

MARYLAND

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10.07.02.14 Specialized Rehabilitative Services—Occupational Therapy Services, Physical Therapy Services, Speech Pathology and Audiology Services.

A. Rehabilitative Services—Admission Policies. In those facilities which do not accept patients in need of specialized rehabilitative services, the minimal acceptable restorative service shall be the restorative nursing care plan designed to maintain function or improve the patient's ability to carry out the activities of daily living as set forth in Regulation .12S, above, Program of Restorative Nursing Care.

B. Arrangements for Services. If a facility's admission policies include the admission of patients requiring rehabilitative services, the facility shall provide, or arrange for under written agreement, specialized rehabilitative services by qualified personnel (such as physical therapist, speech pathologist and audiologist, and occupational therapist). Initiation of services to meet the rehabilitative needs of the patient shall occur within 48 hours (excluding Saturday and Sunday) of the physician's order for the specialized service. The patient may not be accepted for admission if at least one service could not be initiated within the 48-hour period (excluding Saturday and Sunday).

C. Policies and Procedures. Written administrative and patient care policies and procedures shall be developed for rehabilitative services by appropriate rehabilitation team members and representatives of the medical, administrative, and nursing staff. Policies shall provide for the coordination of rehabilitative services and the rehabilitative aspects of nursing.

D. Written Plan of Care. Rehabilitative services shall be provided under a written plan of care, initiated by the attending physician, and developed in consultation with appropriate rehabilitation team members and the nursing service.

E. Physicians' Orders. Specialized rehabilitative services shall be provided only upon written orders of the attending physician. Orders shall include modalities to be used, frequency, and anticipated goals, and shall be made a part of the patient care plan. Unless medically contraindicated, the physician shall discuss with the patient or his family or sponsor the goals and the treatment program. The frequency of communications between the physician and the rehabilitation team members shall be governed by the status and changes in the patient and his medical status.

F. Progress Notes. Within 2 weeks of the referral to specialized rehabilitative services, the rehabilitation team members shall provide to the attending physician a written report of the evaluation, including goals and progress of the patient. Progress notes shall be written at least every 2 weeks.

G. Reevaluation of Patient's Progress. The physician and the rehabilitation team members shall reevaluate the patient's progress as necessary, but at least every 30 days. The

physician may document on the record that his reevaluation may be less frequent but in no case may his reevaluation exceed 60 days. Appropriate action shall be taken.

H. Patient's Record. The physician's orders, the initial evaluations, the plan of rehabilitative care, goals, services rendered, evaluations of progress, and other pertinent information shall be recorded in the patient's medical record, and shall be dated and signed by the physician ordering the service and the person or persons who provided the service. The record and progress notes concerning the patient shall reflect at all times the most recent and current status of the patient, including current short-term and long-term goals.

I. Proof of Licensure. The facility shall maintain a file which includes proof of current licensure of all the rehabilitative services' personnel.

J. Job Descriptions. Current job descriptions for all rehabilitative services personnel shall be readily available in the facility.