

Joint Committee on Administrative Rules

ADMINISTRATIVE CODE

**TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER c: LONG-TERM CARE FACILITIES
PART 300 SKILLED NURSING AND INTERMEDIATE CARE FACILITIES CODE
SECTION 300.1010 MEDICAL CARE POLICIES**

Section 300.1010 Medical Care Policies

- a) Advisory Physician or Medical Advisory Committee
 - 1) There shall be an advisory physician, or a medical advisory committee composed of physicians, who shall be responsible for advising the administrator on the overall medical management of the residents and the staff of the facility. If the facility employs a house physician, he may be the advisory physician. (B)
 - 2) Additional for Skilled Nursing Facilities. There shall be a medical advisory committee composed of two (2) or more physicians who shall be responsible for advising the administrator on the overall medical management of the residents and the staff in the facility. If the facility employs a house physician, the house physician may be one member of this committee.
- b) The facility shall have and follow a written program of medical services which sets forth the following: the philosophy of care and policies and procedures to implement it; the structure and function of the medical advisory committee, if the facility has one; the health services provided; arrangements for transfer when medically indicated; and procedures for securing the cooperation of residents' personal physicians. The medical program shall be approved in writing by the advisory physician or the medical advisory committee. (B)
- c) Every resident shall be under the care of a physician.
- d) All residents, or their guardians, shall be permitted their choice of a physician.
- e) All resident shall be seen by their physician as often as necessary to assure adequate health care. (Medicare/Medicaid requires certification visits.)
- f) Physician treatment plans, orders and similar documentation shall have an original

written signature of the physician. A stamp signature, with or without initials, is not sufficient.

- g) Each resident admitted shall have a physical examination, within five days prior to admission or within 72 hours after admission. The examination report shall include at a minimum each of the following:
 - 1) An evaluation of the resident's condition, including height and weight, diagnoses, plan of treatment, recommendations, treatment orders, personal care needs, and permission for participation in activity programs as appropriate.
 - 2) Documentation of the presence or absence of tuberculosis infection by tuberculin skin test in accordance with Section 300.1025.
 - 3) Documentation of the presence or absence of incipient or manifest decubitus ulcers (commonly known as bed sores), with grade, size and location specified, and orders for treatment, if present. (A photograph of incipient or manifest decubitus ulcers is recommended on admission.)
 - 4) Orders from the physician regarding weighting of the resident, and the frequency of such weighing, if ordered.
- h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. (B)
- i) At the time of an accident or injury, immediate treatment shall be provided by personnel trained in first aid procedures. (B)

(Source: Amended at 16 Ill. Reg. 17089, effective November 3, 1992)

Section 300.1020 Communicable Disease Policies

- a) The facility shall comply with the Control of Communicable Diseases Code (77 Ill. Adm. Code 690).
- b) A resident who is suspected of or diagnosed as having any communicable, contagious or infectious disease, as defined in the Control of Communicable Diseases Code, shall be placed in isolation, if required, in accordance with the Control of Communicable Diseases Code. If the

facility believes that it cannot provide the necessary infection control measures, it must initiate an involuntary transfer and discharge pursuant to Article III, Part 4 of the Act and Section 300.620 of this Part. In determining whether a transfer or discharge is necessary, the burden of proof rests on the facility.

- c) All illnesses required to be reported under the Control of Communicable Diseases Code and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693) shall be reported immediately to the local health department and to the Department. The facility shall furnish all pertinent information relating to such occurrences. In addition, the facility shall inform the Department of all incidents of scabies and other skin infestations.

(Source: Amended at 29 Ill. Reg. 12852, effective August 2, 2005)

Section 300.1025 Tuberculin Skin Test Procedures

Tuberculin skin tests for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696).

(Source: Amended at 23 Ill. Reg. 8106, effective July 15, 1999)

Section 300.1030 Medical Emergencies

- a) The advisory physician or medical advisory committee shall develop policies and procedures to be followed during the various medical emergencies that may occur from time to time in long-term care facilities. These medical emergencies include, but are not limited to, such things as:
 - 1) Pulmonary emergencies (for example, airway obstruction, foreign body aspiration, and acute respiratory distress, failure, or arrest).
 - 2) Cardiac emergencies (for example, ischemic pain, cardiac failure, or cardiac arrest).
 - 3) Traumatic injuries (for example, fractures, burns, and lacerations).
 - 4) Toxicologic emergencies (for example, untoward drug reactions and overdoses).
 - 5) Other medical emergencies (for example, convulsions and shock).
(A, B)

- b) The facility shall maintain in a suitable location the equipment to be used during these emergencies. This equipment shall include at a minimum the following: a portable oxygen kit, including a face mask and/or cannula; an airway; and bag-valve mask manual ventilating device. (B)
- c) There shall be at least one staff person on duty at all times who has been properly trained to handle the medical emergencies in subsection (a) of this Section. This staff person may also be conducted in fulfilling the requirement of subsection (d) of this Section, if the staff person meets the specified certification requirements. (B)
- d) When two or more staff are on duty in the facility, at least two staff people on duty in the facility shall have current certification in the provision of basic life support by an American Heart Association or American Red Cross certified training program. When there is only one person on duty in the facility, that person needs to be certified. Any facility employee who is on duty in the facility may be utilized to meet this requirement.

(Source: Amended at 18 Ill. Reg. 15868, effective October 15, 1994)

Section 300.1035 Life-Sustaining Treatments

- a) Every facility shall respect the residents' right to make decisions relating to their own medical treatment, including the right to accept, reject, or limit life-sustaining treatment. Every facility shall establish a policy concerning the implementation of such rights. Included within this policy shall be:
 - 1) implementation of Living Wills or Powers of Attorney for Health Care in accordance with the Living Will Act (Ill. Rev. Stat. 1991, ch. 110½, pars. 701 et seq.) [755 ILCS 35] and the Powers of Attorney for Health Care Law (Ill. Rev. Stat. 1991, ch. 110½, pars. 804-1 et seq.) [755 ILCS 45];
 - 2) *the implementation of physician orders limiting resuscitation such as those commonly referred to as "do-not-resuscitate" orders. This policy may only prescribe the format, method of documentation and duration of any physician orders limiting resuscitation. Any orders under this policy shall be honored by the facility.* (Section 2-104.2 of the Act);
 - 3) procedures for providing life-sustaining treatments available to residents at the facility;

- 4) procedures detailing staff's responsibility with respect to the provision of life-sustaining treatment when a resident has chosen to accept, reject or limit life-sustaining treatment, or when a resident has failed or has not yet been given the opportunity to make these choices;
 - 5) procedures for educating both direct and indirect care staff in the application of those specific provisions of the policy for which they are responsible.
- b) For the purposes of this Section:
- 1) "Agent" means a person acting under a Health Care Power of Attorney in accordance with the Powers of Attorney for Health Care Law.
 - 2) "Life-sustaining treatment" means any medical treatment, procedure, or intervention that, in the judgment of the attending physician, when applied to a resident, would serve only to prolong the dying process. Those procedures can include, but are not limited to, cardiopulmonary resuscitation (CPR), assisted ventilation, renal dialysis, surgical procedures, blood transfusions, and the administration of drugs, antibiotics, and artificial nutrition and hydration. Those procedures do not include performing the Heimlich maneuver or clearing the airway, as indicated.
 - 3) "Surrogate" means a surrogate decision maker acting in accordance with the Health Care Surrogate Act (Ill. Rev. Stat. 1991, ch. 110½, par. 851-1 et seq.) [755 ILCS 40].
- c) Within 30 days of admission for new residents, and within one year of the effective date of this Section for all residents who were admitted prior to the effective date of this Section, residents, agents, or surrogates shall be given written information describing the facility's policies required by this Section and shall be given the opportunity to:
- 1) execute a Living Will or Power of Attorney for Health Care in accordance with State law, if they have not already done so; and/or
 - 2) decline consent to any or all of the life-sustaining treatment available at the facility.
- d) Any decision made by a resident, an agent, or a surrogate pursuant to subsection (c) of this Section must be recorded in the resident's medical record. Any subsequent changes or modifications must also be recorded in the medical record.

- e) The facility shall honor all decisions made by a resident, an agent, or a surrogate pursuant to subsection (c) of this Section and may not discriminate in the provision of health care on the basis of such decision or will transfer care in accordance with the Living Will Act, the Powers of Attorney for Health Care Law, the Health Care Surrogate Act or the Right of Conscience Act (Ill. Rev. Stat. 1991, ch. 111½, pars. 5301 et seq.) [745 ILCS 70]
- f) The resident, agent, or surrogate may change his or her decision regarding life-sustaining treatment by notifying the treating facility of this decision change orally or in writing in accordance with State law.
- g) The physician shall confirm the resident's choice by writing appropriate orders in the patient record or will transfer care in accordance with the Living Will Act, the Powers of Attorney for Health Care Law, the Health Care Surrogate Act or the Right of Conscience Act.
- h) If no choice is made pursuant to subsection (c) of this Section, and in the absence of any physician's order to the contrary, then the facility's policy with respect to the provision of life-sustaining treatment shall control until and if such a decision is made by the resident, agent, or surrogate in accordance with the requirements of the Health Care Surrogate Act.

(Source: Added at 17 Ill. Reg. 16194, effective January 1, 1994)

Section 300.1040 Behavior Emergencies (Repealed)

(Source: Repealed at 20 Ill. Reg. 12160, effective September 10, 1996)

Section 300.1050 Dental Standards

- a) Each long-term care facility shall have a dental program which will provide for in-service education to residents and staff under direction of dental personnel including at a minimum the following: (B)
 - 1) Information regarding nutrition and diet control measures which are dental health oriented.
 - 2) Instruction in proper oral hygiene methods.
 - 3) Instruction concerning the importance of maintenance of proper oral hygiene and where appropriate including family members (as in the case of residents leaving the long-term care facility).

- b) The direct care staff shall receive in-service education annually. This will be provided by a dentist or a dental hygienist. (B)
 - 1) Direct care staff shall be educated in ultrasonic or manual denture and partial denture cleaning techniques.
 - 2) Direct care staff shall be educated in proper brushing and oral health care for residents who are unable to care for their own health.
 - 3) Direct care staff shall be educated in examining the mouth in order to recognize abnormal conditions for necessary referral.
 - 4) Direct care staff shall be educated regarding nutrition and diet control measures and the effect on dental health.
 - 5) Supplemental dental training films shall be included with any other health training films seen on a rotating basis.

- c) The long-term care facility's dental program shall provide for each resident having proper daily personal dental hygiene attention, with the nursing staff responsible for continuity of care which includes, but is not limited to, the following: (B)
 - 1) Assistance in cleaning mouth with electric or hand brush if resident is unable to do so.
 - 2) Weekly ultrasonic cleaning of dentures and partials is strongly recommended.

- d) There shall be comprehensive treatment services for all residents which include, but are not limited to, the following: (B)
 - 1) Provision for dental treatment
 - 2) Provision for emergency treatment by a qualified dentist

- e) Each facility shall have a denture and dental prosthesis marking system which takes into account the identification marking system contained in Section 49 of the Illinois Dental Practice Act (Ill. Rev. Stat. 1987, ch. 111, par. 2349). Policies and Procedures shall be written and contained in the facility's Policies and Procedure Manual. It shall include, at a minimum, provisions for: (B)

- 1) Marking individual dentures or dental prostheses, if not marked prior to admission to the facility, within ten days of admittance; and
- 2) individually marked denture cups for denture storage at night.

(Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989)

Section 300.1060 Vaccinations

- a) *A facility shall annually administer a vaccination against influenza to each resident, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention that are most recent to the time of vaccination, unless the vaccination is medically contraindicated or the resident has refused the vaccine. Influenza vaccinations for all residents age 65 and over shall be completed by November 30 of each year or as soon as practicable if vaccine supplies are not available before November 1. Residents admitted after November 30, during the flu season, and until February 1 shall, as medically appropriate, receive an influenza vaccination prior to or upon admission or as soon as practicable if vaccine supplies are not available at the time of the admission, unless the vaccine is medically contraindicated or the resident has refused the vaccine. (Section 2-213 of the Act)*
- b) *A facility shall document in the resident's medical record that an annual vaccination against influenza was administered, refused or medically contraindicated. (Section 2-213 of the Act)*
- c) *A facility shall provide or arrange for administration of a pneumococcal vaccination to each resident who is age 65 or over, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, who has not received this immunization prior to or upon admission to the facility unless the resident refuses the offer for vaccination or the vaccination is medically contraindicated. (Section 2-213 of the Act)*
- d) *A facility shall document in each resident's medical record that a vaccination against pneumococcal pneumonia was offered and administered, refused, or medically contraindicated. (Section 2-213 of the Act)*

(Source: Added at 29 Ill. Reg. 12852, effective August 2, 2005)