

## MASSACHUSETTS

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### 150.002: Administration

...(E) The administrator shall establish procedures for the notification of the patient, the next of kin or sponsor in the event of significant change in a patient's or resident's charges, billings, benefit status and other related administrative matters.

(1) The administrator shall establish provisions for the safekeeping of personal effects, funds and other property brought to the facility by patients or residents except, when necessary for the protection of valuables and to avoid unreasonable responsibility, the administrator may require that such valuables be excluded or removed from the premises.

(2) If the facility assumes the responsibility for safekeeping of patients' or residents' possessions and valuables, an accurate, written record of all funds, valuables and possessions and a list of all deposits and withdrawals shall be maintained. A receipt for all items placed in safekeeping and for all deposits and withdrawals shall be provided to the patient or resident, his next of kin or sponsor. If the facility assumes the responsibility for managing a patient's or resident's funds, such funds shall be placed in an insured interest bearing account with the clear written understanding that the facility has only a fiduciary interest in the funds of this account. The account may be either individual or collective at the election of the facility and shall be deposited at the prevailing market rate of interest for deposits in Massachusetts and shall conform to the requirements associated with the particular account.

(a) All the interest earned by any such funds so deposited shall be credited to each patient or resident.

(b) For individual accounts, the interest earned must be prorated to each patient or resident on an actual interest earned basis.

(c) The interest earned on any collective account must be prorated to each patient or resident on the basis of his or her end of quarter or nearest end of the month balance.

(d) The facility may keep a portion of a patient's or resident's money in a personal needs petty cash fund. The amount kept in this petty cash fund shall not be greater than the limit set by Department of Public Welfare regulations 106 CMR 456.804(3) and must be administered in accordance with 106 CMR 456.804(3). The personal needs petty cash fund shall not be co-mingled with any operational petty cash fund the facility may maintain nor shall it be used for facility operational expenses. A record of money spent for each patient or resident shall be kept.

(e) No fee or other charges shall be applied to any individual patient or resident for such managing of funds or distribution of interest.

(f) The facility shall provide the patient or resident or his/her sponsor with an accounting report every three months of financial transactions made in his/her behalf.

(g) In the event of discharge of a patient or resident, except if the patient's or resident's bed is being held for anticipated readmission, all funds of that patient or resident shall be returned to the patient or resident or to the patient's or resident's family or sponsor with a written accounting in exchange for a signed receipt. Funds which are maintained outside of the facility shall be returned within ten business days.

(h) In the event of death of a patient or resident, the facility shall provide a complete accounting of that patient's or resident's funds to the patient's or resident's family or sponsor.

(3) A statement of all funds, valuables and possessions shall be prepared on admission, transfer or discharge and shall be verified, dated and signed by the patient or resident, his next of kin or sponsor and by a witness. A copy of the list shall be given to the patient or resident, or his next of kin or sponsor.

(4) The admission of a patient or resident to a long-term care facility and his presence therein shall not confer on the facility or its owner, administrator, employees or representatives authority to manage, use or dispose of any property (except drugs) of such patient or resident without written, signed permission to do so by the patient or resident, his next of kin or sponsor.

(5) The name, address and the phone number of the next of kin or sponsor in charge of each patient's or resident's affairs shall be kept readily available in the patient's or resident's chart. The designated individual shall be contacted immediately in an emergency or in the case of any serious incident, fire, or severe illness involving the patient or resident. Such notification shall be recorded in writing in the clinical record.

(F) The administrator shall establish procedures for the notification of the physician or physician-physician assistant team or physician-nurse practitioner team and the patient's or resident's next of kin or sponsor in the event of an emergency.

#### 150.005: Physician Services

...(C) Every patient or resident shall have an attending physician who is responsible for his continuing medical care and periodic reevaluation.

(1) Each patient or resident or (if he is not competent) his next of kin or sponsor shall on admission designate a physician, physician-physician assistant team or physician-nurse practitioner team to serve as his attending physician. If the patient or resident does not have a physician, an attending physician or physician - physician assistant team or physician nurse practitioner team shall be designated by the facility with the approval of the patient or resident or his next of kin or sponsor.

#### 150.008: Pharmaceutical Services and Medications

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

...(3) Notwithstanding a physician's order, a licensee shall not permit self-administration by any resident, where, in his/her judgement, this practice would endanger another resident or other residents.

(a) All medication which is to be self-administered shall be kept in the resident's room in a locked cabinet or in a locked drawer.

(b) In the case of a resident with a history of mental illness, a self-administration order must be supported by a written finding by the physician that the resident has the ability to manage the medication on this basis.

(c) Every self-administration order shall be reconsidered as part of the periodic review of medications under 105 CMR 150.0008(B)(2).

#### 150.012: Activities and Recreation

...(E) Visiting hours shall be flexible and shall be conspicuously posted.

(1) Provisions shall be made for privacy during telephone conversations, during visits with clergymen, relatives or other such visitors.

(2) Facilities shall have a list of the clergymen of the major faiths readily available and request to see clergymen shall be honored at all times.

#### 150.015: Patient Comfort, Safety, Accommodations and Equipment

... (C) Safety and Personal Protection.

...(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 if the facility demonstrates that major structural changes are necessary, compliance shall be achieved by June 23, 1984.

### 105 CMR 151.000: GENERAL STANDARDS OF CONSTRUCTION FOR LONG TERM CARE FACILITIES IN MASSACHUSETTS

#### 151.860: Telephone Systems

(A) At least one telephone shall be provided on each floor and within the kitchen. These telephones shall be free of locks and available 24 hours daily for use in any emergency.

(B) In addition, at least one public telephone shall be provided for patient use within each facility and positioned to accommodate use by wheelchair patients, with accessibility to the dial set.