

100.ADMINISTRATION.

01. Governing Body. Each facility shall be organized and administered under one (1) authority which may be a proprietorship, partnership, association, corporation or governmental unit. (1-1-88)

a. If other than a single owner or partnership, the facility shall have a governing board which assumes full legal responsibility for the overall conduct of the facility and for full compliance with these rules and minimum standards. (1-1-88)

b. The true name and current address for each person or business entity having a five percent (5%) or more direct, or indirect, ownership interest in the facility shall be supplied to the Department at the time of licensure application or preceding any change in ownership. (1-1-88)

c. The names, addresses, and titles of offices held by all members of the facility's governing authority shall be submitted to the Department. (1-1-88)

d. There shall be available for review by the Department a copy of the lease (if a building or buildings are leased to a person or persons to operate as a facility) showing clearly in the context which party to the agreement is to be held responsible for the maintenance and upkeep of the property to meet minimum standards. Terms of the financial arrangement may be omitted from the copy of the lease available to the Department. (1-1-88)

02. Administrator. The governing body, owner or partnership shall appoint a licensed nursing home administrator for each facility who shall be responsible and accountable for carrying out the policies determined by the governing body. In combined hospital and nursing home facilities, the administrator may serve both the hospital and nursing home provided he is currently licensed as a nursing home administrator. (1-1-88)

a. In the absence of the administrator, an individual who is responsible and accountable and at least twenty-one (21) years of age shall be authorized, in writing, to act in his behalf to assure administrative direction of the facility. (1-1-88)

b. The administrator shall be responsible for establishing and assuring the implementation of written policies and procedures for each service offered by the facility, or through arrangements with an outside service and of the operation of its physical plant. The policies and procedures shall further clearly set out any instructions or conditions imposed as a result of religious beliefs of the owner or administrator. The administrator shall see that these policies and procedures are adhered to and shall make them available to authorized representatives of the Department. If a service is provided through arrangements with an outside agency or consultant, a written contract or agreement shall be established outlining the expectations of both parties. (1-1-88)

c. The administrator shall be responsible for the completion, keeping, and submission of such reports and records as may be required by the Department. (7-1-93)

d. The administrator, his relatives or employees, shall not act as or become the legal guardian of or have power of attorney for any patients/residents unless specifically adjudicated as such by appropriate legal order. (1-1-88)

e. The administrator shall provide to the public and the patient/resident an accurate description of the facility services and care. Representation of the facility's services to the public shall not be misleading. (7-1-93)

f. The administrator shall be responsible for providing sufficient and qualified staff to carry out all of the basic services offered by the facility, i.e., food services, housekeeping, maintenance, nursing, laundry, etc.(1-1-88)

g. The administrator, owner and employees of a facility shall be governed by the provisions of Section 15-2-616, Idaho Code, concerning the devise or bequest of a patient's/resident's property by a last will and testament. (1-1-88)

03. Patient/Resident Rights and Responsibilities. The administrator, on behalf of the governing body of the facility, shall establish written policies regarding the rights and responsibilities of patients/residents and responsibility for development of, and adherence to, procedures implementing such policies. (1-1-88)

a. These policies and procedures shall be made available to patients/residents, to any guardians, next of kin, sponsoring agency(ies), and to the public. (1-1-88)

b. The staff of the facility shall be trained and involved in the implementation of these policies and procedures. (1-1-88)

c. These patients'/residents' rights, policies and procedures ensure that, at least, each patient/resident admitted to the facility: (1-1-88)

i. Is fully informed, as evidenced by the patient's/resident's written acknowledgement, prior to or at the time of admission and during his stay, of these rights and of all rules and minimum standards governing patient/ resident conduct and responsibilities. Should the patient/resident be medically or legally unable to understand these rights, the patient's/resident's guardian or responsible person (not an employee of the facility) has been informed on the patient's/resident's behalf; (1-1-88)

ii. Is fully informed, prior to or at the time of admission and during stay, of services available in the facility, and of related charges including any charges for services not covered under Titles XVIII or XIX of the Social Security Act, or not covered by the facility's basic per diem rate; (1-1-88)

iii. Is fully informed, by a physician, of his medical condition unless medically contraindicated (as documented, by a physician, in his medical record), and is afforded the opportunity to participate in the planning of his medical treatment and to refuse to participate in experimental research; (1-1-88)

iv. Is transferred or discharged only for medical reasons, or for his welfare or that of other patients/ residents, or for nonpayment for his stay (except as prohibited by Titles XVIII or XIX of the Social Security Act), and is given reasonable advance notice to ensure orderly transfer or discharge, and such actions are documented in his medical record; (1-1-88)

v. Is encouraged and assisted, throughout his period of stay, to exercise his rights as a patient/resident and as a citizen, and to this end may voice grievances and recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal; (1-1-88)

vi. May manage his personal financial affairs, and should the facility be directed by him, his family, his conservator, or guardian, to maintain a trust account for him, a report as to the status of his account and any expenditures, or access to his trust account records shall be available upon request; (1-1-88)

vii. Is free from mental and physical abuse, and free from chemical and (except in emergencies) physical restraints except as authorized in writing by a physician for a specified and limited period of time, or when necessary to protect the patient/resident from injury to himself or to others; (1-1-88)

viii. Is assured confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in case of his transfer to another health care facility, or as required by law or third-party payment contract; (1-1-88)

ix. Is treated with consideration, respect and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs; (1-1-88) x. Is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care; (1-1-88)

xi. May associate and communicate privately with persons of his choice, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician in his medical record); (1-1-88)

xii. May meet with, and participate in activities of social, religious, and community groups at his discretion, unless medically contraindicated (as documented by his physician in his medical record); (1-1-88)

xiii. May retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other patients/residents, and unless medically contraindicated (as documented by his physician in his medical record); and (1-1-88)

xiv. If married, is assured privacy for visits by his/her spouse; if both are patients/residents in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician in the medical record). (1-1-88)

04. Admission Policies. The administrator shall establish written admission policies for all patient/ resident admissions. The facility's admission policies shall be available to patients/residents, their relatives, and to the general public. (1-1-88)

a. The administrator shall not accept or keep patients/residents for whom the appropriate care level and services are not provided, or for which the facility is not licensed except in an emergency. (1-1-88)

b. All patients/residents must be admitted by a physician, and all care rendered under his direction. (1-1-88)

c. A history and physical examination shall be recorded within forty-eight (48) hours after admission to the facility, unless the patient/resident is accompanied by a record of a physical examination completed by a physician not more than five (5) days prior to admission. (1-1-88)

d. Information upon admission shall include the results of a tuberculosis skin test or chest x-ray, medical and/or psycho-social diagnosis, physician's plan of care, the patient's/resident's activity limitation and the rehabilitation potential, and shall be dated and signed by the physician. (1-1-88)

e. No children other than patients/residents shall regularly occupy any portion of the resident living area. (1-1-88)

f. Reasonable precautions shall be taken in all admissions for the safety of other patients/residents. (1-1-88)

g. The facility shall make available a release form to be signed by the patient/resident or his responsible agent when a patient/resident desires to be discharged "against medical advice." (1-1-88)

h. Nothing in these rules and minimum standards should be construed as to require any facility to compel any person to undergo any medical screening, examination, diagnosis, or treatment or to accept any other health care or services provided under such plan for any purpose (other than for the purpose of discovering and preventing the spread of infection or other contagious disease or for the purpose of protecting environmental health), if such person objects (or, in case such person is a child, his parent(s) or guardian(s) objects), thereto on religious grounds. (1-1-88)

05. Humane Use of Restraints. Written policies shall be developed and implemented regarding the humane use of restraints. (1-1-88)

a. Opportunity for motion and exercise, including activities of daily living, shall be provided during normal waking hours to patients/residents in mechanical restraints for a period of not less than ten (10) minutes during each two (2) hours in which restraints are employed. During normal sleeping hours, patients/residents in restraints shall continue to be checked every thirty (30) minutes, with supporting documentation. Circulation and skin integrity shall be assessed, and mechanical restraints loosened for range of motion exercises and turning and repositioning at least every two (2) hours. (1-1-88)

b. No patient/resident shall be restrained except on written order of a physician. If a patient/resident becomes suddenly disturbed and becomes a menace to himself or others, restraint may be temporarily applied by licensed nursing personnel. Where a temporary restraint is applied, a physician must be consulted immediately and approval for continuation of the restraint obtained. The written order signed by the physician shall contain the patient's/resident's name, date, time of order, and reason for restraint, means of restriction, and period of time he is to be restricted. (1-1-88)

c. The patient/resident in mechanical restraints shall be checked at least every thirty (30) minutes by the staff and a record of such checks shall be kept. (1-1-88)

d. The following types of restraints shall not be used under any conditions: canvas jackets, canvas sheets, canvas cuffs, leather belts, leather cuffs, leather hand mitts or restraints requiring a lock and key. (1-1-88)

e. Opportunity for motion and exercise shall be provided to patients/residents in mechanical restraints for a period of not less than ten (10) minutes during each two (2) hours in which restraints are employed. (1-1-88)

f. No patient/resident shall be secluded in any room by locking or fastening a door from the outside. The licensing agency may grant variances on a case-by-case basis where the facility can demonstrate the securing of a half door is in the interest of patient/resident safety, complies with the Life Safety Code, and the facility can demonstrate that provisions have been made to ensure release of the lock in an emergency. (1-1-88)

g. Chemical restraints shall not be used as punishment, for convenience of the staff, or in quantities that interfere with the ongoing normal functions of the patient/resident. They shall be used only to the extent necessary for professionally accepted patient care management and must be ordered in writing by the attending physician. (1-1-88)

06. Transfer Agreement. (7-1-93)

a. Facilities shall have a written agreement with one (1) or more nearby hospitals or other providers of service which agrees to provide the following services to patients/residents of the facility: (1-1-88)

i. Laboratory, x-ray, and other diagnostic services; and (1-1-88)

ii. Hospitalization for acutely ill patients/residents; and (1-1-88)

iii. The agreement shall provide reasonable assurance that there will be an interchange of information; and (1-1-88)

iv. Transfer information including provisional diagnosis, treatment, clinical condition, reason for transfer and destination, and pertinent medical and social information shall accompany the patient/resident if transferred to or from another health care facility and shall become a part of the patient's/resident's medical record. (1-1-88)

b. ICFs shall have written agreements with Skilled Nursing Facilities for the appropriate and orderly transfer of individual patients/residents, including appropriate transfer information as delineated in Subsection 100.05.a.iv. (12-31-91)

07. Census Register. A register shall be kept, listing in chronological order, the names of patients/ residents, dates of admission and discharge, and daily census. (1-1-88)

08. Notification of Change in Patient/Resident Status. There shall be written policies and procedures relating to notification of next of kin, or sponsor, in the event of a significant change in a patient's/resident's status. (1-1-88)

a. Patients/residents shall not be transferred or discharged on the attending physician's order without prior notification of next of kin, or sponsor, except in cases of emergency. Patients/residents shall be counselled prior to transfer or discharge. (1-1-88)

b. As changes occur in their physical or mental conditions, necessitating services or care not regularly provided by the facility, patients/residents shall be transferred to a facility providing the appropriate level of care. (1-1-88)

c. Every person who dies in a facility shall be pronounced dead according to the provisions of Idaho law. (1-1-88)

09. Record of Patient's/Resident's Personal Valuables. An inventory and proper accounting shall be kept for all valuables entrusted to the facility for safekeeping. The status of the inventory shall be available to the patient/resident, his conservator, guardian, or representative for review upon request. (1-1-88)

10. Visiting Hours. Daily visiting hours shall be established. (1-1-88)

a. Members of the clergy shall be admitted at any hour; (1-1-88)

b. Relatives or guardians shall be allowed to see critically ill patients/residents at any time; and (1-1-88)

c. Privacy shall be available at all times to patients/residents for visits with family, friends, clergy, social workers, and for professional or other business reasons. (1-1-88)

11. Religious Activities. Every patient/resident shall have the freedom of attending the church service of his choice. Attendance at religious services held in the facility shall be on a completely voluntary basis. (1-1-88)

12. Accident or Injury. The administrator shall show evidence of written safety procedures for handling of patients/residents, equipment lifting, and the use of equipment. (1-1-88)

a. Polishes, waxes, and finishes on floors shall provide a nonslip surface. (1-1-88)

b. Throw or scatter rugs shall not be used in the facility. Exception: nonslip mats may be used. (1-1-88)

c. An incident-accident record shall be kept of all incidents or accidents sustained by employees, patients/residents, or visitors in the facility and shall include the following information: (1-1-88)

i. Name and address of employee, patient/resident, or visitor; (1-1-88)

ii. A factual description of the incident or accident; (1-1-88)

iii. Description of the condition of the patient/resident, employee or visitor including any injuries resulting from the accident; and (1-1-88)

iv. Time of notification of physician, if necessary. (1-1-88)

d. The physician shall be immediately notified regarding any patient/resident injury or accident when there are significant changes requiring intervention or assessment. (1-1-88)

e. Medical reports of the attending physician must be filed in accordance with the rules of the Idaho Industrial Accident Board. (1-1-88)

f. Immediate investigation of the cause of the incident or accident shall be instituted by the facility administrator and any corrective measures indicated shall be adopted.