

Colorado

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Part 1. GOVERNING BODY.

19.7 PROGRAMS. In addition to meeting the special medical and nursing needs of each resident in the secure unit, the facility shall provide social services and activity programs especially designed for the residents of the secure unit to avoid programmatic isolation.

19.7.1 Activities and social services programs shall include the opportunity for regular interaction with non-confused residents of the facility and regular interaction with the community outside the facility.

Part 5. RESIDENT CARE

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.

5.1.14 PROBLEM RESOLUTION. The facility shall inform residents of the resident council and grievance procedures, the name, address, and phone number of the Long-Term Care Ombudsman, and the phone number and address of the Departments of Health and Social Services and the Colorado Foundation for Medical Care. Staff shall assist residents in raising problems to the facility's administration or appropriate outside agencies.

5.2 RESIDENT ASSESSMENT. Within twenty-four hours of admission to the long-term care facility, a licensed nurse shall assess each resident's physical, mental, and functional status, including strengths, impairments, rehabilitative needs, special treatments, capability for self-administration of medications, and dependence and independence in activities of daily living. The initial assessment shall form the basis of the preliminary care plan. Within seven days of admission, the nurse shall also collaborate with social services staff in assessing discharge potential and shall coordinate assessments with social services, dietetic, and activity staff. These assessments shall form the basis of the interdisciplinary care plan prescribed by Section 5.7.

5.4 SOCIAL SERVICES CARE PLANNING. Social services staff shall assess social services needs within one week of admission and develop a social services care plan to meet each resident's needs

5.7 INTERDISCIPLINARY CARE PLANNING. Within two weeks of admission, an interdisciplinary long-term care facility staff team shall develop a personalized overall care plan for each resident based on the resident assessments and applicable physician orders.

5.7.3 The interdisciplinary team shall consist of representatives of resident services inside and outside the facility, as appropriate, including at least nursing, social services, activities, and dietetic staff. Other persons, such as medical, pharmacy, and special therapies, shall be included as appropriate. Residents and their representatives shall be invited to participate in care planning. Refusal to participate shall be documented.

Part 8. SOCIAL SERVICES

8.1 SOCIAL SERVICES. The facility shall identify, plan care for, and meet the identified emotional and social needs of each resident to enhance resident psycho-social health and well-being.

8.1.1 Social services staff shall be involved in the pre-admission process, providing input as to appropriateness of placement from a psycho-social perspective, except in emergency admissions. Such involvement may include contact with the prospective resident or family member, or

interdisciplinary conferences that consider psycho-social issues as well as medical/nursing criteria.

8.1.2 Social services staff shall provide for addressing needs of individuals or groups, either directly by staff or by referral to community agencies.

8.1.3 Social services staff shall assist residents and families in coping with the medical and psycho-social aspects of the resident's illness and disability and the stay in the facility.

8.1.4 Social services staff shall assist residents in planning, for discharge by coordinating service delivery with the nursing staff and by assessing availability and facilitating use of financial and social support services in the community.

8.1.5 When services, such as community mental health services, are available in the community to meet special residents' social and emotional needs, social services staff shall provide appropriate referrals to community services.

8.1.6 Social services staff shall coordinate transfers (other than medical transfers) within and out of the facility and assist residents in adjusting to intra-facility transfers.

8.1.7 Social services staff shall participate in resident assessment and care planning as prescribed by 5.2, 5.4, and 5.7, and shall provide social services to residents. Staff shall review and update the assessment and care plan at least every six months.

8.1.8 Social services staff shall record information on social history in the health record and review it at least annually.

8.1.9 Social services staff shall record progress notes in the resident's health record at least quarterly for the first six months that a resident is in a long-term care facility and at least semi-annually thereafter.

8.1.10 Social services staff shall participate in developing policies and procedures pertaining to social services in the facility.

8.1.11 Social services staff shall provide orientation to new residents and their families (including explanation of residents' rights) and assistance to residents and families in raising concerns about resident care.

8.2 STAFFING.

The facility shall employ social services staff qualified as provided in Subsections 8.2.1 and 8.2.2 and sufficient in number to meet the social and emotional needs of the residents.

8.2.1 A qualified social work staff member of a public or private non-profit facility is a person who is either:

(1) A social worker licensed or authorized expressly by state law to practice under supervision of a licensed social worker; or

(2) A person with a Master's or Bachelor's Degree in social work; or

(3) A person with a Master's or Bachelor's Degree in a related human services field who has monthly consultation from a person meeting qualifications in Subsections 1, or 2. The consultation shall be sufficient in amount to assist the social work staff to meet resident needs.

8.2.2 A qualified social work staff member of a for-profit facility is a person who is either a social worker licensed or authorized expressly by state law to practice under supervision of a licensed social worker or a person with a Master's or Bachelor's Degree in social work or other human services field who has monthly consultation from a person so licensed or authorized; the consultation shall be sufficient in amount to assist the social work staff to meet resident needs.

8.2.3 Any facility that on the effective date of these regulations employed a person with a high school degree or GED as social services staff may continue to employ that individual with prescribed consultation.

8.2.4 Any facility located in a rural area as defined by subsection 7.6.1 may apply for a waiver under Part 4 of Chapter II of the qualifications for a social services staff member under this section if it demonstrates that it has made a good faith effort to hire staff with the required qualifications, but that qualified social services staff are unavailable in the area.

8.3 FACILITIES AND EQUIPMENT. The facility shall provide for social services staff suitable space, equipped with a telephone, for confidential interviews with residents and families. The space shall provide visual and auditory privacy and locked storage for confidential records and be accessible to non-ambulatory persons.

PART 12. RESIDENTS' RIGHTS.

12.3 STAFF TRAINING IN RESIDENTS' RIGHTS. The facility shall provide a copy of the facility's statement of residents' rights at new employee orientation. Current employees shall be provided a copy of the rights no later than the first pay period after receipt of these rules. The facility shall train all staff in the observation and protection of residents' rights. Social services staff shall assist in residents' rights orientation for new employees.

12.7 RESIDENT RELOCATION. If a facility intends to close or change bed classification, it shall notify the Department of Public Health and Environment and the Colorado Department of Health Care Policy And Financing, if it has Medicaid residents, at least 60 days before it expects to cease or change operations and at least 7 days before it notifies residents and families.

12.7.3 Any facility certified for participation in Medicaid shall follow the relocation procedures prescribed by regulations of the Department of Social Services. Other facilities shall provide for an orderly relocation of residents, designed to minimize risks and ensure optimal placement of all residents, in coordination with the Department of Health, the Nursing Home Ombudsman, and local public and private social services agencies.

PART 14. FACILITY RECORDS.

14.1.5 A completed health record shall be maintained on every resident from the time of admission through the time of discharge. All health records shall contain:

(3) plans and notes of the social service and activities service, including social history, social services assessment/plan, progress notes, activities assessment/plan and activities progress notes;

19.4 PRE-ADMISSION SCREENING AND PLACEMENT.

19.4.2 The evaluation team shall consist of at least the Director of Nursing, Social Services staff member, member of the facility's utilization control committee, if any, and a person with mental health or social work training (as appropriate to the needs of the unit's residents) who is not a facility staff member. Such non-staff member need not participate in prior review of admissions. A facility that is a mental health "placement facility" under 27-10-101, C.R.S., et seq. shall have a person from its contracting "designated facility" on the evaluation team for evaluations of clients referred by the designated facility.

19.6 STAFFING.

The facility shall provide a sufficient number of qualified staff to meet fully the needs of residents in the secure unit, which may require a higher staffing ratio than in other units in the facility, particularly on the night shift.

19.6.2 For residents in the secure unit, the facility shall provide additional social work and activities staff to meet the social, emotional, and recreational needs of the residents and the social and emotional needs of their families in coping with the resident's illness.

19.7 PROGRAMS. In addition to meeting the special medical and nursing needs of each resident in the secure unit, the facility shall provide social services and activity programs especially designed for the residents of the secure unit to avoid programmatic isolation.

19.7.1 Activities and social services programs shall include the opportunity for regular interaction with non-confused residents of the facility and regular interaction with the community outside the facility.

19.7.2 Residents of the secure unit may not be locked into or out of their rooms, except that facilities that are “designated” or “placement” facilities under 27-10-101, C.R.S. et seq, may use seclusion under procedures prescribed by Department of Human Services' regulations.