

CHAPTER 16

PHYSICIAN SERVICES

16.A. Physician Services

Each resident must be under the care of a physician.

16.A.1.A physician must personally approve, in writing, the recommendation that an individual be admitted to a nursing facility.

16.A.2.A physical examination, a copy of which must be in the resident's clinical record, must have been performed five (5) days prior to or within seven (7) days of admission.

16.A.3.The admitting physician must participate in the initial and ongoing medical evaluation and care planning of the resident.

16.A.4.The admitting physician must ensure that another physician supervises the medical care of residents, when the attending physician is unavailable.

16.A.5.The physician must visit the resident and review the resident's total program of care including medications and treatments as needed, at least once every thirty (30) days for the first ninety (90) days and every sixty (60) days thereafter. A grace period of ten (10) days may be allowed for the resident whose condition during this period of time did not require medical attention.

16.A.6.Orders concerning medications and treatments shall be in writing, signed and dated by a physician and shall be in effect for the time specified by the physician, but in no case to exceed a period of sixty (60) days unless there is a written reorder. A grace period of ten (10) days may be allowed for the resident whose condition did not require a review and reorders during this period of time.

16.A.7.Orders for Schedule II controlled substances shall be in effect for no longer than one (1) week, unless there are specific written orders to the contrary. In no case shall the order be in effect for a period of more than thirty (30) days.

16.A.8.At the option of the physician, required visits, after the initial visit, may alternate between personal visits by the physician and visits by a physician's assistant, nurse practitioner or clinical nurse specialist who meets the applicable definition, acts within the scope of State law, and is under the supervision of the physician.

16.A.9.At each visit, the physician, physician's assistant, nurse practitioner or clinical nurse specialist must write, sign, and date progress notes.

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16.A.10. Availability of Physician for Emergency Care

The facility must provide or arrange for the provision of physician services twenty-four (24) hours a day, in case of an emergency.

16.A.11. Medical Director

- a. There shall be a medical director who is responsible for the medical direction and coordination of medical care in the facility.
- b. The duties, responsibilities and availability of the medical director, and the terms of agreement, shall be delineated in writing. The agreement shall be signed by the physician serving as medical director and by an authorized representative of the facility.
- c. The medical director is responsible for the:
 1. Overall coordination of medical care;
 2. Liaison with attending physicians;
 3. Participation in the Quality Assurance Committee and the Professional Policy Committee.