

300 ADMINISTRATION

301 MANAGEMENT

301.1 BY-LAWS

The governing body shall adopt effective patient care policies and administrative policies and by-laws governing the operation of the facility in accordance with legal requirements.

301.2 ADMINISTRATOR

Each nursing home shall have a full-time (minimum forty (40) hours per week) administrator on the premises during normal business hours, who shall be currently licensed as a nursing home administrator in accordance with Act 58 of 1969, Statute 82-2201 through 82-2215 and the rules and regulations promulgated thereunder. Each facility administrator, if required, should provide verification that a minimum of forty (40) hours is spent in the facility. The administrator must have responsibility for overall operation of the facility and is responsible for any non-compliance with regulations found in the nursing home. Correspondence between this office and the facility shall be through the licensed administrator.

The licensed administrator shall not leave the nursing home premises during the day tour of duty without first delegating authority in writing to a qualified individual who may manage the facility temporarily during the administrator's absence. Nursing personnel on the day tour of duty shall not be delegated authority to operate the facility unless relief nursing personnel are employed to replace the selected nurse. Also, the facility administrator shall notify this office in writing if an absence from the facility will exceed seven (7) consecutive days. The name of the individual who will be administratively in charge of the facility should also be listed in the letter.

Administrators-in-training shall receive training in facilities that employ a full-time licensed administrator. Administrators-in-training shall not serve as a nursing home administrator until such time that a nursing home administrator's license is obtained. Applicants that qualify to take the administrator's examination shall not practice as a nursing home administrator until licensed by this office.

Arkansas Statute 82-2215 provides as follows: "It shall be unlawful for any person to act or serve in the capacity of nursing home administrator in this state unless such person has been licensed to do so as authorized in this Act."

302 GENERAL ADMINISTRATION

302.1 Visitors shall be permitted during all reasonable hours.

302.2 Incident and accident reports of patients and personnel shall be completed and reviewed to identify health and safety hazards.

- 302.3** An accurate daily census sheet as of midnight shall be available to the Division at all times.
- 302.4** There shall be keys readily available for all locked doors within the home.
- 302.5** Birds, cats, dogs, and other animals are not permitted in nursing homes, except in the case of seeing eye dogs, and as permitted under section 586.
- 302.6** The name, address, and telephone number of attending physicians shall be available at each nurses' station.
- 302.7** Any home caring for patient with contagious diseases shall comply with all current rules and regulations as described in the licensing laws and standards for hospitals and related institutions of Arkansas.
- 302.8** All containers of substances used by the facility shall be legibly and accurately labeled as to content.
- 302.9** Fire extinguishers shall be adequate, of the correct type, and properly located and installed as defined by NFPA 101, 1973 edition.
- 302.10** A quiet atmosphere shall be maintained. Disturbances created within the home will not be permitted.
- 302.11** Laboratories and radiological facilities operated in nursing homes shall comply with the rules and regulations for hospitals and related institutions in Arkansas. Pharmacies operated in nursing homes shall be operated in compliance with Arkansas laws and shall be subject to inspection by personnel from the Division.
- 302.12** Children under sixteen (16) years of age shall not be cared for in a room with non-related adults.
- 302.13** Adult male and female patients shall not have adjoining rooms which do not have full floor to ceiling partition and closing doors. They shall not be housed in the same room (except husband and wife of the same marriage or parent and child).
- 302.14** Child patients, male and female, shall not be housed in the same room when they are seven (7) or more years old. They shall be provided the same privacy required for adults.
- 302.15** The facility shall maintain written accounts for all patients' funds received by or deposited with the facility for safekeeping. A trustworthy employee shall be designated to be responsible for patient accounts. The funds may be withdrawn by the patient upon request. The patient shall be provided an itemized accounting of deposits, disbursements, and withdrawals including the current balance at least quarterly.

303 PERSONNEL ADMINISTRATION

- 303.1** The administrator shall establish and maintain a personnel file for each employee.

- 303.2** Applications for each employee shall contain sufficient information to support placement in the position to which assigned. All applications from licensed and/or registered personnel shall contain the appropriate certificate or registration number and current renewal date. These registrations and/or certifications shall be verified.
- 303.3** No employee caring for patients shall be less than sixteen (16) years of age. Employees shall wear uniforms and name pines with job title.
- 303.4** No person with a communicable disease or infected skin lesion shall be permitted to work in the nursing home.
- 303.5** All employees must have a skin test for tuberculosis prior to employment or service. These personnel shall be re-examined annually. The results of these tests shall be on record in the nursing home. No person with active tuberculosis or a communicable disease shall be allowed to work in the facility.
- 303.6** Written job descriptions shall be developed for each employee classification, i.e., R.N., L.P.N., aide, housekeepers, maids, etc., and shall include, as a minimum the responsibilities and/or actual work to be performed in such classification. In addition, the job description shall include the physical and educational qualifications and licenses or certificates required for each job classification.
- 303.7** Sufficiently trained personnel shall be on duty at all times. Provisions shall be made for relief of direct care personnel during vacations and other relief periods.
- 303.8** Upon request, a nursing home must make available to employees of the Division, payroll records showing staff employed during recent pay periods. This is to verify that minimum staffing has been maintained.
- 303.9** Copies of these regulations shall be available to all personnel. All personnel shall be instructed by the administrator in the requirements of the law and in the regulations pertaining to their respective duties.
- 303.10** Nursing or personal care shall not be delegated to cooks, housekeeping, or laundry personnel.
- 303.11** A weekly time schedule shall be prepared and posted for each week and shall include the employee's first and last name, classification, i.e., aide, R.N., cook, etc., and the beginning and ending time of each tour of duty, such as 7:00 a.m. to 3:00 p.m., etc.

304 STAFF DEVELOPMENT

- 304.1** Job orientation shall be provided for all personnel to acquaint them with the needs of the residents, the physical facility, disaster plan, and the employee's specific duties and responsibilities. There should be written documentation maintained to verify that orientation and in-service training are planned and conducted. A continuing in-service training program is planned and conducted. Attendance at such training shall be verified by each employee by signing their names on the

attendance record. Records of orientation shall include the signature of the employee as well as topic of instruction and date of successful completion.

304.2 A reasonable supply of textbooks of basic practices shall be available in the nursing home for the specific job needs of all employees.

304.3 At least ninety percent (90%) of personnel on each shift shall be trained at least on a quarterly basis in the proper use of all fire-fighting equipment, in the procedures for evacuation of patients, and in the procedures to follow in case of fire or explosion. Disaster drills, including tornado drills, should be conducted semi-annually for each shift. A record of the drills held shall be maintained, and this record shall include the time and date the drill was held, along with the signature of all staff participating.

305 EMERGENCY CALL DATA

The administrator shall be responsible for ensuring that emergency call information is posted in a conspicuous place so as to be immediately available to all personnel of the nursing home. Emergency call data shall include at least the following:

- Telephone number of fire and police departments.
- Names, addresses, and telephone numbers for emergency supplies, ambulance, minister, advisory dentist, Red Cross, and poison control center.
- Name, address, and telephone number of all personnel to be called in case of fire or emergency (to include the administrator and the director of nursing services).
- Name, address, and telephone number of an available physician to furnish necessary medical care in case of emergency.

306 REPORTING SUSPECTED ABUSE, NEGLECT, EXPLOITATION, INCIDENTS, ACCIDENTS, DEATHS FROM VIOLENCE AND MISAPPROPRIATION OF RESIDENT PROPERTY

Pursuant to federal regulation 42 CFR 483.13 and state law Ark. Code Ann. § 5-28-101 *et seq.* and 12-12-501 *et seq.*, the facility must develop and implement written policies and procedures to ensure incidents, including:

- **alleged or suspected abuse or neglect of residents;**
- **accidents, including accidents resulting in death;**
- **unusual deaths or deaths from violence;**
- **unusual occurrences; and,**
- **exploitation of residents or any misappropriation of resident property,**

are prohibited, reported, investigated and documented as required by these regulations.

A facility is not required under this regulation to report death by natural causes. However, nothing in this regulation negates, waives or alters the reporting requirements of a facility under other regulations or statutes.

Facility policies and procedures regarding reporting, as addressed in these regulations, must be included in orientation training for all **new** employees, and must be addressed at least **annually** during in-service training for **all** facility staff.

306.1 NEXT-BUSINESS-DAY REPORTING OF INCIDENTS

The following events shall be reported to the Office of Long Term Care by facsimile transmission to telephone number 501-682-8551 of the completed Incident & Accident Intake Form (Form DMS-7734) no later than 11:00 a.m. on the next business day following discovery by the facility.

- a. Any alleged, suspected or witnessed occurrences of abuse or neglect to residents.
- b. Any alleged, suspected or witnessed occurrence of misappropriation of resident property, or exploitation of a resident.
- c. Any alleged, suspected or witnessed occurrences of verbal abuse. For purposes of this regulation, "verbal abuse" means the use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to residents, or within their hearing distance, regardless of their age, ability to comprehend, or disability. Examples of verbal abuse include, but are not limited to: threats of harm; saying things to frighten a resident, such as telling a resident that he or she will never be able to see his or her family again.
- d. Any alleged, suspected or witnessed occurrences of sexual abuse to residents by any individual.

In addition to the requirement of a facsimile report by the next business day on Form DMS-7734, the facility shall complete a Form DMS-762 in accordance with Section 306.2.

306.2 INCIDENTS OR OCCURRENCES THAT REQUIRE INTERNAL REPORTING ONLY - FACSIMILE REPORT OR FORM DMS-762 NOT REQUIRED.

The following incidents or occurrences shall require the nursing facility to prepare an internal report **only** and **does not require** a facsimile report, or form DMS-762 to be made to the Office of Long Term Care. The internal report shall include all content specified in Section 306.3, as applicable. Nursing facilities must maintain these incident record files in a manner that allows verification of compliance with this provision.

- a. Incidents where a resident attempts to cause physical injury to another resident without resultant injury. The facility shall maintain written reports on these types of incidents to document "patterns" of behavior for subsequent actions.
- b. All cases of reportable disease, as required by the Arkansas Department of Health.

- c. Loss of heating, air conditioning or fire alarm system of greater than two (2) hours duration.

306.3 INTERNAL-ONLY REPORTING PROCEDURE

Written reports of all incidents and accidents included in section 306.2 shall be completed within five (5) days after discovery. The written incident and accident reports shall be comprised of all information specified in forms DMS-7734 and 762 as applicable.

All written reports will be reviewed, initialed and dated by the facility administrator or designee within five (5) days after discovery. All reports involving accident or injury to residents will also be reviewed, initialed and dated by the Director of Nursing Services or other facility R.N.

Reports of incidents specified in Section 306.2 will be maintained in the facility **only** and are not required to be submitted to the Office of Long Term Care.

All written incident and accident reports shall be maintained on file in the facility for a period of three (3) years.

306.4 OTHER REPORTING REQUIREMENTS

The facility's administrator is also required to make any other reports of incidents, accidents, suspected abuse or neglect, actual or suspected criminal conduct, etc. as required by state and federal laws and regulations.

306.5 ABUSE INVESTIGATION REPORT

The facility must ensure that all alleged or suspected incidents involving resident abuse, exploitation, neglect or misappropriations of resident property are thoroughly investigated. The facility's investigation must be in conformance with the process and documentation requirements specified on the form designated by the Office of Long Term Care, Form DMS-762, and must prevent further potential incidents while the investigation is in progress.

The results of all investigations must be reported to the facility's administrator, or designated representative, and to other officials in accordance with state law, including the Office of Long Term Care. Reports to the Office of Long Term Care shall be made via facsimile transmission by 11:00 a.m. the next business day following discovery by the facility, on form DMS-7734. The follow-up investigation report, made on form DMS-762, shall be submitted to the Office of Long Term Care within 5 working days of the date of the submission of the DMS-7734 to the Office of Long Term Care. If the alleged violation is verified, appropriate corrective action must be taken.

The DMS-762 may be amended and re-submitted at any time circumstances require.

306.6 REPORTING SUSPECTED ABUSE OR NEGLECT

The facility's written policies and procedures shall include, at a minimum, requirements specified in this section.

- 306.6.1** The requirement that the facility’s administrator or his or her designated agent immediately reports all cases of suspected abuse or neglect of residents of a long-term care facility as specified below:
- a. Suspected abuse or neglect of an adult (18 years old or older) shall be reported to the local law enforcement agency in which the facility is located, as required by Arkansas Code Annotated 5-28-203(b).
 - b. Suspected abuse or neglect of a child (under 18 years of age) shall be reported to the local law enforcement agency and to the central intake unit of the Department of Health and Human Services, as required by Act 1208 of 1991. Central intake may be notified by telephone at 1-800-482-5964.
- 306.6.2** The requirement that the facility’s administrator or his or her designated agent report suspected abuse or neglect to the Office of Long Term Care as specified in this regulation.
- 306.6.3** The requirement that facility personnel, including but not limited to, licensed nurses, nursing assistants, physicians, social workers, mental health professionals and other employees in the facility who have reasonable cause to suspect that a resident has been subjected to conditions or circumstances which have or could have resulted in abuse or neglect are required to immediately notify the facility administrator or his or her designated agent.
- 306.6.4** The requirement that, upon hiring, each facility employee be given a copy of the abuse or neglect reporting and prevention policies and procedures and sign a statement that the policies and procedures have been received and read. The statement shall be filed in the employee’s personnel file.
- 306.6.5** The requirement that all facility personnel receive annual, in-service training in identifying, reporting and preventing suspected abuse/neglect, and that the facility develops and maintains policies and procedures for the prevention of abuse and neglect, and accidents.

**ARKANSAS DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAL SERVICES
OFFICE OF LONG TERM CARE
DMS-7734**

Incident & Accident Next Day Reporting Form

Purpose/Process

This form is designed to standardize and facilitate the process for the reporting allegations of resident abuse, neglect, misappropriation of property or injuries of an unknown source by individuals providing services to residents in Arkansas long term care facilities for next day reporting pursuant to LTC 306.2.

The purpose of this process is for the facility to compile the information required in the form DMS-7734, so that next day reporting of the incident or accident can be made to the Office of Long Term Care.

Completion/Routing

This form, with the exception of hand written witness statements, MUST BE TYPED!

The following sections are **not** to be completed by the facility; the Office of Long Term Care completes them:

1. The top section entitled **COPIES FOR:**
2. The **FOR OLTC USE ONLY** section found at the bottom of the form.

All remaining spaces **must** be completed. If the information can not be obtained, please provide an explanation, such as “moved/address unknown”, “unlisted phone”, etc.

If a requested attachment can not be provided please provide an explanation why it can not be furnished or when it will be forwarded to OLTC.

The original of this form **must be faxed to the Office of Long Term Care the next business day following discover by the facility.** Any material submitted as copies or attachments must be legible and of such quality to allow recopying.

OLTC INCIDENT AND ACCIDENT REPORT (I&A)

Date & Time Submitted (if known): _____

Date & Time of Discovery: _____

Facility Name: _____

Facility Area Code and telephone # (_____) _____

Facility Address: _____

Staff reporting I & A: _____ Title: _____

Date of I & A _____ Time: _____ AM or PM

Name of Injured Resident: _____ Age: _____ Sex: _____ Race: _____

Status of Alleged Perpetrator: ___ Facility Employee ___ Family ___ Visitor ___ Other ___ Unknown

Type of Incident: Neglect _____	Misappropriation of Property: Drugs _____
Abuse: Verbal _____	Personal Property _____
Sexual _____	Resident Trust Fund _____
Physical _____	
Emotional/Mental _____	

NOTIFICATIONS: FAMILY: Yes _____ No _____ DOCTOR: Yes _____ No _____

LAW ENFORCEMENT: Yes _____ No _____ ADMINISTRATOR: Yes _____ No _____

Summary of Incident: _____

(cont. on page 2)

Steps taken to prevent continued abuse or neglect during the investigation: _____

(cont. on page 3)

**STEPS TAKEN TO PREVENT CONTINUED ABUSE OR NEGLECT
DURING THE INVESTIGATION- CONTINUED**

**ARKANSAS DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAL SERVICES
OFFICE OF LONG TERM CARE
DMS-762**

Facility Investigation Report for Resident Abuse, Neglect, Misappropriation of Property,
& Exploitation of Residents in Long Term Care Facilities

Purpose/Process

This form is designed to standardize and facilitate the process for the reporting allegations of resident abuse, neglect, or misappropriation of property or exploitation of residents by individuals providing services to residents in Arkansas long term care facilities. This investigative format complies with the current regulations requiring an internal investigation of such incidents and submittal of the written findings to the Office of Long Term Care (OLTC) within five (5) working days.

The purpose of this process is for the facility to compile a substantial body of credible information to enable the Office of Long Term Care to determine if additional information is required by the facility, or if an allegation against an individual(s) can be validated based on the contents of the report.

Completion/Routing

This form, with the exception of hand written witness statements, MUST BE TYPED!

Complete **all** spaces! If the information can not be obtained, please provide an explanation, such as “moved/address unknown”, “unlisted phone”, etc. Required information includes the actions taken to prevent continued abuse or neglect during the investigation.

If a requested attachment can not be provided please provide an explanation why it can not be furnished or when it will be forwarded to OLTC.

This form, and all witness and accused party statements, **must be originals**. Other material submitted as copies must be legible and of such quality to allow re-copying.

The facility’s investigation and this form must be completed and submitted to OLTC within five (5) working days from when the incident became known to the facility.

Upon completion, send the form by certified mail to:
Office of Long Term Care, P.O. Box 8059, Slot 404, Little Rock, AR 72203-8059.

Any other routing or disclosure of the contents of this report, except as provided for in LTC 306.3 and 306.4, may violate state and federal law.

Facility Investigation Report for Resident Abuse, Neglect, Misappropriation of Property,
& Exploitation of Residents in Long Term Care Facilities

Section I-Reporting Information

Name of Facility: _____

Phone #: () _____

Address: _____

City _____ State _____ Zip Code _____

Facility Staff Member Completing DMS 762: _____

Title: _____

Date Incident Reported/Faxed to OLTC: _____ Time: _____ AM/PM

Date & Time of Incident (if known): _____

Time & Time of Discovery: _____

Type of Incident: Neglect _____	Misappropriation of Property:	Drugs _____
Abuse: Verbal _____		Personal Property _____
Sexual _____		Resident's Trust Fund _____
Physical _____		
Emotional/Mental _____		

Name of Involved Resident: _____ Room # : _____

Social Security #: _____ DOB: _____

Height _____ Weight _____ Physician _____

Is Resident still Living: _____ If not, Date of Death: _____

Ambulatory? YES _____ NO _____ Oriented Time, Place, Person, Events (Circle one or all).

Physical Functional Level/Impairment _____

Mental Functional Level _____

Primary Diagnosis _____

Section IV- Notification/ Status

Administrator/Written Designee Must Be Notified!

Name of Administrator _____

Date: _____ Time: _____ AM / PM

Family Notified: YES _____ NO _____ NONE _____ Date: _____ Time: _____ AM/PM

Name of Family Member: _____

Relationship: _____ Phone #: _____

Doctor Notified: YES _____ NO _____ Date: _____ Time: _____ AM/PM

Doctor's Name: _____ Phone #: _____

Resident Sent to Hospital: YES _____ NO _____ Date: _____ Time: _____ AM/PM

Admitted to Hospital: YES _____ NO _____

Name/ Address/ Phone of Hospital: _____

Law Enforcement Must Be Notified for abuse and neglect

Date: _____ Time: _____ AM/PM

Name of Law Enforcement Agency: _____

Phone #: _____

Address: _____

City/Zip: _____

Was an Investigation Made by the Law Enforcement Agency?: YES _____ NO _____

Date of Investigation: _____ Time: _____

Name of Officer: _____

Section VI-Accused Party Information

Name of Accused Party: _____

Job Title (if any): _____ Phone #: _____

Home Address: _____

City/State/Zip: _____

Social Security #: _____ DOB: _____

Dates of Current Employment: From _____ To _____

Certified Nursing Assistant: YES _____ NO _____

Registration # : _____ Date Issued: _____

Date Criminal Background Check Completed: _____

Licensed by State Board of Nursing: YES _____ NO _____

Type of License: RN # _____ LPN # _____

Date Issued: _____

Section VII- Attachments

Attach the following information to the back of this form. If you do not have one of the specified attachments, please provide an explanation why it can not be obtained or if it will be forwarded in the future.

1. Statement from the accused party.
2. All witness statements. Use the attached OLTC Witness Statement Form for all witness statements submitted. If the statement is a typed copy of a handwritten statement, the handwritten statement must accompany the typed statement.
3. Law enforcement incident report. This can be mailed at a later date if necessary.
4. Other pertinent reports/information, such as Ombudsmen, autopsy, reports, etc. These can be mailed at a later date if necessary.

Facility Investigation Report for Resident Abuse, Neglect, Misappropriation of Property,
& Exploitation of Residents in Long Term Care Facilities

OLTC Witness Statement Form

Date: _____ Time: _____ AM/ PM

Witness Full Name: _____

Job Title: _____ Shift: _____

Home Address: _____ City/Zip _____

Home Phone #: _____ Work Phone #: _____

Relation to Resident (If Any?) _____

State in your own words what you witnessed (be very descriptive) and sign below.

_____ (Continue on Back as Necessary)

The information provided above is true to the best of my knowledge:

Signature of Witness: _____ Date: _____

307 INSTITUTIONAL POLICIES AND/OR PROCEDURES

308 PATIENT CARE POLICIES

The administrator, in consultation with one or more physicians and one or more registered professional nurses, department heads, and other related professional health care personnel, shall develop and at least annually review appropriate written policies and procedures for all services and/or patient care practices to include but not limited to dietary, medical records, nursing, pharmaceutical, diagnostic services, laboratory and radiological, housekeeping, maintenance, and laundry services.

309 RESTRAINT OF RESIDENTS

Patients shall not be unduly restrained. Patients shall not be confined to rooms or restrained except when necessary to prevent injury to the patient or others and when alternative measures are not sufficient to accomplish these purposes. In any event, no locked doors or locked restraints are to be used at any time to restrain a patient. Doors (screen type), or the lower one half of a dutch door or approved type louvered doors may be hooked on the hall side of the door. Restraints, of the non-locking type, may be used only upon the order of a physician. In the event the order is obtained by phone, the signature of a physician shall be obtained within five days (Note: The aforementioned restraining type doors shall be installed in addition to the regular door to the room. They shall be removed during periods when they are not needed for the restraint of patients.) Upon the advice of the attending physician, unruly or excessively noisy patients shall be transferred from the home to an institution equipped for such patient care, since this type patient creates a disturbance for other patients in the home.

The written policy and procedures governing the use of restraints shall specify which staff member may authorize the use of restraints and clearly delineate at least the following:

- Orders indicating the specific reasons for the use of restraints.
- Their use is temporary, and the resident will not be restrained for an indefinite amount of time.
- Orders for restraints shall not be enforced for longer than twelve (12) hours, unless the patient's condition warrants.
- Restraints must be checked every thirty (30) minutes and loosened every two (2) hours for range of motion to restrained extremities.

310 PROTECTION OF PATIENT PROPERTY

An inventory of patient's personal belongings should be maintained for all items brought to the facility on admission and up-dated as appropriate for items added or sent home/disposed of.

311 NOTIFICATION OF CHANGE IN PATIENT'S STATUS

There shall be written policies and procedures available at each nurses' station for personnel to follow requiring the notification of the patient's attending physician and other responsible

persons in the event of severe illness, accident, or death of the patient or other significant change in the patient's status.

The name, address and telephone number of the patient's attending physician shall be recorded for ready reference.

312 PHYSICIAN'S SERVICES POLICIES

The facility shall have a written policy indicating that the health care of every patient is under the supervision of a physician, who based on a medical evaluation of the patient's immediate and long term needs, prescribes a planned regimen of total care.

313 SPECIALIZED REHABILITATIVE SERVICE POLICIES

If a facility offers specialized rehabilitative services, written administrative and patient care policies and procedure for rehabilitative services shall be developed for appropriate therapists and representatives of the medical, administrative, and nursing staffs.

314 SOCIAL SERVICE POLICIES

Facilities which do not directly provide social service shall have written procedures for referring patients in need of social services to appropriate service agencies.

315 CONFIDENTIALITY OF SOCIAL INFORMATION

Policies and procedures shall be established for ensuring the confidentiality of all patients' social information.

316 RIGHTS OF RESIDENTS

Facilities shall establish policies and procedures setting forth the rights of resident and prohibiting their mistreatment or abuse.

317 REGISTRATION OF COMPLAINTS

Facilities shall establish policies for the registration and disposition of complaints without threat of discharge or other reprisal against any patient.

318 ADMISSION, TRANSFER, AND DISCHARGE POLICIES

These policies shall include, as a minimum, the following:

318.1 Patients shall be admitted to the facility only on the recommendation of a physician licensed to practice medicine in the State of Arkansas.

318.2 All persons admitted to a nursing home shall have a history and physical examination at the time of admission or within seventy-two (72) hours following admission unless such examination was performed within fifteen (15) days prior to admission. A copy of the hospital history, physical, and discharge summary (after completion) will satisfy the requirement if the history and physical was completed within thirty (30) days. The examination will be for medical

evaluation purposes and to determine if the patient is free from communicable diseases.

318.3 Recording shall be made of initial examination and all subsequent examinations, including findings, recommendations and progress notes. Hospital discharge summaries are to be obtained after each hospitalization.

318.4 Patients who are not receiving public assistance from the Division shall be classified, on admission and subsequently re-classified, by the attending physician as skilled care, intermediate care, or minimum care patients, and a report shall be kept in the home and available to the Division. The classification shall be based upon the Division's criterion.

318.5 Only those persons are accepted whose needs can be met by the facility directly or in cooperation with the community resources or other providers of care with which it is affiliated or has contracts.

318.6 As changes occur in their physical or mental condition necessitating service or care which cannot be adequately provided by the facility, residents shall be transferred promptly to facilities which can provide appropriate care.

318.7 Except in the case of an emergency or voluntarily discharge, the resident, responsible party, attending physician, and the responsible agency, if any, are consulted in advance of the transfer or discharge of any resident. The resident and/or responsible party will be provided written notification of his/her transfer, ten days prior to the transfer.

319 CONFIDENTIALITY OF MEDICAL RECORD INFORMATION

There shall be written policies adopted by the management of the nursing home covering confidentiality of medical records and procedures regarding release of medical information.

320 INFECTION CONTROL

Written policies and procedures shall be established for investigating, controlling and preventing infections. Procedures shall be reviewed annually and revised as necessary for effectiveness and improvement. The policies and procedures shall include as a minimum:

- Aseptic and isolation techniques.
- Proper disposal techniques for infected dressings, disposable syringes, needles, etc.
- Prohibiting the use of the common towel, common bath and hand soap, and the common drinking cup or glass.

321 HANDLING OF OXYGEN AND FLAMMABLE GASES

Policies shall be written for the proper handling of oxygen and flammable gases.

322 PERSONNEL POLICIES

Written personnel policies shall be provided and shall be available to all personnel and to the Division.

323 TRANSPORTATION OF RESIDENTS

The facility shall establish a written policy regarding transportation of residents, when necessary, to the hospital, medical clinics, and dentist offices. The facility must assume responsibility for seeing that the patient's transportation needs are met.

324 BEDPAN SANITATION

Written policies shall be established to ensure all individually assigned bed pans are sanitized by the boiling method for a minimum of twenty (20) minutes at least once a week or by other methods approved by the Division.

325 OUTSIDE RESOURCE AGREEMENTS

326 SPECIALIZED REHABILITATIVE SERVICES

If the facility does not offer specialized rehabilitative services directly, patients in need of such services, i.e., physical therapy, occupational therapy, speech pathology, and audiology, shall not be admitted or retained in the facility unless arrangements for these services have been provided with an outside resource. Terms of the agreement should include reimbursement, responsibility of each party, and documentation responsibilities.

327 ADVISORY DENTIST

Facilities shall establish a written cooperative agreement with an advisory dentist or dental service. The agreement shall include provisions for a dentist or dental service. The agreement shall include provisions for a dentist to participate annually in the staff development program and to recommend oral hygiene policies and practices.

328 SOCIAL SERVICES

If a facility provides social services directly and the designated staff member is not a qualified social worker, a written agreement shall be established to provide consultation from such a qualified person or a recognized social agency.

329 ACTIVITY DIRECTOR

In a nursing facility, if the staff member designated responsible for the activity program is not a qualified patient activity coordinator, a written agreement shall be established with a person so qualified. The MSW consultant may also serve as consultant to the activity director.

330 PHARMACIST

If a facility does not employ a licensed pharmacist, it shall establish a written agreement with a licensed pharmacist to provide consultation on methods and procedures for ordering, storage, administration, disposal, and record keeping of drugs and biologicals.

331 MEDICAL AND REMEDIAL SERVICES

A nursing home shall establish a written agreement for all medical and remedial services, i.e., laboratory, radiological, and other services, required by the resident but not regularly provided within the facility.

332 TRANSFER AGREEMENT

A facility shall have in effect a written transfer agreement with one or more hospitals sufficiently close to the facility to make feasible the transfer of patients. It shall be the duty of each nursing home administrator to supply basic information at the time of a patient's transfer from one nursing home to another or to a hospital.

333-399 RESERVED