

Article 3. Required Services

§ 72329.1. Nursing Service-Staff.

(a) Nursing service personnel shall be employed and on duty in at least the number and with the qualifications determined by the Department to provide the necessary nursing services for patients admitted for care. The staffing requirements required by this section are minimum standards only.

Skilled nursing facilities shall employ and schedule additional staff as needed to ensure quality resident care based on the needs of individual residents and to ensure compliance with all relevant state and federal staffing requirements. The Department may require a facility to provide additional staff as set forth in Section 72501(g).

(b) Facilities licensed for 59 or fewer beds shall have at least one registered nurse or a licensed vocational nurse, awake and on duty, in the facility at all times, day and night.

(c) Facilities licensed for 60 to 99 beds shall have at least one registered nurse or licensed vocational nurse, awake and on duty, in the facility at all times, day and night, in addition to the director of nursing services. The director of nursing services shall not have charge nurse responsibilities.

(d) Facilities licensed for 100 or more beds shall have at least one registered nurse, awake and on duty, in the facility at all times, day and night, in addition to the director of nursing services. The director of nursing services shall not have charge nurse responsibilities.

(e) Nursing stations shall be staffed with nursing personnel when patients are housed in the nursing unit.

(f) Each facility shall employ sufficient nursing staff to provide a minimum of 3.2 nursing hours per patient day.

(1) Facilities which provide care for mentally disordered patients and in which licensed psychiatric technicians provide patient care shall meet the following standards:

(A) If patients are not certified for special treatment programs, facilities shall employ sufficient staff to provide a minimum of 3.2 nursing hours per patient day.

(B) For patients certified for special treatment programs, facilities shall employ sufficient staff to provide a minimum of 2.3 nursing hours per patient day for each patient certified to the special treatment program, exclusive of additional staff required to meet the staffing standards of the special treatment program.

(g) Only direct caregivers as defined in Section 72038 shall be included in the staff-to-patient ratios.

The ratios shall be based on the anticipated individual patient needs for the activities of each shift and shall be distributed throughout the day to achieve a minimum of 3.2 nursing hours per patient day.

(1) Skilled nursing facilities shall employ and schedule additional staff to ensure patients receive nursing care based on their needs.

(2) The calculation of the staff-to-patient ratio shall be based on the daily census of patients in the skilled nursing facility and not the total number of beds. Bedholds shall not be included in the calculations of the staff-to-patient ratio. If the census changes during a 24 hour period, the calculation shall be based upon the highest number of patients in the facility during the period.

(3) Unless granted a waiver pursuant to subsection (j), facilities shall use the following ratios:

(A) On the day shift, the ratio shall be at least one direct caregiver for every 5 patients or fraction thereof;

(B) On the evening shift, the ratio shall be at least one direct caregiver for every 8 patients or fraction thereof; and,

(C) On the night shift, the ratio shall be at least one direct caregiver for every 13 patients or fraction thereof.

(D) There shall be one licensed nurse for every 8 or fewer patients, based on the facility census for the 24 hour period. These are not in addition to the requirements in subparagraphs (A) through (C) above, and may be assigned to shifts as required by the facility, subject to other statutory and regulatory requirements.

(4) "Day shift" refers to the 8-hour period during which a facility's patients require the greatest amount of care. "Evening shift" refers to the 8-hour period when the facility's patients require more than minimal care. "Night shift" refers to the 8-hour period during which a facility's patients require the least amount of care. A facility that uses other than 8-hour shifts for its direct caregivers shall seek a waiver under subsection (j) to continue that practice.

(5) A "shift" is defined as the working period of one direct caregiver, or the full time equivalent of one direct caregiver, who performs eight hours of nursing services, as defined in section 72038. Other than time spent on normal rest periods required by section 11020 of Title 8 of the California Code of Regulations, or in the in-service training at the facility required by section 71847, time not spent providing nursing services, such as that spent at meal periods, may not be included in calculating a shift. A facility that uses fractions of a shift to meet the ratios must ensure that the posting required by subsection (i) contains this information in a form that will enable all interested persons to verify that the required staffing is provided and the ratios are met.

(6) A citation for a class "AA", class "A" or class "B" violation may be issued for a violation of this section that meets the requirements specified in Section 1424 of the Health and Safety Code.

(h) The facility shall retain the staff assignment record that it employs to comply with subsection (i) for each shift, the licensing and/or certification status of the staff, and the patient census for each shift. Records documenting staffing, including staff assignment records and payroll records, shall be retained for a minimum of three years. Unless the request is made by Department staff who are present at the facility, in which case it must be provided immediately, documentation of staffing shall be provided to the Department within ten days of the Department's request for the documentation. If the facility is unable to provide the documentation requested by the Department, it shall cease admitting new patients until it demonstrates to the Department that it has the staff necessary to provide the care needed by the patients by submitting the requested documentation. The facility shall also comply with the provisions of Section 1429.1 of the Health and Safety Code.

(i) The facility shall post the patient census and staffing information daily. The posting shall include the actual number of licensed and certified nursing staff directly responsible for the care of patients for that particular day on each shift. The facility may use the form it currently uses to comply with the requirements of section 483.30 of title 42 of the Code of Federal Regulations, but, in addition to the information the federal regulation requires it to contain, it shall also designate the patient assignment by specifying each room and each bed to which each certified nurse assistant is assigned during his or her shift, and shall additionally specify the assignment of each licensed nurse and any other direct caregiver not assigned to a specific room or beds. This posting shall be publicly displayed in a clearly visible place.

(j) The facility may request a waiver for the staff-to-patient ratio in accordance with Section 1276.65 of the Health and Safety Code as long as the facility continues to meet the 3.2 nursing hours per patient day requirement.

(1) The facility shall submit a written request for a waiver with substantiating information to the Department. The facility shall request the waiver by using the program flexibility procedures specified in Section 72213, and the Department shall process the request as required by Section 1276 of the Health and Safety Code.

(2) The facility shall notify the Department if there has been a change in the substantiating information. A request for a waiver with substantiating information included shall be updated and resubmitted annually.

(k) Staffing for a distinct part intermediate care unit in a skilled nursing facility:

(1) Units of less than 50 intermediate care beds shall not be required to provide licensed personnel in addition to those provided in the skilled nursing facility unless the Department determines through a written evaluation that additional licensed personnel are necessary to protect the health and safety of patients.

(2) Units of 50 or more intermediate care beds shall provide a registered nurse or licensed vocational nurse employed 8 hours on the day shift, 7 days per week in the unit.

(3) For purposes of this section intermediate care beds that are licensed as such by the Department shall not be included for establishing licensed nurse staffing as required in subsection (f)(1) if the unit is used exclusively for intermediate care patients.

(1) Initial implementation of this section shall be contingent on an appropriation in the annual Budget Act or another statute, in accordance with Health and Safety Code Section 1276.65(i).

Note: Authority cited: Sections 1275, 1276.5, 1276.65 and 131200, Health and Safety Code.

Reference: Sections 1276, 1276.5, 1276.65 and 131051, Health and Safety Code; and Section

14110.7(c), Welfare and Institutions Code.

HISTORY

1. New section filed 1-22-2009; operative pursuant to Health and Safety Code section 1276.65(i) (Register 2009, No. 4).
22 CCR § 72329.1, 22 CA ADC § 72329.1

This database is current through 11/26/10 Register 2010, No. 48

s 72331. Nursing Service-Nurse Assistant Training and Certificate.

Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1137.7 through 1338.3, 1439.1 through 1439.8 and 1276, Health and Safety Code.

HISTORY

1. Repealer filed 7-16-91 as an emergency; operative 7-16-91 (Register 91, No. 46). A Certificate of Compliance must be transmitted to OAL by 11-13-91 or emergency repeal will be reinstated by operation of law on the following day.

2. Repealer refiled 11-14-91 as an emergency; operative 11-13-91 (Register 92, No. 8). A Certificate of Compliance must be transmitted to OAL 3-12-92 or emergency language will be repealed by operation of law on the following day.

3. Editorial correction of History 2. filed and repealer refiled 5-6-92 as an emergency; operative 5-6-92 (Register 92, No. 20). A Certificate of Compliance must be transmitted to OAL 9-3-92 or emergency language will be

repealed by operation of law on the following day.

4. Certificate of Compliance as to 5-6-92 order transmitted to OAL 8-27-92 and filed 10-9-92 (Register 92, No. 41).

s 72333. Dietetic Service -General.

"Dietetic service" means a service organized, staffed and equipped to assure that food service to patients is safe, appetizing and provides for their nutritional needs.

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

s 72335. Dietetic Service -Food Service.

(a) The dietetic service shall provide food of the quality and quantity to meet each patient's needs in accordance with the physicians' orders and to meet "The Recommended Daily Dietary Allowance," the most current edition, adopted by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences, and the following:

(1) Not less than 3 meals shall be served daily and with not more than a 14- hour span between the last meal and the first meal of the following day.

(2) Between-meal feeding shall be provided as required by the diet order. Bedtime nourishments shall be offered to all patients unless contraindicated.

(3) Patient food preferences shall be adhered to as much as possible and substitutes for all food refused shall be from appropriate food groups. Condiments such as salt, pepper or sugar shall be available at each meal unless contraindicated by the diet order.

(4) Table service shall be provided for all patients who can and wish to eat at a table. Tables of appropriate height shall be provided for patients in wheelchairs.

(5) No food ordered for the facility shall be diverted or taken from the facility. No rebates shall be received or allowed to the facility or its owners, directors, officers or employees from any commercial food source.

(6) When food is provided by an outside resource, the facility shall ensure that all federal, state and local requirements are met. The facility shall maintain a written plan, adequate space, equipment and food supplies to provide patients' food service in emergencies.

(7) Recipes for all items that are prepared for regular and therapeutic diets shall be available and used to prepare attractive and palatable meals, in which nutritive values, flavor and appearance are conserved. Food shall be served attractively, at appropriate temperatures with appropriate eating utensils and in a form to meet individual needs.

(b) A current profile card shall be maintained for each patient, indicating diet order, likes, dislikes, allergies to foods, diagnosis and instructions or guidelines to be followed in the preparation and serving of food for the patient.

(c) All regular and therapeutic diets shall be prescribed by a person lawfully authorized to give such an order. Verbal orders may be received and recorded by a qualified dietitian and shall be signed by the prescriber within five days.

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

s 72337. Dietetic Service -Diet Manual.

A current therapeutic diet manual, approved by the dietitian and the patient care policy committee, shall be readily available to the attending physician, nursing and dietetic personnel. It shall be reviewed annually and revised at least every five years.

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

s 72339. Dietetic Service -Therapeutic Diets.

Therapeutic diets shall be provided for each patient as prescribed and shall be planned, prepared and served with supervision and/or consultation from the dietitian. Persons responsible for therapeutic diets shall have sufficient knowledge of food values to make appropriate substitutions when necessary.

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

s 72341. Dietetic Service -Menus.

(a) Menus for regular and therapeutic diets shall be written at least one week in advance, dated and posted in the kitchen at least one week in advance.

(b) All menus shall be approved by the dietitian.

(c) If any meal served varies from the planned menu, the change and the reason for the change shall be noted in writing on the posted menu in the kitchen.

(d) Menus shall provide a variety of foods and indicate standard portions at each meal. Menus shall be varied for the same day of consecutive weeks. If a cycle menu is used, the cycle shall be of no less than three weeks duration and shall be revised quarterly.

(e) Menus shall be adjusted to include seasonal commodities.

(f) Menus shall be planned with consideration of cultural background and food habits of patients.

(g) A copy of the menu as served shall be kept on file for at least 30 days.

(h) Itemized records of food purchases shall be kept for one year and available for review by the Department. Food purchases invoices are acceptable provided they list amounts and types of foods purchased.

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

s 72343. Dietetic Service -Food Storage.

(a) Food storage areas shall be clean at all times.

(b) All foods or food items not requiring refrigeration shall be stored above the floor, on shelves, racks, dollies or other surfaces which facilitate thorough cleaning, in a ventilated room, not subject to sewage or wastewater backflow or contamination by condensation, leakage, rodents or vermin. All packaged food, canned foods, or food items stored shall be kept clean and dry at all times.

(c) All readily perishable foods or beverages shall be maintained at temperatures of 7 degrees C (45 degrees F) or below, or at 60 degrees C (140 degrees F) or above, at all times, except during necessary periods of preparation and service. Frozen foods shall be stored at minus 18 degrees C (0 degrees F) or below at all times. There shall be an accurate thermometer in each refrigerator and freezer and in storerooms used for perishable foods. All foods stored in walk-in refrigerators and freezers shall be stored above the floor on shelves, racks, dollies or other surfaces that facilitate thorough cleaning.

(d) Pesticides and other toxic substances and drugs shall not be stored in the kitchen area or in storerooms for food or food preparation equipment and utensils.

(e) Soaps, detergents, cleaning compounds or similar substances shall be stored in separate storage areas.

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

s 72345. Dietetic -Sanitation.

(a) All kitchens and kitchen areas shall be kept clean, free from litter and rubbish and protected from rodents, roaches, flies and other insects.

(b) All utensils, counters, shelves and equipment shall be kept clean, maintained in good repair and shall be free from breaks, corrosion, open seams, cracks and chipped areas.

(c) Plastic ware, china and glassware that cannot be sanitized or are hazardous because of

chips, cracks or loss of glaze shall be discarded.

(d) Ice which is used in connection with food or drink shall be from a sanitary source and shall be handled and dispensed in a sanitary manner.

(e) Kitchen wastes that are not disposed of by mechanical means shall be kept in clean, leakproof, nonabsorbent, tightly closed containers and shall be disposed of as frequently as necessary to prevent a nuisance or unsightliness.

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

s 72347. Dietetic Service -Cleaning and Disinfection of Utensils.

(a) All utensils used for eating, drinking and in the preparation and serving of food and drink shall be cleaned and disinfected or discarded after each usage.

(b) Gross food particles shall be removed by careful scraping and prerinsing in running water.

(c) Utensils not washed by mechanical means shall be placed in hot water with a minimum temperature of 43 degrees C (110 degrees F), washed using soap or detergent, rinsed in hot water to remove soap or detergent and disinfected by one of the following methods or equivalent, as approved by the Department:

(1) Immersion for at least two minutes in clean water at 77 degrees C (170 degrees F).

(2) Immersion for at least 30 seconds in clean water at 83 degrees C (180 degrees F).

(3) Immersion in water containing bactericidal chemical as approved by the Department.

(d) After disinfection the utensils shall be allowed to drain and dry in racks or baskets on nonabsorbent surfaces. Drying cloths shall not be used.

(e) Results obtained with dishwashing machines shall be equal to those obtained by the methods outlined above and all dishwashing machines shall meet the requirements contained in Standard No. 3, as amended in April 1965, of the National Sanitation Foundation. Hot water at a minimum temperature of 83 degrees C (180 degrees F), shall be maintained at the manifold of the final rinse.

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

s 72349. Dietetic Service -Equipment and Supplies.

(a) Equipment of the type and in the amount necessary for the proper preparation, serving and storing of food and for proper dishwashing shall be provided and maintained in good

working order.

(b) Fixed and mobile equipment in the dietetic service area shall be located to assure sanitary and safe operation and shall be of sufficient size to handle the needs of the facility.

(c) The dietetic service area shall be ventilated in a manner that will maintain comfortable working conditions, remove objectionable odors, fumes and prevent excessive condensation.

(d) Food supplies shall meet the following standards:

(1) At least one week's supply of staple foods and at least two days' supply of perishable foods shall be maintained on the premises. Food supplies shall meet the requirements of the weekly menu including the therapeutic diets ordered.

(2) All food shall be of good quality and procured from sources approved or considered satisfactory by federal, state or local authorities. Food in unlabeled, rusty, leaking, broken containers or cans with side seam dents, rim dents or swells shall not be retained or used.

(3) Milk, when served as a beverage, shall be pasteurized Grade A or certified unless otherwise prescribed by the physician's diet order. Milk, milk products and products resembling milk shall be processed or manufactured in milk product plants meeting the requirements of Division 15 of the California Food and Agricultural Code. Powdered milk shall not be used as a beverage but may be used in cooking.

(4) Milk shall be served in individual containers or from a dispensing device which has been approved for such use, by the local health department or from the original container. Milk shall be dispensed directly into the glass or other container from which the patient drinks.

(5) Catered foods and beverages from a source outside the licensed facility shall be prepared, packed, properly identified, stored and transported in compliance with these regulations and other applicable federal, state and local codes.

(6) Foods held in refrigerated or other storage areas shall be covered. Liquids and food which are prepared and not served shall be tightly covered, stored appropriately, clearly labeled and dated. A written procedure shall be established and followed for the safe use of leftover foods.

(7) Spoiled or contaminated food shall not be served.

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

s 72351. Dietetic Service -Staff.

(a) A dietitian shall be employed on a full-time, part-time or consulting basis. Part-time or consultant services shall be provided on the premises at appropriate times on a regularly scheduled basis. A written record of the frequency, nature and duration of the consultant's visits shall be maintained.

(b) If a dietitian is not employed full-time, a full-time person who is a graduate of a state approved course that provides 90 or more hours of classroom instruction in food supervision shall be employed to be responsible for the operation of the food service. The dietetic supervisor may also cook, provided sufficient time is allowed for managerial responsibilities.

(c) Sufficient staff shall be employed, oriented, trained and their working hours scheduled to provide for the nutritional needs of the patients and to maintain the dietetic service areas. If dietetic service employees are assigned duties in other services, those duties shall not interfere with the sanitation, safety or time required for dietetic work assignments.

(d) Current work schedules by job titles and weekly time schedules by job titles shall be posted.

(e) Dietetic service personnel shall be trained in basic food sanitation techniques, wear clean clothing, and a cap or a hair net, and shall be excluded from duty when affected by skin infection or communicable diseases. Beards and mustaches which are not closely cropped and neatly trimmed shall be covered.

(f) Employees' street clothing stored in the kitchen shall be in a closed area separate from food or items used in food service.

(g) Kitchen sinks shall not be used for handwashing. Separate handwashing facilities with soap, running water and individual towels shall be provided.

(h) Persons other than dietetic service personnel shall not be allowed in the kitchen areas unless required to do so in the performance of their duties.

(i) Smoking shall not be permitted in kitchen areas.

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

s 72353. Pharmaceutical Service -General.

(a) Arrangements shall be made to assure that pharmaceutical services are available to provide patients with prescribed drugs and biologicals.

(b) Dispensing, labeling, storage and administration of drugs and biologicals shall be in conformance with state and federal laws.

(c) If a pharmacy is located on the premises, the pharmacy shall be licensed by the California State Board of Pharmacy and approved by the Department. The pharmacy shall not serve the general public unless a separate public entrance or a separate public serving window is utilized. Pharmacies located on the licensed premises of skilled nursing facilities shall be opened for inspection upon the request of an authorized Department representative.

(d) The facility shall not accept money, goods or services free or below cost from any pharmacist or pharmacy as compensation or inducement for referral of business to any pharmacy.

Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code; Sections 650 and 651, Business and Professions Code.

s 72355. Pharmaceutical Service -Requirements.

(a) Pharmaceutical service shall include, but is not limited to, the following:

(1) Obtaining necessary drugs including the availability of 24-hour prescription service on a prompt and timely basis as follows:

(A) Drugs ordered "Stat" that are not available in the facility emergency drug supply shall be available and administered within one hour of the time ordered during normal pharmacy hours. For those hours during which the pharmacy is closed, drugs ordered "Stat" shall be available and administered within two hours of the time ordered. Drugs ordered "Stat" which are available in the emergency drug supply shall be administered immediately.

(B) Anti-infectives and drugs used to treat severe pain, nausea, agitation, diarrhea or other severe discomfort shall be available and administered within four hours of the time ordered.

(C) Except as indicated above, all new drug orders shall be available on the same day ordered unless the drug would not normally be started until the next day.

(D) Refill of prescription drugs shall be available when needed.

(2) Dispensing of drugs and biologicals.

(3) Monitoring the drug distribution system which includes ordering, dispensing and administering of medication.

(4) Provision of consultative and other services furnished by pharmacists which assist in the development, coordination, supervision and review of the pharmaceutical services within the facility.

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

s 72357. Pharmaceutical Service -Labeling and Storage of Drugs.

- (a) Containers which are cracked, soiled or without secure closures shall not be used. Drug labels shall be legible.
- (b) All drugs obtained by prescription shall be labeled in compliance with state and federal laws governing prescription dispensing. No person other than the dispenser of the drug shall alter any prescription label.
- (c) Nonlegend drugs shall be labeled in conformance with state and federal food and drug laws.
- (d) Test reagents, germicides, disinfectants and other household substances shall be stored separately from drugs and shall not be accessible to patients.
- (e) External use drugs in liquid, tablet, capsule or powder form shall be stored separately from drugs for internal use.
- (f) Drugs shall be stored in appropriate temperatures. Drugs required to be stored at room temperature shall be stored at a temperature between 15 degrees C (59 degrees F) and 30 degrees C (86 degrees F). Drugs requiring refrigeration shall be stored in a refrigerator between 2 degrees C (36 degrees F) and 8 degrees C (46 degrees F). When drugs are stored in the same refrigerator with food, the drugs shall be kept in a closed container clearly labeled "drugs."
- (g) Drugs shall be stored in an orderly manner in cabinets, drawers or carts of sufficient size to prevent crowding.
- (h) Dose preparation and administration areas shall be well-lighted.
- (i) Drugs shall be accessible only to personnel designated in writing by the licensee.
- (j) Storage of nonlegend drugs at the bedside shall meet the following conditions:
 - (1) The manner of storage shall prevent access by other patients. Lockable drawers or cabinets need not be used unless alternate procedures, including storage on a patient's person or in an unlocked drawer or cabinet are ineffective.
 - (2) The facility shall record in the patient health record the bedside medications used by the patient, based on observation by nursing personnel and/or information supplied by the patient.
 - (3) The quantity of each drug supplied to the patient for bedside storage shall be recorded in the health record each time the drug is so supplied.

(k) Storage of legend drugs at the bedside shall meet the conditions of 72357(j) and shall in addition:

(1) Be specifically ordered by the prescriber of the drugs, and

(2) Be limited to sublingual or inhalation forms of emergency drugs.

(l) Drugs shall not be kept in stock after the expiration date on the label and no contaminated or deteriorated drugs shall be available for use.

(m) The drugs of each patient shall be kept and stored in their originally received containers. No drug shall be transferred between containers.

(n) Discontinued drug containers shall be marked, or otherwise identified, to indicate that the drug has been discontinued, or shall be stored in a separate location which shall be identified solely for this purpose. Discontinued drugs shall be disposed of within 90 days of the date the drug order was discontinued, unless the drug is reordered within that time.

Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1418.5 and 1276, Health and Safety Code.

s 72359. Pharmaceutical Service -Stop Orders.

Written policies shall be established and implemented limiting the duration of new drug orders in the absence of a prescriber's specific indication for duration of therapy. The prescriber shall be contacted for new orders prior to the termination time established by the policy. Such policies shall include all categories of drugs.

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

s 72361. Pharmaceutical Service -Orders for Drugs.

(a) No drugs shall be administered except upon the order of a person lawfully authorized to prescribe for and treat human illness.

(b) All drug orders shall be written, dated, and signed by the person lawfully authorized to give such an order. The name, quantity or specific duration of therapy, dosage and time or frequency of administration of the drug, and the route of administration if other than oral shall be specified. "P.R.N." order shall also include the indication for use of a drug.

(c) Verbal orders for drugs and treatments shall be received only by licensed nurses, psychiatric technicians, pharmacists, physicians, physician's assistants from their supervising physicians only, and certified respiratory therapists when the orders relate specifically to respiratory care. Such orders shall be recorded immediately in the patient's health record by the person receiving the order and shall include the date and time of the

order. The order shall be signed by the prescriber within five days.

(d) The signing of orders shall be by signature or a personal computer key. Signature stamps shall not be used.

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

s 72363. Pharmaceutical Service -Drug Order Processing.

Signed orders for drugs shall be transmitted to the issuing pharmacy within 48 hours, either by written prescription of the prescriber or by an order form which produces a direct copy of the order or by an electronically reproduced facsimile.

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

s 72365. Pharmaceutical Service -Drug Order Records.

Facilities shall maintain a record which includes, for each drug ordered by prescription, the name of the patient, the drug name, and strength, the date ordered, the date and amount received and the name of the issuing pharmacy. The records shall be kept at least one year.

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

s 72367. Pharmaceutical Service -Personal Medications.

(a) Medications brought by or with the patient on admission to the facility shall not be used unless the contents of the containers have been examined and positively identified after admission by the patient's physician or a pharmacist retained by the facility.

(b) The facility may use drugs transferred from other licensed health facilities or those drugs dispensed or obtained after admission from any licensed or governmental pharmacy and may accept the delivery of those drugs by any agent of the patient or pharmacy without the necessity of identification by a physician or pharmacist.

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

s 72369. Pharmaceutical Service -Controlled Drugs.

(a) Drugs listed in Schedules II, III and IV of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970 shall not be accessible to other than licensed nursing, pharmacy and medical personnel designated by the licensee. Drugs listed in Schedule II of the above Act shall be stored in a locked cabinet or a locked drawer separate from

noncontrolled drugs unless they are supplied on a scheduled basis as part of a unit dose medication system.

(b) Separate records of use shall be maintained on all Schedule II drugs. Such records shall be maintained accurately and shall include the name of the patient, the prescription number, the drug name, strength and dose administered, the date and time of administration and the signature of the person administering the drug. Such records shall be reconciled at least daily and shall be retained at least one year. If such drugs are supplied on a scheduled basis as part of a unit dose medication system, such records need not be maintained separately.

(c) Drug records shall be maintained for drugs listed in Schedules III and IV of the above Act in such a way that the receipt and disposition of each dose of any such drug may be readily traced. Such records need not be separate from other medication records.

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

s 72371. Pharmaceutical Service -Disposition of Drugs.

(a) Drugs which have been dispensed for individual patient use and are labeled in conformance with State and Federal law for outpatient use shall be furnished to patients on discharge on the orders of the discharging physician. If the physician's discharge orders do not include provisions for drug dispositions, drugs shall be furnished to patients unless:

(1) The discharging physician specifies otherwise or,

(2) The patient leaves or is discharged without a physician's order or approval or,

(3) The patient is discharged to a general acute care hospital, acute psychiatric hospital, or acute care rehabilitation hospital or,

(4) The drug was discontinued prior to discharge or,

(5) The labeled directions for use are not substantially the same as most current orders for the drug in the patient's health record.

(b) A record of the drugs sent with the patient shall be made in the patient's health record.

(c) Patient's drugs supplied by prescription which have been discontinued and those which remain in the facility after discharge of the patient shall be destroyed by the facility in the following manner:

(1) Drugs listed in Schedules II, III or IV of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970 shall be destroyed by the facility in the presence of a pharmacist and a registered nurse employed by the facility. The name of the patient, the name and strength of the drug, the prescription number, the amount destroyed, the date of

destruction and the signatures of the witnesses required above shall be recorded in the patient's health record or in a separate log. Such log shall be retained for at least three years.

(2) Drugs not listed under Schedules II, III or IV of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970 shall be destroyed by the facility in the presence of a pharmacist or licensed nurse. The name of the patient, the name and strength of the drug, the prescription number if applicable, the amount destroyed, the date of destruction and the signatures of the person named above and one other person shall be recorded in the patient's health record or in a separate log. Such log shall be retained for at least three years.

(d) Unless otherwise prohibited under applicable federal or state laws, individual patient drugs supplied in sealed containers may be returned, if unopened, to the issuing pharmacy for disposition provided that:

(1) No drugs covered under the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970 are returned.

(2) All such drugs are identified as to lot or control number.

(3) The signatures of the receiving pharmacist and a registered nurse employed by the facility are recorded in a separate log which lists the name of the patient, the name, strength, prescription number (if applicable), the amount of the drug returned and the date of return. The log must be retained for at least three years.

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

HISTORY

Change without regulatory effect relettering duplicate subsection (c) to (d) filed 1-11-95 pursuant to section 100, title 1, California Code of Regulations (Register 95, No. 2).

s 72373. Pharmaceutical Service -Unit Dose Medication System.

In facilities utilizing a unit dose medication system, there shall be at least a 24-hour supply of all patient medications on hand at all times, except those drugs which are to be discontinued within the 24-hour period. Drugs that are part of a unit dose medication system shall not exceed a 48-hour supply.

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

s 72375. Pharmaceutical Service -Staff.

(a) Facilities shall retain a consulting pharmacist who devotes a sufficient number of hours during a regularly scheduled visit, for the purpose of coordinating, supervising and reviewing the pharmaceutical service committee, or its equivalent, at least quarterly. The report shall include a log or record of time spent in the facility. There shall be a written agreement between the pharmacist and the facility which includes duties and responsibilities of both.

(b) A pharmacist shall serve on the pharmaceutical service committee and the patient care policy committee.

(c) A pharmacist shall review the drug regimen of each patient at least monthly and prepare appropriate reports. The review of the drug regimen of each patient shall include all drugs currently ordered, information concerning the patient's condition relating to drug therapy, medication administration records, and where appropriate, physician's progress notes, nurse's notes, and laboratory test results. The pharmacists shall be responsible for reporting, in writing, irregularities in the dispensing and administration of drugs and other matters relating to the review of the drug regimen to the administrator and director of the nursing service.

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

s 72377. Pharmaceutical Service -Equipment and Supplies.

(a) There shall be adequate equipment and supplies necessary for the provision of pharmaceutical services within the facility including at least the following:

(1) Refrigerator with an accurate thermometer.

(2) Lockable drug cabinets, drawers, closets or rooms.

(3) Drug service trays and/or carts.

(4) Drug preparation counter area and convenient water source.

(5) Reference materials containing drug monographs on all drugs in use in the facility. Such monographs shall include information concerning generic and brand names, if applicable, available strengths and dosage forms and pharmacological data including indications and side effects.

(b) Emergency supplies as approved by patient care policy committee or pharmaceutical service committee shall be readily available to each nursing station. Emergency drug supplies shall meet the following requirements:

(1) Legend drugs shall not be stored in the emergency supply, except under the following conditions:

(A) Injectable supplies of legend drugs shall be limited to a maximum of three single doses in ampules or vials or one container of the smallest available multi-dose vial and shall be in sealed, unused containers.

(B) Sublingual or inhalation emergency drugs shall be limited to single sealed containers of the smallest available size.

(C) Not more than six emergency drugs in solid, oral dosage form or suppository dosage form for anti-infective, antidiarrheal, antinausea, or analgesic use may be stored if in sealed containers. Not more than four doses of any one drug may be so stored.

(2) The emergency drug supply shall be stored in a portable container which is sealed in such a manner that the tamper-proof seal must be broken to gain access to the drugs. The director of nursing service or charge nurse shall notify the pharmacist when drugs have been used from the emergency kit or when the seal has been broken. Drugs used from the kit shall be replaced within 72 hours and the supply resealed by the pharmacist.

(3) The contents of the supply shall be listed on the outside of the container.

(4) The supply shall be checked at least monthly by the pharmacist.

(5) Separate records of use shall be maintained for drugs administered from the supply. Such records shall include the name and dose of the drug administered, name of the patient, the date and time of administration and the signature of the person administering the dose.

Note: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code; Section 4035, Business and Professions Code.

s 72379. Activity Program -General.

An activity program means a program which is staffed and equipped to encourage the participation of each patient, to meet the needs and interests of each patient and to encourage self-care and resumption of normal activities.

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

s 72381. Activity Program -Requirements.

(a) Patients shall be encouraged to participate in activities planned to meet their individual needs. An activity program shall have a written, planned schedule of social and other purposeful independent or group activities. The program shall be designed to make life more meaningful, to stimulate and support physical and mental capabilities to the fullest extent, to enable the patient to maintain the highest attainable social, physical and emotional functioning but not necessarily to correct or remedy a disability.

(b) The activity program shall consist of individual, small and large group activities which are designed to meet the needs and interests of each patient and which include, but are not limited to:

(1) Social activities.

(2) Indoor and out-of-doors activities, which may include supervised daily walks.

(3) Activities away from the facility.

(4) Religious programs.

(5) Opportunity for patient involvement for planning and implementation of the activity program.

(6) Creative activities.

(7) Educational activities.

(8) Exercise activities.

(c) Activities shall be available on a daily basis.

(d) The activity leader, at a minimum, shall:

(1) Develop, implement and supervise the activity program.

(2) Plan and conduct in-service training of the staff of the facility at least annually.

(3) Coordinate the activity schedule with other patient services.

(4) Maintain a current list of patients from the nursing service who are not physically able to participate in activities.

(5) Post the activity schedule conspicuously, in large visible print, for the information of patients and staff.

(6) Request and maintain equipment and supplies.

(7) Develop and maintain contacts with community agencies and organizations.

(8) Develop and implement activities for patients unable to leave their rooms.

(9) Maintain progress notes specific to the patient's activity plan which are recorded at least quarterly, and more frequently if needed, in the patient's health record.

(10) Maintain a current record of the type f frequency of activities provided and the names of patients participating in each activity.

(e) Where appropriate, the activity leader may recruit, train and supervise a volunteer program to assist with and augment the services of the activity program.

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

s 72383. Activity Program -Activity Plan.

(a) An activity plan shall:

(1) Be developed and implemented for each patient and shall be integrated with the individual interdisciplinary patient care plan.

(2) Be reviewed quarterly and approved, in writing, by the attending physician as not in conflict with the treatment plan.

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

s 72385. Activity Program -Staff.

(a) Activity program personnel with appropriate training and experience shall be available to meet the needs and interests of patients.

(b) An activity program leader shall be designated by and be responsible to the administration. An activity program leader shall meet one of the following requirements:

(1) Have two years of experience in a social or recreational program within the past five years, one year of which was full-time in a patient activities program in a health care setting.

(2) Be an occupational therapist, art therapist, music therapist, dance therapist, recreation therapist or occupational therapy assistant.

(3) Have satisfactorily completed at least 36 hours of training in a course designed specifically for this position and approved by the Department and shall receive regular consultation from an occupational therapist, occupational therapy assistant or recreation therapist who has at least one year of experience in a health care setting.

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

s 72387. Activity Program -Equipment and Supplies.

Each facility shall provide equipment and supplies for both independent and group activities and for patients having special needs.

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

s 72389. Activity Program -Space.

(a) Each facility shall provide a designated activity area which meets the independent and group activity needs of patients. Such areas shall be:

(1) Accessible to wheelchair and ambulatory patients.

(2) Of sufficient size to accommodate necessary equipment and permit unobstructed movement of wheelchair and ambulatory patients or personnel responsible for instruction and supervision.

(b) Storage space for equipment and supplies shall be provided and shall be maintained in a clean and orderly manner.

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