DELAWARE

6.0 Services To Residents

6.1 General Services. Any nursing facility not providing skilled services shall implement each resident's physician's orders obtained on the day of admission and renewed or revised every 60 days thereafter.

6.1.1 The nursing facility shall provide to all residents the care necessary for their comfort, safety and general well-being, and shall meet their medical, nursing, nutritional, and psychosocial needs.

6.1.2 The nursing facility shall have in effect a written transfer agreement with one or more hospitals to ensure inpatient hospital care, emergency care, or other hospital services are available promptly to residents when needed.

6.1.3 The nursing facility shall have written agreements for promptly obtaining required laboratory, x-ray and other ancillary services.

6.1.4 Each nursing facility providing skilled services shall implement each resident's physician's orders obtained on the day of admission and renewed or revised at least every 30 days for the first 90 days after admission, and every 60 days thereafter. Any nursing facility not providing skilled services shall implement each resident's physician's orders obtained on the day of admission and renewed or revised every 60 days thereafter.

6.2 Financial Services

6.2.1 The facility shall deposit any residents' personal funds in excess of $50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there shall be a separate accounting for each resident's share.)

6.2.2 The facility shall establish and maintain a system that assures a complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds which shall be available through quarterly statements and on request to the resident or his/her representative.

6.2.3 Upon the death of a resident, the facility shall convey within 30 days the resident's funds, and a final accounting of those funds to the individual or probate jurisdiction administering the resident's estate.

6.2.4 The facility shall purchase a surety bond to assure the security of resident funds.

6.32 Medical Services

6.32.1 All persons admitted to a nursing facility shall be under the care of a physician licensed to practice in Delaware.

6.32.2 All nursing facilities shall arrange for one or more licensed physicians to be called in an emergency. Names, telephone and fax numbers of these physicians shall be posted at all nurses' stations.

6.32.3 For a resident admitted or readmitted from the hospital with orders for nine or more medications (excluding over-the-counter medications), the attending physician or designee or medical director shall conduct a comprehensive medication review and reconciliation of past and present medications within 10 5 days.

6.32.4 All written or verbal physician orders shall be signed by the attending physician or prescriber within 10 days.

6.32.5 After the initial physician visit, an advanced practice nurse or physician's assistant, affiliated with the physician, may alternate with the physician, making every other required visit.

6.32.6 A progress note shall be written and signed by the physician or designee (an advanced practice nurse or physician's assistant) after examining the resident at each visit

6.4 Therapy Services

6.4.1 All specialized services such as physical therapy, occupational therapy, and speech therapy shall be ordered by the attending physician. The facility shall assure the provision of these services through a written plan of care in accordance with physician orders.

6.4.2 Upon completion of a specialized service, the therapist shall communicate to the interdisciplinary team in writing any maintenance program to be included in the care plan.

6.53 Nursing Administration

6.53.1 The facility's director of nursing shall:

6.53.1.21 Develop and/or maintain nursing policy and procedure manuals

6.53.1.32 Assign duties to and supervise all levels of nursing services direct caregivers

6.53.1.43 Coordinate nursing services with medical, therapy, dietary, pharmaceutical, recreational, and other ancillary services

6.53.1.54 Coordinate orientation programs for new nursing services direct caregivers (including temporary staff) and in-service education, as appropriate, for such staff. Written records of the content of each in-service program and the attendance records shall be maintained for two years

6.53.1.65 Participate in the selection of prospective residents by evaluating the nursing services required and the facility's ability to competently provide those required services or ensure that such an evaluation is conducted by a designated registered nurse
6.53.2 Treatments and medications ordered by a physician shall be administered using

professionally accepted techniques in accordance with 24 Delaware Code, Chapter 19.

6.53.3 Within 14 days of admission, the facility shall make a comprehensive assessment of each resident's needs. This assessment shall include, at a minimum, the following information:

6.53.3.1 Identification, background and demographic information

6.53.3.2 Customary routine

6.53.3.3 Cognitive patterns

6.53.3.4 Communication

6.53.3.5 Vision

6.53.3.6 Mood and behavior patterns

6.53.3.7 Psychosocial well-being

6.53.3.8 Physical functioning and structural problems

6.53.3.9 Continence

6.53.3.10 Disease diagnoses and health conditions

6.53.3.11 Dental and nutritional status

6.53.3.12 Skin condition

6.53.3.13 Activity pursuits

6.53.3.14 Medications

6.53.3.15 Special treatments and procedures

6.53.3.16 Discharge potential

6.53.4 The resident assessment shall include a screening instrument for mental illness, mental retardation, and developmental disabilities to assess if an individual has an active treatment need for one of these conditions.

6.53.5 Based on the physician's admission orders and the admission information for each resident, an interim individual nursing care plan shall be developed within 24 hours of admission pending the completion of a comprehensive resident assessment.

6.53.6 A comprehensive care plan shall be developed to address medical, nursing, nutritional and psychosocial needs within 7 days of completion of the comprehensive assessment. Care plan development shall include the interdisciplinary team that includes the attending physician, an RN/LPN and other appropriate staff as determined by the

resident's needs. With the resident's consent, the resident, the resident's family or the resident's legal representative may attend care plan meetings.

6.53.7 The assessment and care plan for each resident shall be reviewed/revised as needed when a significant change in physical or mental condition occurs, and at least quarterly. A complete comprehensive assessment shall be conducted and a comprehensive care plan shall be developed at least yearly from the date of the last full assessment.

6.53.8 The resident has the right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.

6.53.8.1 The resident's comprehensive assessment shall document the medical symptom(s) potentially requiring the use of restraints.

6.53.8.2 The facility shall follow a comprehensive, systematic process of evaluation and care planning to ameliorate medical and psychosocial indicators prior to restraint use.

6.53.8.3 The resident's care plan shall document the facility's use of interventions, such as modifying the resident's environment to increase safety, and use of assistive devices to enhance monitoring in order to avoid the use of restraints.

6.53.8.4 Should such interventions and assistive devices fail to provide for the resident's safety, a physician's written order permitting the use of restraints shall be required and shall specify the type of restraint ordered.

6.53.8.5 The facility shall be accountable for the safe and effective implementation of the physician's order permitting the use of restraints.

6.53.8.6 When the use of restraints has been implemented, the facility shall initiate a systematic process, on an ongoing basis, documented in the care plan, in an effort to employ the least restrictive restraint.

6.53.8.7 In an emergency, when the resident's unanticipated violent or aggressive behavior places him/her or others in imminent danger, restraints may be used as a last resort to protect the safety of the resident or others, and such use shall not extend beyond the immediate episode.

6.53.9 The facility shall ensure that each nursing and ancillary staff member providing care to a resident under 16 [1]8 years of age meets the standards as defined in regulations for nursing facilities admitting pediatric residents.

6.53.10 The facility shall ensure that all licensed or certified direct care staff receive CPR certification and shall ensure that at least one staff person with current CPR certification is present in the facility during all shifts.

6.6 Activities

6.6.1 The nursing facility's activities program shall provide diversified individual activity plans and group activities for each resident based on the comprehensive assessment as

well as an activity assessment conducted by the activity director. The activities offered shall reflect the needs, interests, abilities, preferences, limitations and age of each resident.

6.6.2 Scheduled activities offered to residents shall include therapeutic, recreational, social and spiritual activities, educational opportunities, and interaction with community groups. They are designed to sustain resident function, prevent decline and increase life satisfaction. Activities shall be conducted in a manner that enhances quality of life, promotes choice, stimulation or solace where appropriate and physical, cognitive, social and emotional health.

6.6.3 If a resident's comprehensive assessment indicates a need for activities to be addressed in the resident's care plan, that care plan shall identify and specify the type of interventions which will promote the resident's well-being and assist in the achievement of the established care plan goals for the resident.

6.6.4 There shall be a mechanism for promoting each resident's awareness of the time and location of activities programs. Facility staff members may assist in the activities program including but not limited to transporting residents to programs.

6.74 Social Services

6.74.1 The facility shall identify each resident's need for social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident; and shall assist each resident to obtain all required services to meet the individual resident's needs. These social services shall include, but not be limited to:

6.74.1.1 Making arrangements for obtaining needed adaptive equipment, clothing and personal items

6.74.1.2 Making referrals and obtaining services from outside entities

6.74.1.3 Assisting residents with financial and legal matters, according to facility policy

6.74.1.4 Discharge planning services

6.74.1.5 Assisting residents to determine how they would like to make decisions about their health care, and whether or not they would like anyone else to be involved in those decisions

6.74.1.6 Meeting the needs of residents who are grieving

6.85 Food Service

6.858.1 Meals. Therapeutic diets, mechanical alterations and changes in either must be prescribed by an attending physician within 72 hours of implementation. All meals and snacks shall be served in accordance with the therapeutic diet, if prescribed.

6.8.1.1 A minimum of three meals or the equivalent shall be served in each 24-hour period. Meals shall be served at regular times comparable to meal times in the community.

6.8.1.2 The facility shall offer snacks at bedtime daily.

6.8.1.3 When residents refuse a meal served, substitutes of similar nutritive value shall be offered.

6.8.1.4 Menus shall meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board, National Research Council, National Academy of Sciences.

6.8.1.5 Therapeutic diets, mechanical alterations and changes in either must be prescribed by an attending physician within 72 hours of implementation. All meals and snacks shall be served in accordance with the therapeutic diet, if prescribed.

6.8.1.6 Nutritional supplements shall be served as prescribed by the physician.

6.85.2 Menus

6.85.2.1 Menus shall be planned in advance and a copy of the current week's menu shall be posted in the kitchen and in a public area. Portion sizes shall be listed on a menu in the food service area.

6.85.2.2 Menus showing food actually served each day shall be kept on file for at least 3 months.
When changes in the menu are necessary, substitutions of similar nutritive value shall be provided.

6.85.2.3 A 3-day supply of food shall be kept on the premises at all times.

6.85.2.4 A copy of a recent dietary manual shall be available for planning therapeutic menus and as a resource for staff.

6.85.3 Nutritional Assessment

6.85.3.1 The immediate nutritional needs of each resident shall be addressed upon admission.

6.85.3.2 A comprehensive nutritional assessment which includes an evaluation of each resident's caloric, protein, and fluid requirements shall be completed within 14 days of admission in consultation with a dietitian.

6.85.3.3 The facility shall have an ongoing evaluation and assessment program to meet the nutritional needs of all residents.

6.85.3.4 The facility shall obtain and document each resident's weight at least monthly.

6.96 Housekeeping and Laundry Services

6.96.1 The facility shall employ sufficient housekeeping personnel and provide the necessary equipment to maintain a safe, clean, and orderly environment, free from

offensive odors, for the interior and exterior of the facility. [6.6.2 At least 1 janitor's closet, exhausted to the outside, shall be provided for each floor.]

6.9.26.2A full-time employee shall be designated responsible for housekeeping services and for supervision and training of personnel.

6.9.26.3The facility shall have written policies and procedures and schedules for cleaning all areas of the facility.

6.9.26.4The facility shall maintain a supply, in the amount of 3 sets per resident, of towels, washcloths, sheets and pillowcases changed weekly or whenever soiled.

6.9.26.5The facility's handling, storage, processing and transporting of linens shall comply with facility infection control policies and procedures.

6.9.26.6The facility shall contract with a licensed pest control vendor to ensure that the entire facility is free of live insects and other vermin.

6.107 Pharmacy Services

6.107.1 Each nursing facility shall have a consultant pharmacist who shall be responsible for the general supervision of the nursing facility's pharmaceutical services.

6.107.2 For a resident admitted or readmitted from the hospital with orders for nine or more medications (excluding over-the-counter medications), the facility shall complete an on-site or off-site pharmacy review within 10 5 days of admission or readmission.

6.118 Medications

6.118.1 Medication Administration

6.118.1.1 All medications (prescription and over-the-counter) shall be administered to residents in accordance with orders which are signed and dated by the ordering physician or prescriber. Each medication shall have a documented supporting diagnosis. Verbal or telephone orders shall be written by the nurse receiving the order and then signed by the ordering physician or prescriber within 10 days.

6.118.1.2 Standing orders may be established for over-the-counter medications that have been approved by the resident's attending physician.

6.118.1.3 Standing orders shall be initiated by licensed nurses, but shall not be used for more than 72 hours without approval by the physician.

6.118.1.4 When any standing order is initiated, it shall be written as a complete order on the MAR for the specified time period and charted when administered.

6.118.1.5 Medications shall be given only to the individual resident for whom the prescription or order was issued, and shall be given in accordance with the prescriber's instructions.

6.118.1.6 An individual resident may self-administer medications upon the written order of the physician, following determination by the interdisciplinary team that this practice is safe. The facility shall establish policies and procedures pertaining to the security of self-administered medication.

6.118.1.7 The facility's policies and procedures shall not prohibit or restrict a resident from receiving medications from the pharmacy of the resident's choice. However, the resident and/or his representative shall be informed of any ramifications of ordering medications from other than the facility's pharmacy, such as cost differences, responsibility for delivery of medication to the facility and length of ordering time.

6.118.1.8 Only licensed nurses shall administer medications and then record the administration on the resident's Medication Administration Record (MAR) immediately after administration to that resident.

6.118.1.9 The facility shall ensure that licensed nurses administering medications count controlled substances at the beginning and end of each shift. The on-coming medication nurse shall conduct, verify, and document the controlled substance count in the presence of the off-going medication nurse.

6.118.1.10 Any medications removed but not administered to the resident shall not be returned to the original container. In circumstances such as refusal of drugs by the resident, the drugs shall be discarded and the refusal recorded on the resident's Medication Administration Record (MAR). If the medication is a controlled substance, the signature of the administering nurse is required on the record of the controlled substance count.

6.118.1.11 Each nursing home shall have available a current edition of at least one drug reference text for the nursing staff.

6.118.1.12 Medication shall be released to residents on discharge or transfer only by the written authorization of the resident's physician. A resident who leaves the nursing facility on a short leave may be issued a quantity of medication to meet his/her needs, with the approval of the resident's physician.

6.118.1.13 The barrel, plunger, needle and contents of disposable hypodermic syringes shall be properly discarded in accordance with OSHA regulations immediately after use.

6.118.1.14 The administrator or designee shall notify the Office of Controlled Substances in the Division of Professional Regulation and the Division of Long Term Care Residents Protection of any unexplained loss of controlled substances, syringes, needles, or prescription pads within 8 hours of discovery of such loss or theft.

6.118.2 Medication Storage and Stocks

6.118.2.1 Stock supplies of drugs available without a prescription (over-the-counter drugs such as antacids, aspirin, laxatives) may be kept in the facility. These over-the-counter drugs shall be labeled "house stock”.

6.8.2.2 All medications shall be stored in a locked cabinet. The key to the cabinet shall be kept in the control of the licensed nurse responsible for the administration of medications.

6.11.2.28.2.3Prescription medications for emergency or interim use may be stocked by the facility subject to Board of Pharmacy regulations.

6.118.3 Medication Labeling

6.118.3.1 Medications shall be labeled in accordance with 24 Delaware Code, §2522 and the regulations of the Board of Pharmacy.

6.118.3.2 Medications dispensed using a unit dose system shall be pharmacy-prepared or manufacturer-prepared in individually packaged and sealed doses that are identifiable and properly labeled. The label shall include, at a minimum, the brand and/or generic name of the medication, strength, and lot number and expiration date.

6.129 Communicable Diseases

6.129.1 General Requirements

6.129.1.1 The facility shall follow Division of Public Health regulations for the Control of Communicable and Other Disease Conditions and Centers for Disease Control guidelines for communicable diseases.

6.129.1.2 The facility shall establish written policies and procedures implementing the Division of Public Health regulations and Centers for Disease Control guidelines for communicable diseases.

6.129.1.3 The nursing facility shall ensure that the necessary precautions stated in the policies and procedures are followed.

6.129.1.4 A resident, when suspected or diagnosed as having a communicable disease, shall be placed on the appropriate precautions as recommended for that disease by the Centers for Disease Control. Residents infected or colonized with the same organism may share a room based on current standard of practice.

6.129.1.5 The admission of a resident with or the occurrence of a disease or condition on the Division of Public Health List of Notifiable Diseases/Conditions within a nursing facility shall be reported to the resident's physician and the facility's medical director. The facility shall also report such an admission or occurrence to the Division of Public Health's Health Information and Epidemiology office.

6.129.2 Specific Requirements for Tuberculosis

6.129.2.1 A resident diagnosed with active tuberculosis in an infectious stage shall not continue to reside in a nursing facility unless that facility has a room with negative pressure ventilation and staff trained to care for residents requiring respiratory isolation.
6.129.2.2 A resident of any facility unable to provide care as described above who is diagnosed with active tuberculosis in an infectious stage shall be transferred to an acute

care hospital, and the facility shall notify the Division of Public Health's Health Information and Epidemiology office immediately.

6.129.2.3 All facilities shall have on file results of tuberculin tests performed on all newly admitted residents and newly hired employees, and annually thereafter on all employees. A tuberculin test as specified, done within the twelve months prior to employment, or a chest x-ray showing no evidence of active tuberculosis shall satisfy this requirement for asymptomatic individuals. If an individual was previously documented as a positive reactor or has a history of hypersensitivity to the PPD test, a negative chest x-ray shall meet this requirement. The facility shall have on file the results of tuberculin testing performed on all newly admitted residents.

6.129.2.4 The tuberculin test shall be the Mantoux test containing 5 TU-PPD stabilized with Tween, injected intradermally. Current Centers for Disease Control guidelines shall be followed for interpreting the PPD test. Minimum requirements for pre-employment and annual tuberculosis (TB) testing are those currently recommended by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services.

6.9.2.4.1 No person, including volunteers, found to have active tuberculosis in an infectious stage shall be permitted to give care or service to residents.

6.9.2.4.2 Any person having a positive skin test but a negative X-ray must complete a statement annually attesting that they have experienced no symptoms which may indicate active TB infection.

6.9.2.4.3 Persons with a prior BCG vaccination are required to be tested as set forth in 6.9.2.4.

6.12.2.5 Persons found to have a significant reaction (defined as 10 mm or more of induration) to the test shall be reported to the Division of Public Health's Health Information and Epidemiology office and managed according to recommended medical practice.

6.12.2.6 Persons who do not have a significant reaction to the initial tuberculin test shall be retested within 7-21 days to identify those who demonstrate delayed reactions. Initial tests done within one year of a previous test need not be repeated in 7-21 days.

6.129.3 Immunizations

6.129.3.1 All facilities shall have on file evidence of annual vaccination against influenza for all residents, as recommended by the Immunization Practice Advisory Committee of the Centers for Disease Control, unless medically contraindicated.

6.129.3.2 All facilities shall have on file evidence of vaccination against pneumococcal pneumonia for all residents older than 65 and as recommended by the Immunization Practice Advisory Committee of the Centers for Disease Control unless medically contraindicated.

6.129.3.3 A resident who refuses to be vaccinated against influenza or pneumococcal pneumonia shall be informed by the facility of the health risks involved. The reason for the refusal(s) shall be documented in the resident's medical record annually.

6.129.4 Employee Health

6.129.4.1 All employees shall receive education and training on standard precautions, use of personal protective equipment, the importance of hand hygiene, the facility's infection control policies and reporting of exposures to blood or other potentially infectious materials.

6.129.4.2 Personal protective equipment, as required by Centers for Disease Control guidelines, shall be made available by the facility for employee use.

6.129.4.3 If an accidental exposure to blood or other potentially infectious materials occurs (specifically to eye, mouth, other mucous membrane or non-intact skin), appropriate first aid treatment shall be given immediately and follow-up testing and counseling initiated. A copy of the exposure incident and follow-up treatment shall be maintained in the employee's personnel file.

6.129.4.4 Facilities shall establish procedures in accordance with Division of Public Health requirements and Centers for Disease Control guidelines for exclusion from work and authorization to return to work for staff with communicable diseases.

6.1310 Infection Control

6.1310.1 Infection Control Committee

6.1310.1.1 The nursing facility shall establish an infection control committee (or a subcommittee of an overall quality control program) of professional staff whose responsibility shall be to manage the infection control program in the facility. One member of the committee shall be designated the infection control coordinator.

6.1310.1.2 The infection control committee shall consist of members of the medical and nursing staffs, administration, dietetic department, pharmacy, housekeeping, maintenance, and therapy services.

6.1310.1.3 The infection control committee shall establish written policies and procedures that describe the role and scope of each department/service in infection prevention and control activities.

6.1310.1.4 The committee is responsible for the development and coordination of policies and procedures to accomplish the following:

6.1310.1.4.1Prevent the spread of infections and communicable diseases

6.1310.1.4.2Promote early detection of outbreaks of infection

6.1310.1.4.3Ensure a sanitary environment for residents, staff and visitors

6.1310.1.4.4Establish guidelines for the implementation of isolation/precautionary measures

6.1310.1.4.5Monitor the rate of nosocomial infection

6.1310.1.5 The infection control coordinator shall maintain records of all nosocomial infections and corrective actions related to those infections to enable the committee to analyze clusters or significant increases in the rate of infection and to make recommendations for the prevention and control of additional cases.

6.1310.1.6 The infection control committee shall establish the infection control training of staff and volunteers, and disseminate current information on health practices.

6.1310.2Infectious Waste

6.1310.2.1 The facility shall establish and implement policies and procedures for the collection, storage, handling and disposition of all pathological and infectious wastes within the facility as well as for those to be removed from the facility including the following:

6.1310.2.1.1Needles, syringes and other solid, sharp, or rigid items shall be placed in a puncture resistant container prior to disposal by an infectious waste hauler approved by the Department of Natural Resources and Environmental Control (DNREC).

6.1310.2.1.2Non-rigid items, such as blood tubing and disposable equipment and supplies, shall be placed in double, heavy duty, impervious plastic bags prior to disposal by an infectious waste hauler approved by DNREC.