59A-4.1295 Additional Standards for Homes That Admit Children 0 Through 20 Years of Age.

(1) Nursing homes who accept children with a level of care of Intermediate I or II, skilled or fragile must meet the following standards as indicated. Intermediate I and II are defined in Chapter 59G-4, F.A.C. Children considered skilled have a chronic debilitating disease or condition of one or more physiological or organ systems that generally make the child dependent upon 24 hour per day medical, nursing, or health supervision or intervention. Fragile children are medically complex and the medical condition is such that they are technologically dependent through medical apparatus or procedure(s) to sustain life and who can expire, without warning unless continually under observation.

(2) Each child shall have an assessment upon admission by licensed physical, occupational, and speech therapists who are experienced in working with children. Therapies will be administered based upon the outcome of these assessments and the orders of the child's physician.

(3) Admission criteria:

(a) The child must require intermediate, skilled or fragile nursing care, and be medically stable, as documented by the physician determining level of care.

(b) For nursing facility placement a recommendation shall be made in the form of a written order by the child's attending physician in consultation with the parent(s) or legal guardian(s). For Medicaid certified nursing facilities, the recommendations for placement of a Medicaid applicant or recipient in the nursing facility shall be made by the Multiple Handicap Assessment Team. Consideration must be given to relevant medical, emotional, psychosocial, and environmental factors.

(c) Each child admitted to the nursing home facility shall have a plan of care developed by the interdisciplinary care plan team. The plan of care shall consist of those items listed below.

1. Physician's orders, diagnosis, medical history, physical examination and rehabilitative or restorative needs.

2. A preliminary nursing evaluation with physician orders for immediate care, completed on admission.

3. A comprehensive, accurate, reproducible, and standardized assessment of each child's functional capability which is completed within 14 days of the child's admission to the facility and every twelve months thereafter. The assessment shall be:

a. Reviewed no less than once every 120 days;

b. Reviewed promptly after a significant change in the child's physical or mental condition;

c. Revised as appropriate to assure the continued usefulness of the assessment.

4. The plan of care shall also include measurable objectives and timetables to meet the child's medical, nursing, mental and psychosocial needs identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the child's highest practicable physical, mental, social and educational well-being. The care plan must be completed within 7 days after completion of the child's assessments required in subsection (3) above.

5. In order to enhance the quality of life of each child ages 3 years through 15 years, the facility must notify by certified mail the school board in the county in which the facility is located that there is a school-age child residing in the facility. Children ages 16 through 20 years may be enrolled in an education program according to their ability to participate. Program participation for each child regardless of age is predicated on their intellectual function, physical limitations, and medical stability. Collaborative planning with the public school system and community at-large is necessary to produce integrated and inclusive settings which meet each child's needs. The failure or inability on the part of City, County, State, or Federal school system to provide an educational program according to the child's ability to participate shall not obligate the facility to supply or furnish an educational program or bring suit against any City, County, State, or Federal organizations for their failure or inability to provide an educational program. Nothing contained herein is intended to prohibit, restrict or prevent the parents or legal guardian of the child from providing a private educational program that meets applicable State laws.

6. At the child's guardian's option, every effort shall be made to include the child and his or her family or responsible party, including private duty nurse or nursing assistant, in the development, implementation, maintenance and evaluation of the child's plan of care.

7. All employees of the facility who provide hands on care, shall be knowledgeable of, and have access to, the

child's plan of care.

8. A summary of the child's plan of care shall accompany each child discharged or transferred to another health care facility or shall be forwarded to the facility receiving the child as soon as possible consistent with good medical practice.

(4) The child's attending physician, licensed under Chapter 458 or 459, F.S., shall maintain responsibility for the overall medical management and therapeutic plan of care and will be available for face-to-face consultation and collaboration with the nursing facility medical and nursing director. At a minimum, the physician or his or her designee shall:

(a) Evaluate and document the status of the child's condition at least monthly;

(b) Review and update the plan of care every 60 days;

(c) Prepare orders as needed and accompany them by a signed progress note in the child's medical record; and

(d) Co-sign verbal orders no more than 72 hours after the order is given. Physician orders may be transmitted by facsimile machine. It is not necessary for a physician to re-sign a facsimile order when he or she visits a facility. Orders transmitted via computer mail are not acceptable. Verbal orders not co-signed within seventy-two (72) hours shall not be held against the facility if it has documented timely, good-faith efforts to obtain said co-signed orders.

(5) The following must be completed for each child. An RN shall be responsible for ensuring these tasks are accomplished:

(a) Informing the attending physician and medical director of beneficial and untoward effects of the therapeutic interventions;

(b) Maintaining the child's record in accordance with facility policies and procedures; and

(c) instructing or arranging for the instruction of the parent(s), legal guardian(s), or other caretakers(s) on how to provide the necessary interventions, how to interpret responses to therapies, and how to manage unexpected responses in order to facilitate a smooth transition from the nursing facility to the home or other placement. This instruction will cover care coordination and will gradually pass the role of care coordinator to the parent or legal guardian, as appropriate.

(6) The facility shall provide the following:

(a) A minimum of 100 square feet in a single bedroom and 80 square feet per child in multiple bedrooms;

(b) Bathroom and bathing facilities appropriate to the child's needs to allow for:

1. Toileting functions with privacy (a door to the bathroom will be provided); and

2. Stall showers and tubs.

(c) There shall be indoor activities area that:

1. Encourage exploration and maximize the child's capabilities;

2. Accommodate mobile and non-mobile children; and

3. Support a range of activities for children and adolescents of varying ages and abilities.

(d) There shall be an outdoor activity area that is:

1. Secure with areas of sun and shade;

2. Free of safety hazards; and

3. Equipped with age appropriate recreational equipment for developmental level of children and has storage space for same.

(e) All furniture and adaptive equipment must be physically appropriate to the developmental and medical needs of the children;

(f) Other equipment and supplies shall be made available to meet the needs of the children as prescribed or recommended by the attending physician or medical director and in accordance with professional standards of care.

(7) For those nursing facilities who admit children age 0 through 15 years of age the following standards apply in addition to those above and throughout Chapter 59A-4, F.A.C.

(a) Each child shall have an assessment upon admission by licensed physical, occupational, and speech therapists who are experienced in working with children. Therapies will be administered based upon the outcome of these assessments and the orders of the child's physician.

(b) The facility shall have a contract with a board certified pediatrician who serves as a consultant and liaison between the nursing facility and the medical community for quality and appropriateness of services to children.

(c) The facility must assure that pediatric physicians are available for routine and emergency consultation to meet the child's needs.

(d) The facility must ensure that children reside in distinct and separate units from adults.

(e) The facility shall be equipped and staffed to accommodate no more than sixty (60) children at any given time, of which there shall be no more than 40 children of ages 0 through 15 at any given time, nor more than 40 children of ages 16 through 20 at any given time.

(f) The facility must provide access to emergency and other forms of transportation for children.

(g) At least one licensed health care staff person with current Life Support certification for children shall be on the unit at all times where children are residing.

(h) The facility shall maintain an Emergency Medication Kit of pediatric medications, as well as adult dosages for those children who require adult doses. The contents in the Emergency Medication Kit shall be determined in consultation with the Medical Director, Director of Nursing, a registered nurse who has current experience working with children, and a Pharmacist who has pediatric expertise. The kit shall be readily available and shall be kept sealed. All items in the kit shall be properly labeled. The facility shall maintain an accurate log of receipt and disposition of each item in the Emergency Medication Kit. An inventory to include expiration dates of the contents of the Emergency Medication Kit shall be attached to the outside of the kit. If the seal is broken, the kit must be resealed the next business day after use.

(i) Each nursing home facility shall develop, implement, and maintain a written staff education plan which ensures a coordinated program for staff education for all facility employees who work with children. The plan shall:

1. Be reviewed at least annually by the quality assurance committee and revised as needed.

2. Include both pre-service and in-service programs. In-service for each department must include pediatric-specific requirements as relevant to its discipline.

3. Ensure that education is conducted annually for all facility employees who work with children, at a minimum, in the following areas:

a. Childhood diseases to include prevention and control of infection;

b. Childhood accident prevention and safety awareness programs;

4. Ensure that all non licensed employees of the nursing home complete an initial educational course on HIV and AIDS, preferably pediatric HIV and AIDS. If the employee does not have a certificate of completion at the time they are hired, they must have two hours within six months of employment. All employees shall have a minimum of one hour biennially.

(j) All facility staff shall receive in-service training in and demonstrate awareness of issues particular to pediatric residents annually.

(8) For the purposes of this rule, nursing care shall consist of the following:

(a) For residents who are skilled: registered nurses, licensed practical nurses, respiratory therapists, respiratory care practitioners, and certified nursing assistants (CNA's). The child's nursing care shall be as follows:

1. There shall be one registered nurse on duty, on-site 24 hours per day on the unit where children reside. There shall be an average of 3.5 hours of nursing care per patient day.

2. In determining the minimum hours of nursing care required above, there shall be no more than 1.5 hours per patient day of certified nursing assistant (CNA) care and no less than 1.0 hours per patient day of licensed nursing care.

(b) For residents who are fragile: registered nurses, licensed practical nurses, respiratory therapists, respiratory care practitioners, and certified nursing assistants. The child's nursing care shall be as follows:

1. One registered nurse on duty, on-site 24 hours per day on the unit where children reside. There shall be an average of 5.0 hours of nursing care per patient day.

2. In determining the minimum hours per patient day required above, there shall be no more than 1.5 hours per patient day of CNA care, and no less than 1.7 hours per patient day of licensed nursing care.

(c) In the event that there are more than forty-two (42) children in the facility, there shall be no fewer than two (2) registered nurses on duty, on-site, 24 hours per day on the unit where the children reside.

(9) A qualified dietitian with knowledge, expertise and experience in the nutritional management of medically involved children shall evaluate the needs and special diet of each child at least every 60 days.

(10) The pharmacist will have access to appropriate knowledge concerning pediatric pharmaceutical procedures, i.e., total parenteral nutrition (TPN) infusion regime and be familiar with pediatric medications and dosages.

(11) The nursing facility shall maintain or contract as needed for pediatric dental services.

(12) Safety equipment, such as, child proof safety latches on closets, cabinets, straps on all seating services, locks on specific storage cabinets, bumper pads on cribs and car seats for transporting must be used whenever appropriate to ensure the safety of the child.

(13) Pediatric equipment and supplies shall be available as follows:

(a) Suction machines, one per child requiring suction, plus one suction machine for emergency use;

(b) Oxygen, in portable tanks with age appropriate supplies;

(c) Thermometers;

(d) Spyhgmomanometers, stethoscopes, otoscopes; and

(e) Apnea monitor and pulse oximeter.

(14) Other equipment and supplies shall be made available to meet the needs of the children as prescribed or recommended by the attending physician or medical director and in accordance with professional standards of care.

Specific Authority 400.23(2), (4) FS. Law Implemented 400.23(4) FS. History–New 11-5-96, Amended 9-7-97.