is less than five percent as described in the Interpretive Guidelines for Code of Federal Regulations, title 42, section 483.25(m), found in Appendix P of the State Operations Manual, Guidance to Surveyors for Long-Term Care Facilities, which is incorporated by reference in part 4658.1315. For purposes of this part, a medication error means:

(1) a discrepancy between what was prescribed and what medications are actually administered to residents in the nursing home; or

(2) the administration of expired medications.

B. It is free of any significant medication error. A significant medication error is:

(1) an error which causes the resident discomfort or jeopardizes the resident's health or safety; or

(2) medication from a category that usually requires the medication in the resident's blood to be titrated to a specific blood level and a single medication error could alter that level and precipitate a reoccurrence of symptoms or toxicity.

C. All medications are administered as prescribed. An incident report or medication error report must be filed for any medication error that occurs. Any significant medication

errors or resident reactions must be reported to the physician or the physician's designee and the resident or the resident's legal guardian or designated representative and an explanation must be made in the resident's clinical record.

STAT AUTH: MS s 144A.04; 144A.08; 256B.431

HIST: 20 SR 303

Current as of 01/19/05

MISSISSIPPI

120 RESIDENT CARE

120.01 Service Beyond Capability of the Home. Whenever a resident requires hospitalization or medical, nursing, or other care beyond the capabilities and facilities of the home, prompt effort shall be made to transfer the patient/resident to a hospital or other appropriate medical facility.

120.02 Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to:

1. Bath, dressing and grooming;

2. Transfer and ambulate;

3. Good nutrition, personal and oral hygiene; and

4. Toileting.

120.03 Pressure sores. Residents with a pressure sore shall receive necessary treatment and service to promote healing and prevent the development of new pressure sores. Residents without pressure sores will not develop pressure sores unless the residents' clinical condition indicates they were unavoidable.

120.04 Urinary incontinence. Residents with urinary incontinence shall be assessed for need of bladder retraining program. An indwelling catheter will not be used unless the resident’s clinical condition indicates that catheterization is necessary. These residents shall receive treatment and services to prevent urinary tract infections.

120.05 Range of motion. Residents with limited range of motion shall receive treatment and services to increase range of motion or prevent further decline in range of motion.

120.06 Mental and psycho-social. A resident who displays adjustment difficulty receives appropriate treatment and services to address the assessed problem.

120.07 Gastric feeding. Residents who are eating alone or with assistance are not fed by a gastric tube unless their clinical condition indicates that the use of a gastric feeding tube is unavoidable.

The residents who are fed by a gastric tube receive the treatment and services to prevent complications or to restore if possible, normal eating skills.

120.08 Accidents. The facility shall ensure that the residents' environment remains as free of accident hazards as possible, and adequate supervision shall be provided to prevent accidents. If an unexplained accident occurs, this injury must be investigated and reported to appropriate state agencies.

120.09 Nutrition. Residents shall maintain acceptable parameters of nutritional status, such as body weight and protein levels, unless residents' clinical condition indicates that this is unavoidable. All residents shall receive diets as orders by their physician or nurse practitioner. Residents identified with significant nutritional problems shall receive appropriate medical nutrition therapy based on current professional standards.

120.10 Hydration. Each resident shall be provided sufficient fluid intake to maintain proper hydration and health.

120.11 Special needs. Each resident with special needs shall receive proper treatment and care. These special needs shall include, but are not limited to injections; parenteral and enteral fluids; colostomy, ureterostomy, ileostomy care; tracheostomy care; tracheal suction; respiratory care; foot care; and prostheses.

MISSOURI

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19 CSR 30-85.042 Administration and Resident Care Requirements for New and Existing Intermediate Care and Skilled Nursing Facilities

…(52) All medication errors and adverse reactions shall be reported immediately to the nursing supervisor and the resident's physician and, if there was a dispensing error, to the issuing pharmacist. II/III

…(66) Each resident shall receive twenty-four (24)-hour protective oversight and supervision. For residents departing the premises on voluntary leave, the facility shall have, at a minimum, a procedure to inquire of the resident or resident's guardian of the resident's departure, of the resident's estimated length of absence from the facility, and of the resident's whereabouts while on voluntary leave. I/II

(67) Each resident shall receive personal attention and nursing care in accordance with his/her condition and consistent with current acceptable nursing practice. I/II

(68) Each resident shall be clean, dry and free of body and mouth odor that is offensive to others. I/II

(69) Taking into consideration the resident's preferences, residents shall be well-groomed and dressed appropriately for the time of day, the environment and any identified medical conditions. II/III

(70) Residents who are physically or mentally incapable, or both, of changing their own positions shall have their positions changed at least every two (2) hours and shall be provided supportive devices to maintain good body alignment. I/II

(71) The facility must provide each resident the opportunity to access sufficient fluids to maintain proper hydration in accordance with the resident's medical condition and goals of treatment as documented in the medical record. I/II

(72) All residents who require assistance at mealtimes, whether it be preparation of the food items or actual feeding, shall be provided the assistance upon delivery of the tray. Facilities shall provide dining room supervision during meals. II/III

(73) Facilities shall provide each resident, according to his/her needs, with restorative nursing to encourage independence, activity and self-help to maintain strength and mobility. Each resident shall be out of bed as desired unless medically contraindicated. II

(74) Each resident shall have skin care including the application of oil, lotion and cream as needed to prevent dryness and scaling of skin. II/III

(75) Facilities shall keep residents free from avoidable pressure sores, taking measures toward prevention. If sores exist, staff shall give adequate treatment. I/II

....(82) Facilities shall ensure that each resident is provided individual personal care items necessary for good grooming. Items shall be stored and maintained in a clean manner within the resident's room. III

(83) Facilities shall provide equipment and nursing supplies in sufficient number to meet the needs of the residents. II/III

(84) Facilities shall keep all utensils and equipment in good condition, effectively sanitized, sterilized, or both, and stored to prevent contamination. II/III

(85) Staff shall ensure that bedpans, commodes and urinals are covered after use, emptied promptly and thoroughly cleaned after use. II/III

MONTANA

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37.40.110 SERVICES FURNISHED The following sections list those services commonly furnished by nursing personnel in skilled nursing homes and their usual skill classification. Any generally non-skilled service could, because of special medical complications in an individual case, require skilled performance, supervision or observation. However, the complications and special services involved should be documented by nursing notes and/or physician orders with progress notes. These records should include the observations made of physical findings, new developments in the course of the disease, the carrying out of details of

treatment prescribed, and the results of the treatment.

(1) Medications given by intravenous or intramuscular injections usually require skilled services. The frequency of injections would be particularly significant in determining whether the patient needs continuous skilled nursing care. Injections which can usually be self-administered -- for example, the well-regulated diabetic who receives a daily insulin injection -- do not require skilled services. Oral medications which require immediate changes in dosages because of sudden undesirable side effects or reactions should be administered to the patient and observed by licensed nurses, e.g., anti-coagulants, quinidine. This is a skilled service. Where a prolonged regimen of oral drug therapy is instituted, the need for continued presence of skilled nursing personnel can be presumed only during the period in which the routine is being established and changes in dosage cannot be anticipated or accomplished by unskilled personnel, e.g., digitalis.

(a) Administration of eye drops and topical ointments (including those required following cataract surgery) is not a skilled service. In Montana, institutional patients must receive all medications from licensed nurses; this fact, however, would not make the administration of oral medication a skilled service where the same type of medications are frequently prescribed for home use without skilled personnel being present.

(2) Levine tube and gastrostomy feedings must be properly prepared and administered. Supervision and observation by licensed nurses are required, thus making this procedure a skilled service.

(3) The services and observation required for nasopharyngeal aspiration constitute skilled nursing care.

(4) Colostomy or ileostomy may require skilled service during the immediate postoperative period following a newly created or revised opening. The need for such care should be documented by a physician and nursing notes. General maintenance care of this condition can usually be performed by the patient himself or by a person without professional raining and would not usually require skilled services.

(5) Repeated catheterizations during the immediate post-operative period following abdominal surgery could, with a few other skilled services, constitute continuous skilled nursing care. Routine services in connection with indwelling bladder catheters do not constitute skilled care. Catheters used in other parts of the body, such as bile ducts, chest cavity, etc., require skilled care.

(6) General methods of treating incontinence, such as use of diapers and rubber sheets, are not skilled services. A catheter used for incontinence would not require skilled care. Secondary skin problems should indicate the treatment required and should be noted in the patient's record.

(7) Special service in connection with application of dressings involving prescription medications and aseptic technique constitute skilled services. Routine changes of dressings, particularly in non-infected postoperative or chronic conditions, generally do not require skilled services or supervision.

(8) Routine care in connection with braces and similar devices appliances does not constitute skilled services. Care involving training in proper use of a particular appliance should be evaluated in relation to the need for physical therapy.

(9) The use of protective restraints generally does not require services of skilled personnel. This includes such devices as bed rails, soft binders, and wheelchair patient supports.

(10) Any regimen involving regular administration of inhalation therapy can be instituted only upon specific physician order. The initial phases of instituting such a regimen would be skilled care. However, when such administration becomes a part of regular routine, it would not generally be considered a skilled service since patients can usually be taught to operate their own inhalation equipment, or non-skilled personnel can supervise its administration, as in cases of chronic asthma, emphysema, etc. (History: Sec. 53-6-113, MCA; IMP, Sec. 53-6-113, MCA; NEW, Eff. 1/3/77; TRANS, from SRS, 2000 MAR p. 489.)

37.106.606 MINIMUM STANDARDS FOR A SKILLED AND SKILLED/ INTERMEDIATE CARE FACILITY: DRUG SERVICES

...(3) Any deviation from the prescribed drug dosage, route or frequency of administration and unexpected drug reactions shall be reported immediately to the patient's licensed physician with an entry made on the patient's medical record and on an incident report.

50-5-1201. Use of safety devices -- request and consent -- allowed individuals -- intent.

(1) The following individuals may request the use of and provide informed consent for the use of certain safety devices aimed at ensuring the physical safety of the resident by reducing the risk of falls and injuries associated with a resident's medical symptom even if the resident cannot easily remove the device or the device restricts the resident's total freedom of movement:

(a) a resident;

(b) a family member of a resident who is unable to make decisions because the resident has a communication barrier or has been found by a physician to be medically incapable of granting informed consent, as provided in 50-5-1203;

(c) a guardian, as defined in 72-1-103; or

(d) a person granted the power of attorney for health care decisions.

(2) A concern for a resident's physical safety or a resident's fear of falling may provide the basis for a medical symptom. A safety device may not be used for the convenience of staff or for disciplinary purposes.

(3) This part is intended to provide residents and authorized or designated representatives with the authority to request and consent to the use of safety devices but is not intended to interfere

with the right of licensed health care providers acting within their scope of practice to recommend and order treatments and services, including physical restraints, for residents in their care.

History: En. Sec. 1, Ch. 347, L. 2001.

50-5-1202. Definitions. As used in this part, the following definitions apply:

(1) "Department" means the department of public health and human services provided for in 2-15-2201.

(2) "Long-term care facility" means a licensed facility that provides skilled nursing care or intermediate nursing care or that is an assisted living facility, as defined in 50-5-101.

(3) "Medical symptom" means an indication of a physical or psychological condition or of a physical or psychological need expressed by the patient.

(4) "Physician" includes an advanced practice registered nurse to the extent permitted by federal law.

(5) "Resident" means a person who lives in a long-term care facility.

(6) (a) "Safety devices" means side rails, tray tables, seatbelts, and other similar devices.

(b) The term does not include protective restraints as defined in 21 CFR 880.6760. History: En. Sec. 2, Ch. 347, L. 2001; amd. Sec. 6, Ch. 54, L. 2003.

50-5-1203. Procedures -- informed consent -- physician involvement.

(1) Upon receiving a request for use of a safety device, a long-term care facility shall inform the requestor of the alternatives and risks associated with the use of the safety device. The long-term care facility shall provide the requested safety device to the resident upon receipt of:

(a) a signed consent form authorizing its use and acknowledging receipt of specific information about available alternatives and risks; and

(b) a written order from the attending physician that specifies the circumstances under and the duration for which the safety device may be used and the medical symptoms that the safety device is intended to address.

(2) The requirements of subsection (1) do not apply if a side rail or other device is used only as an assistive device and does not restrict the resident's movement from bed or chair. History: En. Sec. 3, Ch. 347, L. 2001.

50-5-1204. Long-term care facility procedures. A long-term care facility that provides a safety device under 50-5-1203 shall:

(1) document that the procedures outlined in 50-5-1203 have been followed;

(2) monitor the use of the safety device in accordance with accepted standards of practice;

(3) reevaluate the resident's need for the safety device, no less than quarterly, in consultation with the resident, the resident's family, and the attending physician. History: En. Sec. 4, Ch. 347, L. 2001. 50-5-1205. Survey compliance and department enforcement -- rulemaking authority.

(1) The department is granted rulemaking authority for the purposes of implementing this part.

(2) When determining compliance with state and federal standards for the use of a safety device, the department is bound by the statements and determinations contained in the attending physician's order regarding medical symptoms. A written order from the attending physician that contains statements and determinations regarding medical symptoms is sufficient evidence of the medical necessity of the safety device.

(3) A long-term care facility may not be subject to fines, civil penalties, or other state or federal survey enforcement remedies solely as the result of allowing the use of a safety device as authorized in this part.

(4) This section does not preclude the department from taking action to protect the safety and health of the resident if there is clear and convincing evidence that:

(a) the use of the safety device has jeopardized the health and safety of the resident; and

(b) the long-term care facility has failed to take reasonable measures to protect the health and safety of the resident. History: En. Sec. 5, Ch. 347, L. 2001.

NEBRASKA

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12-006.09 Care and Treatment: The facility is responsible for ensuring the physical, mental and psychosocial needs of all residents are met in accordance with each resident's individualized needs and physician orders.

…12-006.09A2 Retention of Residents: The facility must continue to provide care and treatment to residents as long as the facility can continue to meet the identified needs for care, treatment, and supervision, and other issues related to providing care and treatment.

12-006.09D Provision of Care and Treatment: The facility must provide the necessary care and treatment to permit achievement and maintenance of optimal mental, physical, and psychosocial functional status and independence in accordance with the comprehensive assessment and plan of care for each resident.

12-006.09D1 Resident Abilities: The facility must ensure care and treatment is provided to improve or maintain a resident's abilities when the resident is capable of some level of independence in performing these abilities. When the resident is not capable of independent functioning, the facility must be responsible for provision of these cares.

12-006.09D1a Diminished Abilities: The facility must ensure a resident receives the appropriate standards of care and treatment to prevent a diminution of the resident's abilities unless circumstances of the individual's medical condition demonstrates the 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.

12-006.09D1b Maintenance or Improvement in Abilities: The facility must ensure a resident is given the appropriate standards of care and treatment to maintain or improve his abilities as described in 006.09D1a.

12-006.09D1c Inability to Self-Perform: The facility must ensure a resident who is unable to carry out activities of daily living receives the appropriate standards of care and treatment to maintain good nutrition, grooming, and personal and oral hygiene.

12-006.09D1d Vision and Hearing: The facility must ensure that residents receive appropriate standards of care and treatment and assistive devices to maintain vision and hearing abilities. The facility must, if necessary, assist the resident in:

1. Making appointments, and

2. Arranging for transportation to and from the office of a practitioner/professional specializing in hearing and vision and/or provision of vision or hearing assistive devices.

12-006.09D2 Skin Integrity: The facility must ensure that a resident receives appropriate standards of care and treatment to maintain or improve skin integrity.

12-006.09D2a Prevent Pressure Sores: The facility must identify and implement appropriate standards of care and treatment to prevent a resident who enters the facility without a pressure sore from developing pressure sores unless the individual's clinical condition demonstrates that they were unavoidable.

12-006.09D2b Promote Healing: The facility must identify and implement standards of care and treatment for each resident with a pressure sore to promote healing, prevent infection and prevent other areas from occurring.

12-006.09D2c Other Open Areas: The facility must identify and implement standards of care and treatment to prevent a resident from developing skin excoriation, skin tears, other open areas unless the individual's condition demonstrates that they were unavoidable.

12-006.09D3 Urinary/Bowel Function: The facility must identify and implement standards of care and treatment for residents who have or are at risk for elimination problems. Care and treatment must be provided to:

1. Prevent urinary tract infection;

2. Restore bladder/bowel function unless the resident's condition demonstrates that the loss in bladder/bowel function is unavoidable;

3. Keep residents free of odors not caused by a clinical condition;

4. Keep residents free from skin breakdown related to bladder or bowel incontinence;

5. Keep residents free of fecal impactions and signs of discomfort from bowel constipation; and

6. Ensure a resident who enters the facility without an indwelling catheter does not receive an indwelling catheter unless the resident's clinical condition demonstrates that catheterization was necessary.

12-006.09D4 Range of Motion: The facility must identify and implement standards of care and treatment to improve or maintain each resident's range of motion unless the resident's clinical condition demonstrates a decline in range of motion was unavoidable.

12-006.09D5 Mental and Psychosocial Functioning: The facility must identify and implement appropriate standards of care and treatment to promote each resident's mental and psychosocial functioning.

12-006.09D5a Social Service Support: The facility must identify and implement methods to assist the resident in meeting treatment goals, address resident needs, and provide social service support in meeting each resident's needs and individuality including but not limited to:

1. Decreased social interaction; or

2. Increased withdrawn, angry or depressive behaviors.

12-006.09D5b Provision of Activities: The facility must identify and provide for daily activities to stimulate and promote the physical, spiritual, social, emotional, and intellectual well-being of each resident.

The activity program must promote the resident's self-respect, selfexpression, and choice.

12-006.09D6 Special Needs: The facility must identify and implement standards of care and treatment to prevent complications, infections, discomfort, and skin excoriations to residents receiving the following special services:

1. Gastric tubes;

2. Colostomy, ureterostomy, or ileostomy care;

3. Parenteral and enteral fluids;

4. Injections;

5. Tracheostomy care;

6. Tracheal suctioning;

7. Respiratory care;

8. Foot care; and

9. Prostheses.

12-006.09D7 Accidents: The facility must identify and implement standards of care and treatment to prevent resident accidents.

12-006.09D7a The facility's environment must be free from hazards over which the facility has control.

12-006.09D7b The facility must establish and implement policies and procedures which address:

1. Investigation, including documentation of the accidents to include identification and evaluation of individual resident causal factors;

2. Method for tracking and identification of trends;

3. Development of interventions to prevent the accident from recurring; and,

4. Reevaluation of the effectiveness of the interventions.

12-006.09D8 Nutrition: The facility must identify and implement standards of care and treatment to maintain nutritional status of each resident. This includes:

12-006.09D8a Food Service: The facility must provide each resident with a nourishing, palatable, well-balanced diet that meets the daily nutritional and special dietary needs of each resident. In the event that a facility contracts for the services of an outside food service management company, the facility remains responsible for compliance with the applicable regulations.

12-006.09D8b Unplanned Weight Loss: The facility must ensure that residents do not incur an unplanned significant weight loss or other indicator of malnourishment unless the resident's clinical condition demonstrates that this is not possible.

12-006.09D8b1 The facility must evaluate current height and weight status. Each resident must have a recorded weight no less than monthly with follow-up on unexplained gains and losses.

Alternative methods of anthropometric assessment may be used.

12-006.09D8c Assistive Devices: The facility must provide special eating equipment and utensils for residents who need them.

12-006.09D9 Hydration: The facility must provide each resident with sufficient fluid intake to maintain proper hydration and health.

…12-006.10D Medication Errors: The facility must ensure that it is free of medication error rates of 5% or greater, and residents are free of any significant medication errors.

12-006.10D1 The facility must have a method of recording, reporting, and reviewing medication administration errors. All medication administration errors must be reported to the prescribing medical practitioner in accordance with standards of care.

12-006.10E The facility must have policies and procedures for reporting any adverse reaction to a medication as in accordance with standards of care, to the resident's medical practitioner and for documenting such event in the resident's medical record.

12-006.18B1 Equipment: The facility must provide equipment adequate for meeting resident needs as specified in each resident's care plan.

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NAC 449.74469 Standards of care. (NRS 449.037) A facility for skilled nursing shall provide to each patient in the facility the services and treatment that are necessary to attain and maintain the patient's highest practicable physical, mental and psychosocial well-being, in accordance with the comprehensive assessment conducted pursuant to NAC 449.74433 and the plan of care developed pursuant to NAC 449.74439 .(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74471 Administration of drugs. (NRS 449.037)

1. A facility for skilled nursing shall not administer a drug to a patient in the facility:

(a) In excessive doses, including duplicate drug therapy;

(b) For an excessive duration;

(c) Without monitoring the patient properly;

(d) Without adequate indications for the use of the drug; or

(e) If there are any adverse reactions which indicate that the dosage should be reduced or discontinued.

2. Based on the comprehensive assessment of a patient conducted pursuant to NAC 449.74433 ,

a facility for skilled nursing shall ensure that a patient who:

(a) Has not used an antipsychotic drug is not given such a drug unless it is required to treat a condition of the patient that has been diagnosed and documented in the medical record of the patient.

(b) Uses an antipsychotic drug receives gradual reductions in the dosage, in conjunction with behavioral intervention, in an attempt to discontinue the use of the drug, unless the medical condition of the patient requires otherwise.

3. A facility for skilled nursing shall ensure that patients are not subjected to significant errors in their medication and that the rate of error in the administration of medication is less than 5 percent.

4. A facility for skilled nursing shall not prohibit a patient from administering medication to himself if the interdisciplinary team responsible for the care of the patient determines that this practice is safe.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74475 Vision and hearing.

(NRS 449.037)

A facility for skilled nursing shall:

1. Ensure that each patient in the facility receives proper treatment and devices for his vision and hearing.

2. Assist a patient, if necessary, in making appointments for the treatment of his vision and hearing.

3. If necessary, arrange transportation for a patient to visit a practitioner for the treatment of his vision or hearing or to obtain devices needed for his vision or hearing.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74477 Pressure sores. (NRS 449.037)

Based on the comprehensive assessment of a patient conducted pursuant to NAC 449.74433 , a facility for skilled nursing shall ensure that a patient:

1. Who is admitted to the facility without pressure sores does not develop pressure sores unless the development of pressure sores is unavoidable because of the medical condition of the patient; 2. With pressure sores receives the services and treatment needed to promote healing, prevent infection and prevent new sores from developing.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)NAC 449.74479 Urinary problems. (NRS 449.037) Based on the comprehensive assessment of a patient conducted pursuant to NAC 449.74433 , a facility for skilled nursing shall ensure that a patient:

1. Who is admitted to the facility without an indwelling catheter is not required to use a catheter unless catheterization is unavoidable because of the medical condition of the patient; and

2. Who is incontinent receives the services and treatment needed to prevent the infection of his urinary tract and restore the normal function of his bladder.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74479 Urinary problems. (NRS 449.037) Based on the comprehensive assessment of a patient conducted pursuant to NAC 449.74433, a facility for skilled nursing shall ensure that a patient:

1. Who is admitted to the facility without an indwelling catheter is not required to use a catheter unless catheterization is unavoidable because of the medical condition of the patient; and

2. Who is incontinent receives the services and treatment needed to prevent the infection of his urinary tract and restore the normal function of his bladder.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74481 Range of motion. (NRS 449.037)

Based on the comprehensive assessment of a patient conducted pursuant to NAC 449.74433 , a facility for skilled nursing shall ensure that:

1. The range of motion of a patient admitted to the facility is not reduced unless the reduction is unavoidable because of the medical condition of the patient; and

2. A patient with a limited range of motion receives the services and treatment needed to increase his range of motion and to prevent any further loss in his range of motion.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74483 Mental or psychosocial behavior. (NRS 449.037)

Based on the comprehensive assessment of a patient conducted pursuant to NAC 449.74433 , a facility for skilled nursing shall ensure that a patient:

1. Who is having difficulty adjusting to his environment and is exhibiting abnormal mental or psychosocial behavior receives the services and treatment needed to correct the assessed problem; and

2. Whose assessment does not indicate any difficulty adjusting to his environment or abnormal mental or psychosocial behavior does not become withdrawn, angry or depressed or decrease his social interaction unless such behavior is unavoidable because of the medical condition of the patient. (Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74485 Nasogastric tubes. (NRS 449.037)

Based on the comprehensive assessment of a patient conducted pursuant to NAC 449.74433 , a facility for skilled nursing shall ensure that a patient who is:

1. Able to feed himself with or without assistance is not fed with a nasogastric tube unless a nasogastric tube is unavoidable because of the medical condition of the patient; and

2. Fed with a nasogastric tube receives the services and treatment needed to:

(a) Prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities and nasal-pharyngeal ulcers; and

(b) Restore, if possible, normal eating skills.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74487 Nutritional health; hydration. (NRS 449.037)

1. Based on the comprehensive assessment of a patient conducted pursuant to NAC 449.74433 , a facility for skilled nursing shall ensure that:

(a) The nutritional health of the patient is maintained, including, without limitation, the maintenance of his weight and levels of protein, unless the nutritional health of the patient cannot be maintained because of his medical condition.

(b) The patient receives a therapeutic diet if such a diet is required by the patient.2. A facility for skilled nursing shall provide each patient in the facility with sufficient fluids to maintain proper hydration and health.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99

NAC 449.74497 Daily activities of patient. (NRS 449.037)

1. Based on the comprehensive assessment of a patient conducted pursuant to NAC 449.74433 , a facility for skilled nursing shall ensure that:

(a) The patient's ability to carry out his daily activities does not diminish unless such diminution is unavoidable because of the medical condition of the patient;

(b) The patient receives the services and treatment needed to maintain or improve his ability to carry out his daily activities; and

(c) The patient receives the services needed to maintain his grooming and personal and oral hygiene, and to ensure good nutrition, if the patient is unable to carry out his daily activities.

2. As used in this section, "daily activities" includes, without limitation:

(a) Bathing, dressing and grooming oneself;

(b) The ability to be ambulatory;

(c) Using the toilet without assistance;

(d) Feeding oneself; and (e) Using speech, language and other communication systems.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74537 Special services. (NRS 449.037)

A facility for skilled nursing shall ensure that a patient in the facility receives the following special services if needed:

1. Injections.

2. Parenteral and enteral fluids.

3. Colostomy, ureterostomy and ileostomy care.

4. Tracheostomy care.

5. Tracheal suctioning.

6. Respiratory care.

7. Foot care.

8. Prostheses.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74539 General requirements. (NRS 449.037)

A facility for skilled nursing shall:

1. Provide a safe, functional, sanitary and comfortable environment for the patients in the facility, the members of its staff and members of the general public;

…3. Ensure that the environment of the facility is free of hazards that would cause accidents;

4. Ensure that each patient in the facility receives adequate supervision and devices to prevent accidents

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He-P 803.14 Duties and Responsibilities of All Licensees.

…(n) The licensee shall implement measures to ensure the safety of residents who are assessed as an elopement risk or danger to self or others.

He-P 803.15 Required Services

…(d) The licensee shall provide the following core services:

…(7) Assistance in arranging medical and dental appointments, including arranging transportation to and from such appointments and reminding the residents of the appointments.

(e) The licensee shall:

(1) Make available basic supplies necessary for residents to maintain grooming and personal hygiene, such as soap, shampoo, toothpaste, toothbrush and toilet paper;.

He-P 803.16 Medication Services.

…(ab) The licensee shall develop and implement a system for reporting within 24 hours any observed adverse reactions to medication and side effects, or medication errors such as incorrect medications.

(ac) The written documentation of the report in (ab) above shall be maintained in the resident's record.

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.

NEW MEXICO

7.9.2.2 SCOPE:

A. Services for residents shall be provided on a continuing twenty-four (24) hour basis and shall maintain or improve physical, mental and psychosocial well-being under plan of care developed by a physician or other licensed health professional and shall be reviewed and revised based on assessment.

7.9.2.42 INDIVIDUAL 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 a 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, 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 filed in the resident's clinical record, except as provided in this section.

…(2) Nursing personnel shall provide care, including proper hydration, designated to maintain current functioning and to improve the resident's ability sto 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 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.

C. REHABILITATIVE MEASURES: Residents shall be assisted in carrying out rehabilitative measures initiated by a rehabilitative therapist ordered by a physician, including assistance with adjusting to any disabilities and using any prosthetic devices.

… E. NOURISHMENT:

(1) Diets: Residents shall be served diets as prescribed by a physician.

(2) Adaptive devices: Adaptive self-help devices shall be available to residents assessed as capable of using such devices and these residents shall be trained in their use to contribute to independence in eating.

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

(4) Food and fluid intake and diet acceptance: A resident's food and fluid intake and acceptance of diet shall be monitored and documented, and significant deviations from normal eating patterns shall be reported to the nurse and either the resident's physician or dietician as appropriate. [7-1-60, 7-1-64, 5-2-89; 7.9.2.42 NMAC - Rn, 7 NMAC 9.2.42, 8-31-00]

7.9.2.44 TREATMENT AND ORDERS:

…D. ADMINISTRATION OF MEDICATIONS

…(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 any entry made In the

resident's clinical record. The nurse shall take appropriate action, including notifying the

physician

[7-1-60, 5-2-89; 7.9.2.44 NMAC – Rn, 7 NMAC 9.2.44, 8-31-00]

7.9.2.46 USE OF OXYGEN:

A. ORDERS OF 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 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. [7-1-60, 5-2-89; 7.9.2.46 NMAC - Rn, 7 NMAC 9.2.46, 8-31-00]

7.9.2.64 RESIDENT CARE EQUIPMENT:

A. PERSONAL NEED ITEMS: When a resident because of his or her conditions needs a mouthwash cup, a wash basin, a soap dish, a bedpan, an emesis basin, or a standard urinal and cover, that item shall be provided to the resident. This equipment may not be interchanged between residents until it is effectively washed and sanitized.

B. THERMOMETERS: If reusable oral and rectal thermometers are used, they shall be cleaned and disinfected between use.

C. FIRST AID SUPPLIES: Each nursing unit shall be supplied with first aid supplies, including bandages, sterile gauze dressings, bandage scissors, tape, and a sling tourniquet.

D. OTHER EQUIPMENT: Other equipment, such as wheelchairs with brakes, footstools, commodes, foot cradles, footboards, under-the-mattress bedboards, walkers, trapeze frames, transfer boards, parallel bars, reciprocal pulleys, suction machines, patient lifts and Stryker or Froster frames, shall be used as needed for the care of the residents.

[7-1-60, 7-1-64, 5-2-89; 7.9.2.64 NMAC – Rn, 7 NMAC 9.2.64, 8-31-00]

Section 415.12 - Quality of care

415.12 Quality of care. Each resident shall receive and the facility shall 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 subject to the resident's right of self determination.

(a) Activities of daily living. Based on the comprehensive assessment of a resident, the facility shall ensure that:

(1) 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: (i) bathe, dress and groom; (ii) transfer and ambulate; (iii) toilet; (iv) eat; and (v) use speech, language or other functional communication systems.

(2) A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (1) of this subdivision; and

(3) 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

(b) Vision and hearing. To ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities, the facility shall, if necessary, assist the resident:

(1) in making appointments:

(2) by arranging for transportation to and from the office of a medical 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 if such services are not provided on-site; and

(3) by promoting the safekeeping, maintenance, and use of vision or hearing assistive devices which the resident needs.

(c) Pressure sores. Based on the comprehensive assessment of a resident, the facility shall ensure

that:

(1) 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 despite every reasonable effort to prevent them; and

(2) A resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.

(d) Urinary Incontinence. Based on the resident's comprehensive assessment, the facility shall ensure that:

(1) A resident who is incontinent of bladder receives the appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. (2) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary.

(e) Range of motion. Based on the comprehensive assessment of a resident, the facility shall ensure that:

(1) 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.

(2) 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.

(f) Mental and psychosocial functioning. Based on the comprehensive assessment of a resident, the facility shall ensure that:

(1) A resident who displays mental or psychosocial adjustment difficulty receives appropriate treatment and services to correct the assessed problem; and

(2) A resident whose assessment did not reveal a 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 was unavoidable.

(g) Enteral feeding tubes.

(1) Based on the comprehensive assessment of a resident, the facility shall ensure that a resident who has been able to eat alone or with assistance is not fed by an enteral feeding tube unless the resident's clinical condition demonstrates that use of such a tube was unavoidable.

(2) A resident who is fed by an enteral feeding tube shall receive the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, significant regurgitation, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal feeding function.

(3) Following consideration of possible alternatives for short term nutritional therapy, nasogastric tubes and feeding formulations may be used for feeding purposes when determined clinically appropriate by the attending physician and interdisciplinary care team which includes a health care professional with training in diagnosis and management of swallowing disorders. Nasogastric tube feedings shall be used to promote a therapeutic program to maintain adequate nutrition and hydration and include a plan to help the resident develop or regain eating skills.

(4) Residents receiving nasogastric tube feedings shall be reassessed at a minimum by the registered professional nurse, social worker, and dietitian as needed, but no less than once every six weeks, for the ability to return to normal feeding function. If the nasogastric feeding is continued, the reasons for continuation shall be documented in the resident's clinical record. If nasogastric feedings are to be continued longer than 95 days, permanent enteral feeding procedures such as surgical gastrostomy or jejunostomy shall be considered. (5) Nasogastric tube feeding formulations shall be given in accordance with the manufacturer's instructions or at a rate appropriate to the physical size of the resident and the amount of fluid and nutrients necessary to meet the assessed caloric and fluid needs of the resident.

(6) To minimize resident discomfort, nasogastric tubes used for resident feeding purposes shall: (i) be the smallest gauge appropriate for the patient and shall not exceed 3.96 millimeters (#12 French) in outside diameter unless medically indicated; (ii) be made of a soft, flexible material such as medical grade polyurethane or silicone; and (iii) be specifically manufactured for

nasogastric feeding purposes.

(7) The facility shall develop and follow policies and procedures for nasogastric tube feedings which are written in accordance with prevailing standards of professional practice and in consultation with the medical, nursing, dietary and pharmacy services of the facility. Medical practitioners shall be informed of such policies and procedures governing the use of nasogastric tubes for resident feeding. The policies and procedures shall address as a minimum: (i) types and sizes of nasogastric tubes and the various types of feeding formulations available at the facility; (ii) the need to assess each resident's clinical and nutritional status to determine the size of the nasogastric tube and type of feeding appropriate for that individual; (iii) standard techniques for inserting a nasogastric tube and confirming the correct placement of the tube; (iv) procedures for administering nasogastric feedings including positioning the resident and the need for resident observation and monitoring before, during and following the feeding; and (v) infection control policies related to tube feedings.

(h) Accidents. The facility shall ensure that:

(1) the resident environment remains as free of accident hazards as is possible; and

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

(i) Nutrition. Based on a resident's comprehensive assessment, the facility shall ensure that a resident:

(1) 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

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

(j) Hydration. The facility shall provide each resident with sufficient fluid intake to maintain proper hydration and health.

(k) Special needs. The facility shall ensure that residents receive proper treatment and care for the following special services:

(1) injections;

(2) parenteral and enteral fluids;

(3) colostomy, ureterostomy or ileostomy care;

(4) tracheostomy care;

(5) tracheal suctioning;

(6) respiratory care;

(7) podiatric care; and

(8) prostheses.

(l) Drug therapy.

(1) Unnecessary drugs. Each resident's drug regimen shall include only those medications prescribed to treat a specific documented illness or condition and not otherwise contraindicated for a given resident. The drug regimen shall be monitored for evidence of both adverse actions and therapeutic effect. Dose changes or discontinuation of the drug must be made if the drug is ineffective and/or is causing disabling or harmful side effects and/or the condition for which it was prescribed has resolved.

(2) Psychotropic drugs. Based on a comprehensive assessment of a resident and consistent with the provisions of subdivision (a) of section 415.4 of this Part, the facility shall ensure that: (i) the use of psychotropic drugs shall: (a) meet all conditions of paragraph (1) of this subdivision; (ii) residents who use psychotropic drugs receive gradual dose reductions and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs and assist the resident to attain and maintain optimum physical and emotional functioning. (b) be ordered by a physician who, in accordance with generally accepted standards of care and services, specifies the problem for which the drug is prescribed;

(c) be used, except in emergencies, only as an integral part of a resident's comprehensive care plan and only after alternative methods for treating the condition or symptoms have been tried and have failed; and (d) be discontinued if harmful effects of the medication outweigh the beneficial effects of the drug.

(m) Medication errors. The facility shall 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.

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) Thepolicy shall designate the levelof CPR that is available using terminology defined by theAmericanHeart 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.

NORTH DAKOTA

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North Dakota does not contain specific content for Quality of Care.

OHIO

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Ohio does not contain specific content for Quality of Care.

OKLAHOMA

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310:675-7-9.1. Written administrative policies and procedures

…(f) Emergency care shall be provided to residents in case of
sudden illness or accident, including persons to be contacted in case of an emergency.

310:675-7-9.1. Written administrative policies and procedures

.. (k) The facility shall adopt a nursing policy and procedure manual, which shall detail all nursing procedures performed within the facility. All procedures shall be in accordance with accepted nursing practice standards, and shall include, but not be limited to, the following:

(1) Ambulation, body alignment and positioning, and routine range of motion unless contraindicated by the resident's physician.

(2) Elimination, including a bowel and bladder training program, or frequent toileting for incontinent residents, when applicable.

(3) Colostomy and ileostomy care.

(4) Nutrition and meal service.

(5) Oral suctioning and tracheotomy care.

(6) Treatments.

(7) Nasogastric care.

(8) Oral hygiene.

(9) Isolation procedures.

(10) Universal precautions.

(11) Emergency procedures.

(12) Medication Administration.

(13) Pain assessment and treatment.

310:675-9-1.1. Nursing and personal care services

(a) The facility shall ensure that resident rights are respected in the provision of care.

(b) Basic nursing and personal care shall be provided for residents as needed.

(1) Nursing care shall include, but not be limited to:

(A) Encouraging residents to be active and out of bed for reasonable time periods.

(B) Measuring resident
temperature, blood pressure, pulse and respirations at least once every thirty days and more

frequently if warranted by the resident's condition, with the results recorded in the clinical record.

(i) Measuring resident weight at least once every thirty days and more frequently if warranted by the resident's condition, with the results recorded in the clinical record.

(ii) Measuring resident pain whenever vital signs are taken and more frequently if warranted by the resident's condition, with the results recorded in the clinical record.

(C) Offering fluids, and making fluids available, to maintain proper hydration.

(D) Following proper nutritional practices for diets, enteral and parenteral feedings and assistance in eating.

(E) Providing proper skin care to prevent skin breakdown.

(F) Providing proper body alignment.

(G) Providing supportive devices to promote proper alignment and positioning.

(H) Turning bed residents every two hours or as needed, to prevent pressure areas, contractures, a nd decubitus.

(I) Performing range of motion exercises in accordance with individual assessment and care plans.

(J) Ensuring that residents positions are changed every two hoursor as needed when in a chair and are toileted as needed.

(K) Establishing and implementing bowel and bladder programs to promote independence, ordeveloping toileting schedules to promote continence.

(L) Performing catheter care with proper positioning of bag and tubing at all times.

(M) Recording accurate intake and output records for residents with tube feedings orcatheters.

(N) Assessing the general mental and physical condition of the resident on admission.

(O) Updating the assessment and individual care plan whenthere is asignificant change in the resident's physical, mental, or psychosocial functioning.

(P) Recognizing and recording signs and symptoms of illness or injury with action taken to treat the illness or injury, and the response to treatments and medications.

(2) Personal care shall include, but not be limited to:

(A) Keeping residents clean and free of odor.

(B) Keeping bed linens clean and dry.

(C) Keeping resident's personal clothing clean and neat.

(D) Ensuring that
residents are dressed appropriately for activities in which they participate;bedfast/chairfast residents shall be appropriately dressed and provided adequate cover for comfort and privacy.

(E) Ensuring that the resident's hair is clean and groomed.

(F) Providing oral hygiene assistance at least twice daily with readily available dental floss,toothbrush and dentifrice. A denture cleaning/soaking device and brush shall be available and maintained for each resident as needed.

(G) Keeping toenails and fingernails clean and trimmed.

(c) The facility shall assist the resident in securing other services recommended by a physician such as, but not limited to, optometry or
ophthalmology, audiology or otology, podiatry, laboratory, radiology or
hospital services. The administration
shall, through social services or other means,assist each resident desiring or needing medical related services. [Source: Added at 9 OkReg3163, eff 7-1-92
(emergency);Addedat 10OkReg 1639, eff6-1-93;Amended at23 Ok Reg 156, eff 10-6-05 (emergency); Amended at 23 Ok Reg 2415, eff6-25-06]

310:675-9-3.1. Rehabilitative or restorative nursing services

(a) Rehabilitative services promote restoration of the resident's maximum potential.

Rehabilitative services shall be provided or obtained by the facility or an outside source according to the resident assessment. An evaluation shall address the residents rehabilitative needs, on admission, annually, and as the resident's condition indicates. Rehabilitative services shall be ordered by the physician, and provided under the direction of licensed or qualified staff. These services shall include, but not be limited to, the following:

(1) Physical therapy.

(2) Speech therapy.

(3) Audiology.

(4) Occupational therapy.(5) Psychological or psychiatric counseling/therapy.

(6) Nutritional counseling.

(b) Restorative nursing services may be provided by the nursing staff according to the care plan. These services shall include, but not be limited to, the following:

(1) Range of motion to prevent contracture.

(2) Bowel and bladder training to restore continence.

(3) Self-help skill training.

(4) Behavioral modification under the direction of a qualified consultant.

(5) Ambulation.

(6) Remotivation.

(7) Reality orientation.

(8) Reminiscent therapy.

(c) There shall be an ongoing in-service education program for all restorative nursing staff.

[Source: Added at 9 Ok Reg 3163, eff 7-1-92 (emergency); Added at 10 Ok Reg 1639, eff 6-1-93]

310:675-9-4.1. Supplies and equipment

(a) There shall be a sufficient quantity of supplies and, equipment in working condition, to meet the residents' medical, nursing, nutritional, social and activity needs.

310:675-9-31. Influenza and pneumococcal vaccinations

... (b) Each facility shall document evidence of the offering of vaccination against pneumococcal disease for each resident,in accordance with the Recommendations ofthe Advisory Committee on I mmunization Practicesfor the Centersfor Disease ControlandPrevention most recentto the time of v accination.

(c) The immunizations provided for in this section may be waived because of medicalcontraindication or may be refused. Documentation ofthe vaccination, medical c ontraindication orrefusal shall be recorded in theresident's medical or care record. Ifthe resident is not vaccinated, the documentation in the resident record shall include a statement signed by the resident, theresident's representative, or the resident's physician as appro priate.

(d) Attending physicians may establish standing orders for the administration of influenza and pneumococcal immunizations in accordance with the Recommendations ofthe Advisory Committee on Immunization Practices for the Centers for Disease Controland Preventionmost recentto the time of vaccination.

[Source: Added at 16 OkReg 3493, eff7-30-99 (emergency);Added at 17 Ok Reg 2072, eff 6-12-00; Amended at18 Ok Reg 2533, eff6-25-01]

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.

§ 211.10. Resident care policies.

(a) Resident care policies shall be available to admitting physicians, sponsoring agencies, residents and the public, shall reflect an awareness of, and provision for, meeting the total medical and psychosocial needs of residents. The needs include admission, transfer and discharge planning.

(b) The policies shall be reviewed at least annually and updated as necessary.

(c) The policies shall be designed and implemented to ensure that each resident receives treatments, medications, diets and rehabilitative nursing care as prescribed.

(d) The policies shall be designed and implemented to ensure that the resident receives proper care to prevent pressure sores and deformities; that the resident is kept comfortable, clean and well-groomed; that the resident is protected from accident, injury and infection; and that the resident is encouraged, assisted and trained in self-care and group activities.

Authority: The provisions of this § 211.10 amended under section 803 of Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source: The provisions of this § 211.10 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (240335) to (240336).

§ 211.12. Nursing services.

…(d) The director of nursing services shall be responsible for:

…(5) General supervision, guidance and assistance for a resident in implementing the resident's personal health program to assure that preventive measures, treatments, medications, diet and

other health services prescribed are properly carried out and recorded.

Authority

The provisions of this § 211.12 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source.

The provisions of this § 211.12 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, except subsections (e) and (f) effective July 1, 1988, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999.

Immediately preceding text appears at serial pages (240337) to (240339).

RHODE ISLAND

Safe Resident Handling

3.6 Each licensed nursing facility shall comply with the following as a condition of licensure:

3.6.1 Each licensed nursing facility shall establish a safe patient handling committee, which shall be chaired by a professional nurse or other appropriate licensed health care professional. A nursing facility may utilize any appropriately configured committee to perform the responsibilities of this section. At least half of the members of the committee shall be hourly, non-managerial employees who provide direct resident care.

3.6.2 By July 1, 2007, each licensed nursing facility shall develop a written safe patient handling program, with input from the safe patient handling committee, to prevent musculoskeletal disorders among health care workers and injuries to residents. As part of this program, each licensed nursing facility shall:

3.6.3 By July 1, 2008, implement a safe resident handling policy for all shifts and units of the

facility that will achieve the maximum reasonable reduction of manual lifting, transferring, and repositioning of all or most of a resident's weight, except in emergency, life-threatening, or otherwise exceptional circumstances;

a) Conduct a resident handling hazard assessment. This assessment should consider such variables as patient-handling tasks, types of nursing units, resident populations, and the physical environment of resident care areas;

b) Develop a process to identify the appropriate use of the safe resident t handling policy based on the resident's physical and mental condition, the resident's choice, and the availability of lifting equipment or lift teams. The policy shall include a means to address circumstances under which it would be medically contraindicated to use lifting or transfer aids or assistive devices for particular residents;

c) Designate and train a registered nurse or other appropriate licensed health care professional to serve as an expert resource, and train all clinical staff on safe resident handling policies, equipment, and devices before implementation, and at least annually or as changes are made to the safe patient handling policies, equipment and/or devices being used;

d) Conduct an annual performance evaluation of the safe resident handling with the results of the evaluation reported to the safe resident handling committee or other appropriately designated committee. The evaluation shall determine the extent to which implementation of the program has resulted in a reduction in musculoskeletal disorder claims and days of lost work attributable to musculoskeletal disorder caused by resident handling, and include recommendations to increase the program's effectiveness; and

e) Submit an annual report to the safe resident handling committee of the facility, which shall be made available to the public upon request, on activities related to the identification, assessment, development, and evaluation of strategies to control risk of injury to patients, nurses, and other health care workers associated with the lifting, transferring, repositioning, or movement of a resident.

3.6.4 Nothing in this section precludes lift team members from performing other duties as assigned during their shift.

3.6.5 An employee may, in accordance with established facility protocols, report to the committee, as soon as possible, after being required to perform a resident handling activity that he/she believes in good faith exposed the resident and/or employee to an unacceptable risk of injury. Such employee reporting shall not be cause for discipline or be subject to other adverse consequences by his/her employer. These reportable incidents shall be included in the facility's annual performance evaluation

Section 21.0 Resident Care Policies

21.1 Each facility shall have written resident care policies to govern the continuing nursing care and related medical or other services provided.

21.2 Each nursing facility licensed under the provision of Chapter 23-17 of the Rhode Island General Laws, as amended, shall have a written plan for preventing the hazards of resident wandering from the facility. Said plan shall be on file in the nursing facility and available to the licensing agency upon request.

Resident Immunization Policies/Practices

22.5 Long term care resident immunization: Except as provided in subsection 22.5 (e) (below), every facility in this state shall request that residents be immunized for influenza virus and pneumococcal disease in accordance with Chapter 23-17.19 of the Rhode Island General Laws, as amended.

Influenza, pneumococcal, and other adult vaccination policies and protocols (such as physician's standing orders) for facility residents shall be developed and implemented by the facility and shall contain no less than the following provisions:

a) Notice to resident: In accordance with the provisions of section 23-17.19-4 of the Rhode Island General Laws, as amended, upon admission, the facility shall notify the resident and legal guardian of the immunization requirements of Chapter 23-17.19 of the Rhode Island General Laws, as amended, and request that the resident agree to be immunized against influenza virus and pneumococcal disease.

b) Records and immunizations: Every facility shall document the annual immunization against influenza virus and immunization against pneumococcal disease for each resident which includes written evidence from a health care provider indicating the date and location the vaccine was administered.

Upon finding that a resident is lacking such immunization or the facility or individual is unable to provide documentation that the individual has received the appropriate immunization, the facility shall make available the immunization.

c) Other immunizations: An individual who becomes a resident shall have his status for influenza and pneumococcal immunization determined by the facility, and, if found to be deficient, the facility shall make available the necessary immunizations.

d) Vaccinations must be provided in accordance with the most current ACIP (Advisory Council on Immunization Practices) guidelines for these vaccinations.

e) Exceptions: No resident or employee shall be required to receive either the influenza or pneumococcal vaccine if any of the following apply:

1) the vaccine is contraindicated; 2) it is against his religious beliefs; or 3) the resident or the resident's legal guardian refuses the vaccine after being fully informed

of the health risks of such action.

f) Reports of vaccination rates shall be submitted annually (by July 1st of each year) to the Department. Such reports shall include, at a minimum:

i) number of all eligible residents 65 years and older residing in or admitted to the facility from September 15th to March 31st of the next year and the number of influenza vaccinations administered in that period;

ii) number of all eligible residents 64 years and younger residing in or admitted to the facility from September 15th to March 31st of the next year and the number of influenza vaccinations administered in that period;

iii) percentage of current residents 65 years and older vaccinated with pneumococcal vaccine;

iv) the number of residents who are exempted from influenza and/or pneumococcal vaccination for medical reasons;

v) the number of outbreaks in the facility each year due to influenza virus and pneumococcal disease, if known;

vi) the number of hospitalizations of facility residents each year due to influenza virus, pneumococcal disease and complications thereof; if known; and

vii) other reports as may be required by the Director.

Section 25.0 Selected Nursing Care Procedures

… 25.2 The personal hygiene of each resident shall be attended to. All residents shall receive care including care of skin, shampooing and grooming of hair, oral hygiene, shaving, cleaning and cutting of fingernails and toenails. Residents shall be kept free of offensive odors.

25.3 Residents shall be encouraged and/or assisted to function at their highest level of self-care and independence. Every effort shall be made to keep residents active and out of bed for reasonable periods of time except when contraindicated by physician orders.

25.4 Every facility shall have an active program for rehabilitative nursing care.

25.5 Such supportive and restorative nursing care needed to maintain maximum functioning of the resident shall be provided.

25.6 Each resident shall be given care to prevent pressure ulcers, contractures and deformities, including:

a) preventive skin care as appropriate;

b) changing the position of bedfast and chair-fed residents;

c) maintaining proper body alignment and joint movement to prevent contractures and deformities; and

d) encouraging, assisting and training residents in self-care and activities of daily living.

25.7 Measures shall be taken to prevent and reduce incontinence for each resident which shall include no less than:

a) written assessment by a registered nurse, within two (2) weeks of admission, of each incontinent resident's ability to participate in a bowel and/or bladder training program;

b) an individualized plan of care for each resident selected for training to be included in the resident's nursing care plan to restore as much normal bladder function as possible.

Assistance with Eating and Hydration

25.11 Nursing facilities may employ resident attendants to assist residents with activities of eating and drinking. The resident attendant shall not be counted in the direct care staffing levels (see also section 24.4 herein).

25.12 A nursing facility shall not use any individual on a paid or unpaid basis in the capacity of a resident attendant, as defined herein, in the nursing home unless the individual:

a) has satisfactorily completed a training program approved by the Director, as described in section 25.14 of these regulations;

b) continues to provide competent eating and hydration assistance as determined by the facility's professional nursing staff.

25.13 The facility shall ensure: a) the resident attendant works in congregate dining areas under the supervision of a

registered nurse (RN) or licensed practical nurse (LPN); b) the resident attendant wears a photo identification badge in accordance with section

14.14 of these regulations; c) the resident attendant only assists residents selected by the professional nursing staff,

based on the charge nurse's assessment and the resident's latest assessment and plan of care;

d) the resident attendant assists with eating and drinking for residents who have no complicated eating/feeding problems, including but not limited to:

i. Tube or parenteral/IV feedings;

ii. Recurrent lung aspirations;

iii. Difficulty swallowing;

iv. Residents at risk of choking while eating or drinking;

v. Residents with significant behavior management challenges while eating or drinking;

vi. Residents presenting other risk factors that may require emergency intervention.

e) maintenance of records regarding individuals acting as resident attendants and the training program attended.

Pain Assessment

25.15 All health care providers licensed by this state to provide health care services and all health care facilities licensed under Chapter 23-17 of the Rhode Island General Laws, as amended, shall

assess patient pain in accordance with the requirements of the Rules and Regulations Related to Pain Assessment (R5-37.6-PAIN) promulgated by the Department.

Section 34.0 Equipment

34.1 Each facility shall maintain sufficient and appropriate types of equipment consistent with resident needs and sufficient to meet emergency situations.

34.2 All equipment to meet the needs of the residents shall be maintained in safe and good operational condition.

SOUTH CAROLINA

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501. General (II)

…B. Specifically, there shall be written policies and procedures to:

1. Assure that residents do not develop pressure-related wounds unless the resident's clinical condition demonstrates that they were unavoidable and to address treatment of existing pressure-related wounds;

2. Address resident exit-seeking and elopement, including prevention and actions to be taken in the event of occurrence.

1001. General

B. Residents shall receive care and treatment, services, e.g., routine and emergency medical care, podiatry care, dental care, counseling and medications, as ordered by a physician or other legally authorized healthcare provider. Such care shall be provided and coordinated among those responsible during the process of providing such care and modified based upon any changing needs, or, when appropriate, requests of the resident. (II)

C. Treatment and services shall be rendered in a caring and humane manner, and effectively and safely in accordance with orders from physicians or other legally authorized healthcare providers. (I)

D. Staff shall respond to a signal system call from a resident to provide care or assistance in a prompt manner.

E. Each resident shall be encouraged and assisted in self care and activities of daily living, and be given care that promotes skin integrity, proper body alignment and joint movement. (I)

F. Residents shall be neat, clean, appropriately and comfortably dressed in clean clothes, and shall be encouraged and assisted to achieve and maintain the highest level of self care and independence. Neatness and cleanliness shall include personal hygiene, skin care, shampooing and grooming of hair, shaving and trimming of facial hair, nail trimming, and being free of offensive body odors. (II)

G. The provision of care, treatment, and services shall be resident-centered and resident-directed to the fullest extent possible. Such care, treatment, and services to residents shall be guided by the recognition of and respect for cultural differences and personal preferences to assure reasonable accommodations shall be made for residents with regard to differences, such as, but not limited to, religious practices and dietary preferences.

…I. Facilities shall take an interdisciplinary approach to decrease the risk of pressure-related wounds, and institute measures to prevent and treat wounds that are consistent with each resident's clinical condition, risk factors, and goals. Such actions shall include but not be limited to: (I)

1. Body position of bed or chair bound residents changed in accordance with the ICP;

2. Proper skin care provided for bony prominences and weight bearing parts to prevent discomfort and the development of pressure areas, unless contraindicated by physician's orders.

J. Soiled or wet bed linen shall be replaced promptly with clean, dry linen and clothing after being soiled. (I)

K. Necessary actions shall be taken to prevent resident elopement. (I)

L. A facility shall have the equipment and supplies required to administer cardiopulmonary resuscitation (CPR) to any resident when necessary and in accordance with the resident's advance directives. Equipment and supplies required to administer CPR include, but are not limited to: (I)

1. Adult-sized Pocket Mask;

2. Adult-sized Bag-Valve-Mask Ventilation Unit (BVM); and

3. Large and Medium Adult-sized Oropharyngeal airway (OPA).

M. In the event of closure of a facility for any reason, the facility shall assure continuity of care, treatment, and services by promptly notifying the resident's attending physician or other legally authorized healthcare provider and arranging for referral to other facilities.

1007. Oxygen Therapy (II)

A. The facility shall provide oxygen for the treatment of residents when ordered by a physician or other legally authorized healthcare provider.

B. When oxygen is dispensed, administered, or stored, "No Smoking" signs shall be posted conspicuously. All cylinders shall be appropriately secured. As an exception, in "Smoke-Free" facilities where smoking is prohibited, and where the facility nonsmoking policy is strictly enforced, and where "Smoke-Free" signs are strategically placed at all major entrances, secondary "No

Smoking" signs shall not be required in and in the vicinity of resident rooms where oxygen is being administered. "No Smoking" signs shall be required in and in the vicinity of resident rooms and all other areas of the facility where oxygen is being stored. (I)

1806. Vaccinations (II)

…B. Influenza.

1. Direct care staff and residents shall have an annual influenza vaccination unless the vaccine is medically contraindicated or the person is offered the vaccination and declined. In either case, the decision shall be documented.

2. Persons receiving influenza vaccination shall, as appropriate, receive influenza vaccination each influenza season from October through March. Consideration may be made for availability issues, e.g., vaccine shortages.

C. Pneumococcal. Upon admission, residents shall be immunized for Streptococcus pneumoniae. Residents shall be vaccinated for Streptococcus pneumoniae unless the vaccine is medically contraindicated or the resident is offered the vaccination and declined. In either case, the decision shall be documented.

1304. Pharmacy Services

…B. At least monthly the pharmacist shall: (II)

1. Review the medication profile for each resident for potential adverse reactions, allergies, interactions and laboratory test modifications. The attending physician shall be advised of recommended changes in the medication regimen, medication therapy duplication, incompatibilities or contraindications;

SOUTH DAKOTA

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44:04:04:07.03. Prevention and control of influenza. Nursing facilities and assisted living centers shall arrange for influenza vaccination to be completed annually for all residents. Residents admitted after completion of the vaccination program and before April 1 must be offered influenza vaccine when they are admitted. Influenza vaccination may be waived for residents because of religious beliefs, medical contraindication, or refusal by the resident. Documentation of vaccination or its waiver must be recorded in the resident's medical or care record.

Source: 14 SDR 81, effective December 10, 1987; 22 SDR 70, effective November 19, 1995; 26 SDR 96, effective January 23, 2000. General Authority: SDCL 34-12-13, 34-22-9. Law Implemented: SDCL 34-12-13.

44:04:04:07.04. Prevention and control of pneumonia. Each nursing facility and assisted living center shall arrange for immunization for pneumococcal disease. If immunization is lacking and the resident's physician recommends it, the nursing facility shall arrange for and the assisted living center shall encourage residents to obtain an immunization for pneumococcal pneumonia within 14 days of admission. Pneumococcal vaccination may be waived for the residents because of religious beliefs, medical contraindication, or refusal by the resident. Documentation of the vaccination or its waiver must be recorded in the resident's medical or care record.

Source: 22 SDR 70, effective November 19, 1995; 26 SDR 96, effective January 23, 2000; 30 SDR 84, effective December 4, 2003. General Authority: SDCL 34-12-13, 34-22-9. Law Implemented: SDCL 34-12-13, 34-22-9.

TENNESSEE

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1200-08-06-.04 ADMINISTRATION.

…(15) Each nursing home shall adopt safety policies for the protection of residents from accident and injury.

…(19) The nursing home shall provide a process that assesses pain in all patients. There shall be an appropriate and effective pain management program.

1200-08-06-.06 BASIC SERVICES.

(1) Performance Improvement.

(a) The nursing home must ensure that there is an effective, facility-wide performance improvement program to evaluate resident care and performance of the organization.

(b) The performance improvement program must be ongoing and have a written plan of implementation which assures that:

1. All organized services related to resident care, including services furnished by a contractor, are evaluated;

2. Nosocomial infections and medication therapy are evaluated;

3. All services performed in the facility are evaluated as to the appropriateness of diagnosis and treatment; and

4. The facility shall develop and implement a system for measuring improvements in adherence to the hand hygiene program and influenza vaccination program.

(c) The nursing home must have an ongoing plan, consistent with available community and facility resources, to provide or make available services that meet the medically-related needs of its residents.

(d) The facility must develop and implement plans for improvement to address deficiencies identified by the performance improvement program and must document the outcome of the remedial action.

(e) Performance improvement program records are not disclosable, except when such disclosure is required to demonstrate compliance with this section.

(f) Good faith attempts by the performance improvement program committee to identify and correct deficiencies will not be used as a basis for sanctions.

…(3) Infection Control.

…(h) The facility shall document evidence of annual vaccination against influenza for each resident, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control most recent to the time of the vaccine. Influenza vaccination is medically contraindicated or the resident has refused the vaccine. Influenza vaccination for all residents accepting the vaccine shall be completed by November 30 of each year or within ten (10) days of the vaccine becoming available. Residents admitted after this date during the flu season and up to February 1, shall as medically appropriate, receive influenza vaccination prior to or on admission unless refused by the resident. The facility shall document evidence of vaccination against pneumococcal disease for all residents who are 65 years of age or older, in accordance with the recommendation of the Advisory Committee on Immunization Practices of the Centers for Disease Control at the time of vaccination, unless such vaccination is medically contraindicated or the resident has refused offer of the vaccine. The facility shall provide or arrange the pneumococcal vaccination of residents who have not received this immunization prior to or on admission unless the resident refuses offer of the vaccine.

1200-8-6-.06 BASIC SERVICES.

(4) Nursing Services.

…(j) There must be a facility procedure for reporting adverse drug reactions and errors in administration of drugs.

…(l) Each resident shall be given proper personal attention and care of skin, feet, nails and oral hygiene in addition to the specific professional nursing care as ordered by the resident's physician.

(m) Medications, treatments, and diet shall be carried out as prescribed to safeguard the resident, to minimize discomfort and to attain the physician's objective.

(n) Residents shall have baths or showers at least two (2) times each week, or more often if requested by the resident.

(o) Body position of residents in bed or chair bound shall be changed at least every two (2) hours, day and night, while maintaining good body alignment. Proper skin care shall be provided for bony prominences and weight bearing parts to prevent discomfort and the development of pressure areas, unless contraindicated by physician's orders.

(p) Residents who are incontinent shall have partial baths each time the bed or bed clothing has been wet or soiled. The soiled or wet bed linen and the bed clothing shall be replaced with clean, dry linen and clothing immediately after being soiled.

(q) Residents shall have shampoos, haircuts and shaves as needed, or desired.

(r) Rehabilitation measures such as assisting patients with range of motion, prescribed exercises and bowel and bladder retraining programs shall be carried out according to the individual needs and abilities of the resident.

(s) Residents shall be active and out of bed except when contraindicated by written physician's orders.

(t) Residents shall be encouraged to achieve independence in activities of daily living, self-care, and ambulation as a part of daily care.

(u) Residents shall have clean clothing as needed and shall be kept free from odor.

(v) Residents' weights shall be taken and recorded at least monthly unless contraindicated by a physician's order.

…(aa) Assistance with eating shall be given to the resident as needed in order for the resident to receive the diet for good health care.

(bb) Abnormal food intake will be evaluated and recorded

…(6) Pharmaceutical Services.

(a)…The medical staff is responsible for developing policies and procedures that minimize drug errors.

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TEXAS

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Sec. 242.402. QUALITY OF CARE. An institution shall provide to each resident the necessary care or service needed to enable the resident to attain and maintain the highest practicable level of physical, emotional, and social well-being, in accordance with:

(1) each resident's individual assessment and comprehensive plan of care; and

(2) the rules and standards relating to quality of care adopted under this chapter.

Added by Acts 1997, 75th Leg., ch. 1159, Sec. 1.30, eff. Sept. 1, 1997.

Sec. 242.403. STANDARDS FOR QUALITY OF LIFE AND QUALITY OF CARE. (a) The department shall adopt standards to implement Sections 242.401 and 242.402. Those standards must, at a minimum, address:

(1) admission of residents;

(2) care of residents younger than 18 years of age;

(3) an initial assessment and comprehensive plan of care for residents;

(4) transfer or discharge of residents;

(5) clinical records;

(6) infection control at the institution;

(7) rehabilitative services;

(8) food services;

(9) nutrition services provided by a director of food services who is licensed by the Texas State Board of Examiners of Dietitians or, if not so licensed, who is in scheduled consultation with a person who is so licensed as frequently and for such time as the department shall determine necessary to assure each resident a diet that meets the daily nutritional and special dietary needs of each resident;

(10) social services and activities;

(11) prevention of pressure sores;

(12) bladder and bowel retraining programs for residents;

(13) prevention of complications from nasogastric or gastrotomy tube feedings;

(14) relocation of residents within an institution;

(15) postmortem procedures; and

(16) appropriate use of chemical and physical restraints.

(b) The department may require an institution to submit information to the department, including Minimum Data Set Resident Assessments, necessary to ensure the quality of care in institutions. Information submitted to the department that identifies a resident of an institution is confidential and not subject to disclosure under Chapter 552, Government Code.

(c) The department may adopt standards in addition to those required by Subsection (a) to implement Sections 242.401 and 242.402.

Added by Acts 1997, 75th Leg., ch. 1159, Sec. 1.30, eff. Sept. 1,

1997.

Amended by:

Acts 2005, 79th Leg., Ch. 667, Sec. 1, eff. September 1, 2005.

Sec. 242.404. POLICIES, PROCEDURES, AND PRACTICES FOR QUALITY OF CARE AND QUALITY OF LIFE. (a) Each institution shall comply with the standards adopted under this subchapter and shall develop written operating policies to implement those standards.

(b) The policies and procedures must be available to each physician, staff member, resident, and resident's next of kin or guardian and to the public.

Added by Acts 1997, 75th Leg., ch. 1159, Sec. 1.30, eff. Sept. 1, 1997.

Sec. 242.505. PRESCRIPTION OF PSYCHOACTIVE MEDICATION. (a) In this section:

(1) "Medication-related emergency" means a situation in which it is immediately necessary to administer medication to a resident to prevent:

(A) imminent probable death or substantial bodily harm to the resident; or

(B) imminent physical or emotional harm to another because of threats, attempts, or other acts the resident overtly or continually makes or commits.

(2) "Psychoactive medication" means a medication that is prescribed for the treatment of symptoms of psychosis or other severe mental or emotional disorders and that is used to exercise an effect on the central nervous system to influence and modify behavior, cognition, or affective state when treating the symptoms of mental illness. The term includes the following categories when used as described by this subdivision:

(A) antipsychotics or neuroleptics;

(B) antidepressants;

(C) agents for control of mania or depression;

(D) antianxiety agents;

(E) sedatives, hypnotics, or other sleep-promoting drugs; and

(F) psychomotor stimulants.

(b) A person may not administer a psychoactive medication to a resident who does not consent to the prescription unless:

(1) the resident is having a medication-related emergency; or

(2) the person authorized by law to consent on behalf of the resident has consented to the prescription.

(c) Consent to the prescription of psychoactive medication given by a resident or by a person authorized by law to consent on behalf of the resident is valid only if:

(1) the consent is given voluntarily and without coercive or undue influence;

(2) the person prescribing the medication or that person's designee provided the following information, in a standard format approved by the department, to the resident and, if applicable, to the person authorized by law to consent on behalf of the resident:

(A) the specific condition to be treated;

(B) the beneficial effects on that condition expected from the medication;

(C) the probable clinically significant side effects and risks associated with the medication; and

(D) the proposed course of the medication;

(3) the resident and, if appropriate, the person authorized by law to consent on behalf of the resident are informed in writing that consent may be revoked; and

(4) the consent is evidenced in the resident's clinical record by a signed form prescribed by the facility or by a statement of the person prescribing the medication or that person's designee that documents that consent was given by the appropriate person and the circumstances under which the consent was obtained.

(d) A resident's refusal to consent to receive psychoactive medication shall be documented in the resident's clinical record.

(e) If a person prescribes psychoactive medication to a resident without the resident's consent because the resident is having a medication-related emergency:

(1) the person shall document in the resident's clinical record in specific medical or behavioral terms the necessity of the order; and

(2) treatment of the resident with the psychoactive medication shall be provided in the manner, consistent with clinically appropriate medical care, least restrictive of the resident's personal liberty.

(f) A physician or a person designated by the physician is not liable for civil damages or an administrative penalty and is not subject to disciplinary action for a breach of confidentiality of medical information for a disclosure of the information provided under Subsection (c)(2) made by the resident or the person authorized by law to consent on behalf of the resident that occurs while

the information is in the possession or control of the resident or the person authorized by law to consent on behalf of the resident.

Added by Acts 2001, 77th Leg., ch. 919, Sec. 2, eff. June 14, 2001.

Sec. 242.604. REPORTS OF MEDICATION ERRORS AND ADVERSE REACTIONS. An institution's nursing staff must report medication

errors and adverse reactions to the resident's physician in a timely manner, as warranted by an assessment of the resident's condition, and record the errors and reactions in the resident's clinical record.

Added by Acts 1997, 75th Leg., ch. 1159, Sec. 1.30, eff. Sept. 1, 1997.

RULE §19.901 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, as defined by and in accordance with the comprehensive assessment and plan of care. If children are admitted to the facility, care and services must be provided to meet their unique medical and developmental needs.

(1) Activities of daily living. Based on the comprehensive assessment of the resident, the facility must ensure that:

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

(i) bathe, dress, and groom;

(ii) transfer and ambulate;

(iii) toilet;

(iv) eat; and

(v) use speech, language, or other functional communication systems;

(B) the resident is given the appropriate treatment and services to maintain or improve his abilities specified in paragraph (1) of this section;

(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.

(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.

(3) Pressure sores. Based on the comprehensive assessment of the resident, the facility must ensure that:

(A) a resident who enters the facility without pressure sores does not develop pressure sores unless his clinical condition demonstrates that they are unavoidable; and

(B) a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection, and prevent new sores from developing.

(4) Urinary incontinence. Based on the comprehensive assessment of the resident, the facility must ensure that:

(A) a resident who enters the facility without an indwelling catheter is not catheterized unless his clinical condition demonstrates that catheterization is 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.

(5) Range of motion. Based on the comprehensive assessment of the 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.

(6) Mental and psychosocial functioning. Based on the comprehensive assessment of the 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 does 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 his clinical condition demonstrates that such a pattern is unavoidable.

(7) Naso-gastric tube. Based on the comprehensive assessment of the 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 his clinical condition demonstrates that use of a naso-gastric tube is 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.

(8) Accidents. The facility must ensure that:

(A) the resident environment remains as free of accident hazards as possible; and

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

(9) Nutrition. Based on the comprehensive assessment of the resident, the facility must ensure

that a resident:

(A) maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless his clinical condition demonstrates that this is not possible; and

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

(10) Hydration. The facility must ensure that the resident is provided with sufficient fluid intake to maintain proper hydration and health.

(11) Special needs. The facility must ensure that residents receive proper treatment and care for the following special services:

(A) injections;

(B) parenteral or enteral fluids;

(C) colostomy, ureterostomy, or ileostomy care;

(D) tracheostomy care;

(E) tracheal suctioning;

(F) respiratory care;

(G) foot care; and

(H) prostheses.

(12) Unnecessary drugs.

(A) General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used:

(i) in excessive dose (including duplicate drug therapy); or

(ii) for excessive duration; or

(iii) without adequate monitoring; or

(iv) without adequate indications for its use; or

(v) in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or

(vi) any combination of the circumstances in clauses (i)-(v) of this subparagraph.

(B) Antipsychotic drugs. Based on the comprehensive assessment of the resident, the facility must ensure that:

(i) 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

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

(13) Medication errors. The facility must ensure that:

(A) it is free of medication error rates of 5.0% or greater; and

(B) residents are free of significant medication errors.

RULE §19.1006 Nursing Facility Restorative Nursing Care

The facility must have a program of restorative nursing care that is an integral part of nursing service and is directed toward helping each resident to achieve and maintain an optimal level of self-care and independence, as defined by the Comprehensive Assessment and Comprehensive Care Plan. Nursing personnel must be trained in restorative nursing and must provide restorative services daily for residents who require them. Nursing personnel must routinely record these services in the resident's clinical record.

RULE §19.1207 Prescription of Psychoactive Medication

(a) In this section, the following words and terms have the following meanings, unless the context clearly indicates otherwise:

(1) Medication-related emergency--A situation in which it is immediately necessary to administer medication to a resident to prevent:

(A) imminent probable death or substantial bodily harm (emotional or physical) to the resident; or

(B) imminent physical or emotional harm to another because of threats, attempts, or other acts the resident overtly or continually makes or commits.

(2) Psychoactive medication--A medication prescribed for the treatment of symptoms of psychosis or other severe mental or emotional disorders and used to exercise an effect on the central nervous system to influence and modify behavior, cognition, or affective state when treating the symptoms of mental illness. The term includes the following categories when used as described by this subdivision:

(A) anti-psychotics or neuroleptics;

(B) antidepressants;

(C) agents for control of mania or depression;

(D) anti-anxiety agents;

(E) sedatives, hypnotics, or other sleep-promoting drugs; and

(F) psychomotor stimulants.

(b) A person may not administer a psychoactive medication to a resident who does not consent to the prescription unless:

(1) the resident is having a medication-related emergency; or

(2) the person authorized by law to consent on behalf of the resident has consented to the prescription.

(c) Consent to the prescription of psychoactive medication given by a resident, or by a person authorized by law to consent on behalf of the resident, is valid only if:

(1) the consent is given voluntarily and without coercive or undue influence;

(2) the person who prescribes the medication, or that person's designee, provides the resident and, if applicable, the person authorized by law to consent on behalf of the resident, with the following information in a single document identified as being for the purpose of consent to treatment with psychoactive medication:

(A) the specific condition to be treated;

(B) the beneficial effects on that condition expected from the medication;

(C) the probable clinically significant side effects and risks associated with the medication, as reported in widely available pharmacy databases or the manufacturer's package insert; and

(D) the proposed course of the medication;

(3) the resident and, if appropriate, the person authorized by law to consent on behalf of the resident, are informed in writing that consent may be revoked; and

(4) the consent is evidenced in the resident's clinical record by a signed form prescribed by the facility, or by a statement of the person who prescribes the medication or that person's designee, that documents consent was given by the appropriate person and the circumstances under which the consent was obtained.

(A) Consent is valid until:

(i) consent is withdrawn; or

(ii) the practitioner has discontinued the medication.

(B) For purposes of this rule, a medication will be considered to be discontinued if therapy has been suspended for more than 70 days. If the suspended therapy is resumed within the 70-day period, an oral explanation of side effects should be documented in the clinical record.

(d) The Health and Safety Code, Chapter 313, Consent to Medical Treatment, provides guidance on treatment decisions when a resident is comatose, incapacitated, or otherwise mentally or physically incapable of communication. An ethics committee also may prove helpful in such situations.

(e) A resident's refusal to consent to receive psychoactive medication must be documented in the resident's clinical record.

(f) If a person prescribes psychoactive medication to a resident without the resident's consent because the resident is having a medication-related emergency:

(1) the person must document the necessity of the order in the resident's clinical record in specific medical or behavioral terms; and

(2) treatment of the resident with the psychoactive medication must be provided in the manner, consistent with clinically appropriate medical care, least restrictive of the resident's personal liberty.

(g) A physician, or a person designated by the physician, is not liable for civil damages or an administrative penalty and is not subject to disciplinary action for a breach of confidentiality of medical information for a disclosure of the information provided under subsection (c)(2) made by the resident, or the person authorized by law to consent on behalf of the resident, that occurs while the information is in the possession or control of the resident or the person authorized by law to consent on behalf of the resident.

Source Note: The provisions of this §19.1207 adopted to be effective July 1, 2002, 27 TexReg 4362

RULE §19.1601 Infection Control

(3) Vaccinations. Facilities are required to offer vaccinations in accordance with an immunization schedule adopted by the Texas Department of Health.

(A) Pneumococcal vaccine for residents. The facility must offer pneumococcal vaccination to all residents 65 years of age or older who have not received this immunization and to residents younger than 65 years of age, who have not received this vaccine, but are candidates for vaccination because of chronic illness. Pneumococcal vaccine must be offered both to residents who currently reside in the facility and to new residents upon admission. Vaccination must be completed unless the vaccine is medically contraindicated by a physician or the resident refuses the vaccine. Vaccine administration must be in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention at the time of the vaccination.

(B) Influenza vaccinations for residents and employees. The facility must offer influenza vaccine to residents and employees in contact with residents, unless the vaccine is medically contraindicated by a physician or the employee or resident has refused the vaccine.

(i) Influenza vaccinations for all residents and employees in contact with residents must be completed by November 30 of each year. Employees hired or residents admitted after this date and during the influenza season (through February of each year) must receive influenza vaccinations, unless medically contraindicated by a physician or the employee or resident refuses the vaccine.

(ii) Vaccine administration must be in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention at the time of the most recent vaccination.

(C) Documentation of receipt or refusal of vaccination. Immunization records must be maintained for each employee in contact with residents and must show the date of the receipt or refusal of each annual influenza vaccination. The medical record for each resident must show the date of the receipt or refusal of the annual influenza vaccination and the pneumococcal vaccine.

UTAH

Downloaded January 2011

R432-150-15. Quality of Care.

(1) The facility must provide to each resident, the necessary care and services to attain or maintain the highest practicable physical, mental, and psycho-social well-being, in accordance with the comprehensive assessment and care plan.

(a) Necessary care and services include the resident's ability to:

(i) bathe, dress, and groom;

(ii) transfer and ambulate;

(iii) use the toilet;

(iv) eat; and

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

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

(i) each resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrates that diminution was unavoidable;

(ii) each resident is given the treatment and services to maintain or improve his abilities; and

(iii) a resident who is unable to carry out these functions receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.

(2) The facility must assist residents in scheduling appointments and arranging transportation for vision and hearing care as needed.

(3) The facility's comprehensive assessment of a resident must include an assessment of pressure sores. 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 the necessary treatment and services to promote healing, prevent infection, and prevent new sores from developing.

(4) The facility's comprehensive assessment of the resident must include an assessment of incontinence. The facility must ensure that:

(a) a resident who is incontinent of either bowel or bladder, or both, receives the treatment and services to restore as much normal functioning as possible;

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

(c) a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections; and

(d) a licensed nurse must complete a written assessment to determine the resident's ability to participate in a bowel and bladder management program.

(5) The facility must assess each resident to 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 treatment and services to increase range of motion or to prevent further decrease in range of motion.

(6) The facility must ensure that the psycho-social function of the resident remains at or above the level at the time of admission, unless the individual's clinical condition demonstrates that a reduction in psycho-social function was unavoidable. The facility shall ensure that:

(a) a resident who displays psycho-social adjustment difficulty receives treatment and services to achieve as much re-motivation and reorientation as possible; and

(b) a resident whose assessment does not reveal a psycho-social adjustment difficulty does not display a pattern of decreased social interaction, increased withdrawn anger, or depressive behaviors, unless the resident's clinical condition demonstrates that such a pattern is unavoidable.

(7) The facility must assess alternative feeding methods to 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 is unavoidable; and

(b) a resident who is fed by a naso-gastric or gastrostomy tube receives the treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal feeding function.

(8) The facility must maintain the resident environment to be as free of accident hazards as is possible.

(9) The facility must provide each resident with adequate supervision and assistive devices to prevent accidents.

(10) Each resident's comprehensive assessment must include an assessment on nutritional status. The facility must ensure that each resident: (a) maintains acceptable nutritional status parameters, 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.

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

(12) 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 care.

(13) Each resident's drug regimen must be free from unnecessary drugs and the facility shall ensure that:

(a) residents who have not used anti-psychotic 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

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

(14) The quality assurance committee must monitor medication errors to ensure that:

(a) the facility does not have medication error rates of five percent or greater;

(b) residents are free of any significant medication errors.

R432-200-15. Nursing Care. [small health care facilities]

(4) Nursing or Health Care Services.

(a) The health services procedure manual shall be reviewed and updated annually by the health services supervisor.

(b) The manual shall be accessible to all clinical staff and available for review by the Department.

(c) The procedures shall address the following:

(i) Bathing;

(ii) Positioning;

(iii) Enema administration;

(iv) Decubitus prevention and care;

(v) Bed making;

(vi) Isolation procedures;

(vii) Clinitest procedures;

(viii) Laboratory requisitions;

(ix) Telephone orders;

(x) Charting;

(xi) Rehabilitative nursing;

(xii) Diets and feeding residents;

(xiii) Oral hygiene and denture care;

(xiv) Naso-gastric tube insertion and care (by registered nurses, LPNs, with appropriate training, or physicians only).

(5) Measures to Reduce Incontinence.

Measures shall be implemented to prevent and reduce incontinence for each resident.

(a) There shall be a written assessment by a licensed nurse to determine the resident's ability to participate in a bowel and bladder management program.

(b) An individualized plan for each incontinent resident shall begin within two weeks of the initial assessment.

(c) A weekly evaluation of the resident's performance in the bowel/bladder management program shall be recorded in the resident's record by a licensed nurse.

(d) Fluid intake and output shall be recorded for each resident as ordered by the physician or charge nurse.

(i) Intake and output records shall be evaluated at least weekly and each evaluation shall be included in the resident's record;

(ii) Physician's or nurse's orders shall be reevaluated periodically.

(6) Rehabilitative Nursing. Nursing personnel shall be trained in rehabilitative nursing.

(a) Rehabilitative nursing services shall be performed daily for residents who require such services and shall be documented in the resident's record when provided.

(b) Rehabilitative services shall be provided to maintain function or to improve the resident's ability to carry out the activities of daily living.

(c) Rehabilitative nursing services shall include the following:

(i) Turning and positioning of residents;

(ii) Assisting residents to ambulate;

(iii) Improving resident's range of motion;

(iv) Restorative feeding;

(v) Bowel and bladder retraining;

(vi) Teaching residents self-care skills;

(vii) Teaching residents transferring skills;

(viii) Teaching residents self-administration of medications, as appropriate;

(ix) Taking measures to prevent secondary disabilities such as contractions and decubitus ulcers.

R432-200-16. General Resident Care Policies. [small health care facilities]

(1) Each resident shall be treated as an individual with dignity and respect in accordance with Residents' Rights (R432-200-12).

(2) Each facility shall develop and implement resident care policies to be reviewed annually by the health services supervisor.

(3) These policies shall address the following:

(c) Each resident shall receive care to ensure good personal hygiene. This care shall include bathing, oral hygiene, shampoo and hair care, shaving or beard trimming, fingernail and toenail care.

(d) Linens and other items in contact with the resident shall be changed weekly or as the item is soiled.

(e) Each resident shall be encouraged and assisted to achieve and maintain the highest level of functioning and independence including:

(i) teaching the resident self-care,

(ii) assisting residents to adjust to their disabilities and prosthetic devices,

(iii) directing residents in prescribed therapy exercises, and

(iv) redirecting residents interests as necessary.

(f) Residents must be reevaluated annually to determine if a less restrictive setting might be more appropriate to help them achieve independence.

(g) Each resident shall receive care and treatment to ensure the prevention of decubiti, contractions, and deformities.

(h) Each resident shall be provided with good nutrition and adequate fluids for hydration.

(i) All residents shall have ready access to water and drinking glasses;

(ii) Residents unable to feed themselves shall be assisted to eat in a prompt, orderly manner;

(iii) Residents shall be provided with adapted equipment to assist in eating and drinking.

(i) Visual privacy shall be provided for each resident during treatments and personal care.

(j) Call lights or signals (where required) shall be answered promptly.

(k) Humidifier bottles on oxygen equipment shall be sterile and changed every 24 hours or at the manufacturers direction.

R432-200-20. Resident Care Equipment. [small health care facilities]

(1) The facility shall provide equipment, in good working order, to meet the needs of residents.

(2) Disposable and single-use items shall be properly disposed of after use.

(3) Resident care equipment shall include at least the following:

(a) Self-help ambulation devices such as wheelchairs, walkers, and other devices deemed necessary in the resident plan of care. Facility policy may require that residents obtain their own equipment for long-term use;

(b) Blood pressure apparatus and stethoscopes, appropriate to the needs and number of residents;

(c) Thermometers appropriate to the needs of residents;

(d) Weight scales to weigh all residents;

(e) Bedpans, urinals, and equipment to clean them;

(f) Water pitchers, drinking glasses, and resident gowns;

(g) Drug service trays;

(h) Access to emergency oxygen including equipment for its administration;

(i) Emesis basins;

(j) Linens including sheets, blankets, bath towels, and wash cloths for not less than three complete changes for the facility's licensed bed capacity. There shall be a bedspread for each resident bed;

(k) Personal items including toothbrush, comb, hair brush, soap for bathing and showering, denture cups, shaving apparatus, and shampoo;

(l) An individual chart for each resident;

(m) Gloves (sterile and unsterile);

(n) Ice bags.

VERMONT

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 individuals 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.

VIRGINIA

Downloaded January 2011

12 VAC 5-371-110. Management and administration.

…J. The facility shall provide, or arrange for, the administration to its resident of an annual influenza vaccination and a pneumonia vaccination according to the most recent recommendations for "Prevention and Control of Influenza" (www.cdc.gov/mmwr/preview/mmwrhtml/rr5306al.htm), MMWR 53 (RR06), and "Guidelines for Preventing Health Care-Associated Pneumonia, 2003" (www.cdc.gov/mmwr/preview/mmwrhtml/rr5303al.htm), MMWR 53 (RR03), of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, unless the vaccination is medically contraindicated or the resident declines the vaccination offer.

12VAC5-371-220. Nursing services.

A. Each nursing facility shall implement written resident care policies and procedures which support an active program of nursing care directed toward assisting all residents to achieve outcomes consistent with their highest level of self-care and independence.

B. All medications and treatments will be administered as prescribed in the resident's medical plan of care.

C. Services shall be provided to prevent clinically avoidable complications, including, but not limited to:

1. Pressure ulcer development;

2. Contracture;

3. Loss of continence;

4. Dehydration; and

5. Malnutrition.

D. Each resident shall be given proper daily personal attention and care, including skin, nail, hair and oral hygiene, in addition to any specific care ordered by the attending physician. Provision of daily personal care shall be documented in the clinical record.

E. Each resident shall be dressed in clean clothing and be free of odors. Each resident shall be encouraged to wear day clothing when out of bed.

F. Each resident shall receive tub or shower baths as often as needed, but not less than twice weekly. Residents whose medical conditions prohibit tub or shower baths shall have a sponge bath daily.

G. Residents who are incontinent shall have a partial bath, clean clothing and linens each time their clothing or bed linen is soiled.

H. The attending physician, nurse practitioner or physician assistant and the resident's family or responsible party shall be notified of any changes in a resident's condition which indicate a need to alter medical treatment.

WASHINGTON

388-97-1060 Quality of care.

(1) Consistent with resident rights, the nursing home must provide each resident with the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being, self-care and independence in accordance with his or her comprehensive assessment and plan of care.

(2) Based on the comprehensive assessment of a resident, the nursing home must ensure that:

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

(i) Bathe, dress, and groom;

(ii) Transfer and ambulate;

(iii) Toilet;

(iv) Eat; and

(v) Use speech, language, or other functional communication systems.

(b) A resident is given the appropriate treatment and services to maintain or improve the resident's abilities in activities of daily living specified in subsection (2)(a) of this section; 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.

(3) The nursing home must ensure that the appropriate care and services are provided to the resident in the following areas, as applicable in accordance with the resident's individualized assessments and plan of care:

(a) Vision and hearing;

(b) Skin;

(c) Continence;

(d) Range of motion;

(e) Mental and psychosocial functioning and adjustment;

(f) Nasogastric and gastrostomy tubes;

(g) Accident prevention;

(h) Nutrition;

(i) Hydration;

(j) Special needs, including:

(i) Injections;

(ii) Parenteral and enteral fluids;

(iii) Colostomy, ureterostomy, or ileostomy care;

(iv) Tracheostomy care;

(v) Tracheal suction;

(vi) Respiratory care;

(vii) Dental care;

(viii) Foot care; and

(ix) Prostheses.

(k) Medications, including freedom from:

(i) Unnecessary drugs;

(ii) Nursing home error rate of five percent or greater; and

(iii) Significant medication errors.

(l) Self-administration of medication; and

(m) Independent living skills.

(4) The nursing home must ensure that each resident is monitored for desired responses and undesirable side effects of prescribed drugs.

[Statutory Authority: Chapters 18.51 and 74.42 RCW and 42 C.F.R. 489.52. 08-20-062, § 388-97-1060, filed 9/24/08, effective 11/1/08.]

388-97-1300 Pharmacy services.

…(4) The nursing home must ensure:

(a) Education and training for nursing home staff by the licensed pharmacist on drug-related subjects including, but not limited to:

…(ii) Appropriate monitoring of residents to determine desired effect and undesirable side effects of drug regimens; and

(iii) Use of psychotropic drugs.

(b) Reference materials regarding medication administration, adverse reactions, toxicology, and poison center information are readily available;

…(d) Accurate detection, documentation, reporting and resolution of drug errors and adverse drug reactions; and

388-97-1340 Influenza and pneumococcal immunizations.

The nursing home shall provide residents access on-site or make available elsewhere, the ability to obtain the influenza virus immunization on an annual basis.

Upon admission, the nursing home shall inform residents or the resident's representative, verbally and in writing, of the benefits of receiving the influenza virus immunization and the pneumococcal disease immunization.

Nursing homes who rely exclusively upon treatment by nonmedical religious healing methods, including prayer, are exempt from the above rules.

[Statutory Authority: Chapters 18.51 and 74.42 RCW and 42 C.F.R. 489.52. 08-20-062, § 388-97-1340, filed 9/24/08, effective 11/1/08.]

74.42.285 Immunizations — Rules.

(1) Long-term care facilities shall:

(a) Provide access on-site or make available elsewhere for all residents to obtain the influenza virus immunization on an annual basis;

(b) Require that each resident, or the resident's legal representative, upon admission to the facility, be informed verbally and in writing of the benefits of receiving the influenza virus immunization and, if not previously immunized against pneumococcal disease, the benefits of the pneumococcal immunization.

(2) As used in this section, "long-term care facility" is limited to nursing homes licensed under chapter 18.51 RCW.

(3) The department of social and health services shall adopt rules to implement this section.

(4) This section and rules adopted under this section shall not apply to nursing homes conducted for those who rely exclusively upon treatment by nonmedical religious healing methods, including prayer.

[2002 c 256 § 2.]

Notes:

Intent -- Findings -- 2002 c 256: "It is the intent of the legislature to ensure that long-term care facilities are safe.

(1) The long-term care resident immunization act is intended to:

(a) Prevent and reduce the occurrence and severity of the influenza virus and pneumococcal disease by increasing the use of immunizations licensed by the food and drug administration;

(b) Avoid pain, suffering, and deaths that may result from the influenza virus and pneumococcal disease;

(c) Improve the well-being and quality of life of residents of long-term care facilities; and

(d) Reduce avoidable costs associated with treating the influenza virus and pneumococcal disease.

(2) The legislature finds that:

(a) Recent studies show that it is important to immunize older citizens against the influenza virus and pneumococcal disease;

(b) The centers for disease control and prevention recommend individuals living in long-term care facilities and those over age sixty-five receive immunizations against the influenza virus and pneumococcal disease;

(c) The influenza virus and pneumococcal disease have been identified as leading causes of death for citizens over age sixty-five; and

(d) Immunizations licensed by the food and drug administration are readily available and effective in reducing and preventing the severity of the influenza virus and pneumococcal disease." [2002 c 256 § 1.]

Short title -- 2002 c 256: "This act may be known and cited as the long-term care resident immunization act of 2002." [2002 c 256 § 3.]

74.42.280 Adverse drug reaction.

Medication errors and adverse drug reactions shall be recorded and reported immediately to the practitioner who ordered the drug. The facility shall report adverse drug reactions consistent with good medical practice.

[1979 ex.s. c 211 § 28.]

WEST VIRGINIA

64-13-8. Quality of Care.

8.1. Each resident shall receive, and the nursing home shall provide, the necessary care and services to attain or maintain the highest practicable physical, spiritual, mental, and psychosocial well being of the residents, in accordance with the comprehensive assessment and plan of care.

8.2. Activities of Daily Living. Based on the comprehensive assessment of a resident, the nursing home shall ensure that:

8.2.a. A resident's abilities in activities of daily living do not diminish unless circumstances of the resident's clinical condition demonstrate that diminution was unavoidable. Activities of daily living include the resident's ability to:

8.2.a.1. Bathe, dress, and groom;

8.2.a.2. Transfer and ambulate;

8.2.a.3. Use the toilet;

8.2.a.4. Eat; and

8.2.a.5. Use speech, language, or other functional communication systems.

8.2.b. A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in Subdivision 8.2.a. of this rule.

8.2.b.1. Assistive devices. The nursing home shall provide special eating equipment and

utensils for residents who need them.

8.2.b.2. The nursing home shall evaluate residents having potential to benefit from the assistive devices to assure that the assistive devices meet the residents' needs; and

8.2.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.

8.3. Vision and Hearing.

8.3.a. To ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities, the nursing home shall, if necessary, assist the resident:

8.3.a.1. In making appointments; and

8.3.a.2. 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.

8.4. Pressure Sores. Based on the comprehensive assessment of a resident, the nursing home shall ensure that:

8.4.a. A resident who enters the nursing home without pressure sores does not develop pressure sores unless the resident's clinical condition demonstrates that they were unavoidable; and

8.4.b. A resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.

8.5. Urinary Incontinence. Based on the resident's comprehensive assessment, the nursing home shall ensure that:

8.5.a. A resident who enters the nursing home without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization is necessary;

8.5.b. A resident who has an in-dwelling catheter has a documented medical reason for the catheter; and

8.5.c. 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, unless the restoration of function is not possible due to the physical or cognitive condition of the resident.

8.6. Range of Motion. Based on the comprehensive assessment of a resident, the nursing home shall ensure that:

8.6.a. A resident who enters the nursing home without a limited range of motion does not experience a reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and

8.6.b. A resident with a limited range of motion receives appropriate treatment and services to increase range of motion or to prevent further decrease in a range of motion.

8.7. Mental and Psychosocial Functioning. Based on the comprehensive assessment of a resident, the nursing home shall ensure that:

8.7.a. A resident who displays mental or psychosocial adjustment difficulty receives appropriate treatment and services to correct the assessed problem; and

8.7.b. A resident whose assessment did not reveal a mental or psychosocial adjustment difficulty does not display a pattern of decreased social interaction or increased withdrawn, angry or depressive behaviors, unless the resident's clinical condition demonstrates that such a pattern is unavoidable.

8.8. Feeding Tubes. Based on the comprehensive assessment of a resident, the nursing home shall ensure that:

8.8.a. A resident who has been able to eat enough alone or with assistance is not fed by tube unless the resident's clinical condition demonstrates that use of a feeding tube is unavoidable; and

8.8.b. A resident who is fed enterally receives the appropriate treatment and services to prevent secondary complications such as reflux, aspiration, aspiration pneumonia, diarrhea, vomiting, dehydration, and metabolic abnormalities, and to restore, if possible, normal eating skills.

8.9. Accidents.

8.9.a. A nursing home shall provide an environment that remains as free of accident hazards as possible; and

8.9.b. Where each resident receives adequate supervision and assistive devices to prevent accidents.

8.9.c. The nursing home shall complete a written report of any incident or accident in which a resident is involved, either inside or outside of the nursing home.

8.9.d. The report shall include the:

8.9.d.1. Date of the occurrence;

8.9.d.2. Time of the occurrence;

8.9.d.3. Place of the occurrence;

8.9.d.4. Details of the occurrence; and

8.9.d.5. Date and signature of the reviewing physician.

8.9.e. The report shall be written and signed by the person who is responsible for the resident at the time that the accident or incident occurred.

8.10. Nutrition. Based on a resident's comprehensive assessment, the nursing home shall ensure that a resident:

8.10.a. Maintains acceptable parameters of nutritional status, unless the resident's clinical condition demonstrates that this is not possible;

8.10.b. Receives a therapeutic diet when there is a nutritional problem; and

8.10.c. Who has an unplanned weight loss of ten percent (10%) or more in six (6) months, or a gradual progressive unexplained weight loss of ten percent (10%) or more below the persons admission body weight, shall have a thorough nutritional assessment, including appropriate laboratory studies.

8.11. Hydration. A nursing home shall provide each resident with sufficient fluid intake to maintain proper hydration and health.

8.12. Special Needs. A nursing home shall ensure that residents receive proper treatment and care for the following special needs:

8.12.a. Injections;

8.12.b. Parenteral and enteral fluids;

8.12.c. Colostomy, ureterostomy, or ileostomy care;

8.12.d. Tracheostomy care;

8.12.e. Tracheal suctioning;

8.12.f. Respiratory care;

8.12.g. Foot care;

8.12.h. Prostheses; and

8.12.i. Skin conditions.

8.13. Medications and Drugs.

8.13.a. Each resident's drug regimen shall be free from unnecessary drugs. An unnecessary drug is any drug used in any of the following circumstances or combinations of circumstances:

8.13.a.1. In excessive doses (including duplicate therapy);

8.13.a.2. For excessive duration;

8.13.a.3. Without adequate monitoring;

8.13.a.4. Without adequate indications for its use; or

8.13.a.5. In the presence of adverse consequences that indicate the dose should be reduced or discontinued.

8.13.b. Antipsychotic Drugs. Based on a comprehensive assessment of a resident, the nursing home shall ensure that:

8.13.b.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

8.13.b.2. Residents who use antipsychotic drugs receive gradual dose reductions and behavioral inventions, unless clinically contraindicated, in an effort to discontinue these drugs.

8.13.c. Medication Errors. The nursing home shall ensure that:

8.13.c.1. It is free of medication error rates of five percent (5%) or greater; and

8.13.c.2. Residents are free of any significant medication errors.

8.13.d. Controlled Drugs Policy. The nursing home shall have policies and procedures regarding the procurement, storage, dispensing, administration and disposition of controlled substances that conform to the Uniform Controlled Substances Act, W. Va. Code '60A-1-1 et seq, Federal regulations and the rules of the West Virginia Board of Pharmacy.

WISCONSIN

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.

WYOMING

Section 5. Organization and Administration.

(c) Resident Care Policies. The Nursing Care Facility shall have written policies to govern nursing care and related medical or other services provided.

(i) The policies shall be available to admitting physicians, sponsoring agencies, residents and the public.

(ii) The policies shall reflect awareness of and provision for meeting the total medical and psycho-social needs of the residents.

Section 9. Nursing Services. The facility shall have sufficient nursing staff to meet the needs of the residents.

(c) Restorative Nursing Care. There shall be an active program of restorative nursing care directed towards assisting each resident to achieve and maintain his/her highest level of self care and independence. This program shall include:

(i) Maintaining good body alignment and proper positioning of the bedfast resident, wheelchair resident and the resident in a chair;

(ii) Encouraging and assisting dependent residents, as appropriate, to change position at least every two (2) hours, day and night, to stimulate circulation and prevent decubitus and deformities;

(iii) Making every effort to keep residents active and out of bed for reasonable periods of time, except when contraindicated by physician's orders, and encouraging residents to achieve independence in activities of daily living by teaching self care, transfer, and ambulation activities; and

(iv) Assisting residents to carry out the prescribed therapy regimen between visits of the physical, occupational, and speech therapists.

FEDERAL REGULATIONS

Downloaded January 2011

§ 483.25 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.

(a) Activities of daily living. Based on the comprehensive assessment of a resident, the facility must ensure that—

(1) 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—

(i) Bathe, dress, and groom;

(ii) Transfer and ambulate;

(iii) Toilet;

(iv) Eat; and

(v) Use speech, language, or other functional communication systems.

(2) A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (a)(1) of this section; and

(3) 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.

(b) 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—

(1) In making appointments, and

(2) 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.

(c) Pressure sores. Based on the comprehensive assessment of a resident, the facility must ensure that—

(1) 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

(2) A resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.

(d) Urinary Incontinence. Based on the resident's comprehensive assessment, the facility must ensure that—

(1) 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

(2) 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.

(e) Range of motion. Based on the comprehensive assessment of a resident, the facility must ensure that—

(1) 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

(2) 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.

(f) Mental and Psychosocial functioning. Based on the comprehensive assessment of a resident,

the facility must ensure that—

(1) A resident who displays mental or psychosocial adjustment difficulty, receives appropriate

treatment and services to correct the assessed problem, and

(2) 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 was unavoidable.

(g) Naso-gastric tubes. Based on the comprehensive assessment of a resident, the facility must ensure that:

(1) 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

(2) A resident who is fed by a nasogastric 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.

(h) Accidents. The facility must ensure that—

(1) The resident environment remains as free of accident hazards as is possible; and

(2) Each resident receives adequate supervision and assistance devices to prevent accidents.

(i) Nutrition. Based on a resident's comprehensive assessment, the facility must ensure that a resident—

(1) 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

(2) Receives a therapeutic diet when there is a nutritional problem.

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

(k) Special needs. The facility must ensure that residents receive proper treatment and care for the following special services:

(1) Injections;

(2) Parenteral and enteral fluids;

(3) Colostomy, ureterostomy, or ileostomy care;

(4) Tracheostomy care;

(5) Tracheal suctioning;

(6) Respiratory care;

(7) Foot care; and

(8) Prostheses.

(l) Unnecessary drugs—(1) General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used:

(i) In excessive dose (including duplicate drug therapy); or

(ii) For excessive duration; or

(iii) Without adequate monitoring; or

(iv) Without adequate indications for its use; or

(v) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or

(vi) Any combinations of the reasons above.

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

(i) 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

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

(m) 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.

(n) Influenza and pneumococcal immunizations—

(1) Influenza. The facility must develop policies and procedures that ensure that—

(i) Before offering the influenza immunization, each resident or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;

(ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;

(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and

(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:

(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and

(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.

(v) Exception. As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization.

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Oct. 7, 2005]