10.07.02.14

.14 Specialized Rehabilitative Services — Occupational Therapy Services, Physical Therapy Services, Speech Pathology and Audiology Services.

A. Rehabilitative Services—Admission Policies. In those facilities which do not accept patients in need of specialized rehabilitative services, the minimal acceptable restorative service shall be the restorative nursing care plan designed to maintain function or improve the patient's ability to carry out the activities of daily living as set forth in Regulation .12S, of this chapter, Program of Restorative Nursing Care.

B. Arrangements for Services. If a facility's admission policies include the admission of patients requiring rehabilitative services, the facility shall provide, or arrange for under written agreement, specialized rehabilitative services by qualified personnel (such as physical therapist, speech pathologist and audiologist, and occupational therapist). Initiation of services to meet the rehabilitative needs of the patient shall occur within 48 hours (excluding Saturday and Sunday) of the physician's order for the specialized service. The patient may not be accepted for admission if at least one service could not be initiated within the 48-hour period (excluding Saturday and Sunday).

C. Policies and Procedures. Written administrative and patient care policies and procedures shall be developed for rehabilitative services by appropriate rehabilitation team members and representatives of the medical, administrative, and nursing staff. Policies shall provide for the coordination of rehabilitative services and the rehabilitative aspects of nursing.

D. Written Plan of Care. Rehabilitative services shall be provided under a written plan of care, initiated by the attending physician, and developed in consultation with appropriate rehabilitation team members and the nursing service.

E. Physicians' Orders. Specialized rehabilitative services shall be provided only upon written orders of the attending physician. Orders shall include modalities to be used, frequency, and anticipated goals, and shall be made a part of the patient care plan. Unless medically contraindicated, the physician shall discuss with the patient or his family or sponsor the goals and the treatment program. The frequency of communications between the physician and the rehabilitation team members shall be governed by the status and changes in the patient and his medical status.

F. Progress Notes. Within 2 weeks of the referral to specialized rehabilitative services, the rehabilitation team members shall provide to the attending physician a written report of the evaluation, including goals and progress of the patient. Progress notes shall be written at least every 2 weeks.

G. Reevaluation of Patient's Progress. The physician and the rehabilitation team members shall reevaluate the patient's progress as necessary, but at least every 30 days. The physician may document on the record that his reevaluation may be less frequent but in no case may his reevaluation exceed 60 days. Appropriate action shall be taken.

H. Patient's Record. The physician's orders, the initial evaluations, the plan of rehabilitative care, goals, services rendered, evaluations of progress, and other pertinent information shall be recorded in the patient's medical record, and shall be dated and signed by the physician ordering the service and the person or persons who provided the service. The record and progress notes concerning the patient shall reflect at all times the most recent and current status of the patient, including current short-term and long-term goals.

I. Proof of Licensure. The facility shall maintain a file which includes proof of current licensure of all the rehabilitative services' personnel.

J. Job Descriptions. Current job descriptions for all rehabilitative services personnel shall be readily available in the facility.

10.07.02.14-1

.14-1 Special Care Units — General.

A. A facility which holds a current and valid operating license may establish special care units with the approval of the Office of Licensing and Certification Programs and the Department's Division of Engineering and Maintenance.

B. A facility may notify the Department of its intention to establish a special care unit before developing and submitting the required documents for approval as described in §C of this regulation.

C. The facility shall obtain Departmental approval of the following pertaining to the special care unit:

(1) A description and scope of services to be provided;

(2) An organization chart of the special care unit and its inter-relatedness to the rest of the nursing facility;

(3) A description of staffing patterns;

(4) Qualifications, duties, and responsibilities of personnel;

(5) A quality assurance plan which includes:

(a) Assignment of responsibility for monitoring and evaluation activities;

(b) Identification of the most important aspects of care provided;

(c) Identification of indicators and appropriate clinical criteria for monitoring the most important aspects of care;

(d) Establishment of thresholds (levels or trends) for the indicators that will trigger evaluation of care;

(e) Monitoring of the important aspects of care by collecting and organizing data for each indicator;

(f) Evaluation of care when thresholds are reached in order to identify opportunities to improve either care or problems;

(g) Taking actions to improve care or to correct the problems;

(h) Assessing the effectiveness of the actions, documenting the improvement in care, and assessing the quality assurance process; and

(i) Communication of the results of the monitoring and evaluation process to relevant individuals or services;

(6) Policies and procedures, including:

(a) The transfer or referral of residents who require services that are not provided by the special care unit;

(b) The administration of medicines unique to the needs of the special care residents;

(c) Infection control measures to minimize the transfer of infection in the special care unit;

(d) Pertinent safety practices, including the control of fire and mechanical hazards; and

(e) Preventive maintenance for equipment in the special care unit;

(7) Protocols for obtaining specialized services, such as arterial blood gases or other STAT services;

(8) Protocols for emergency situations; and

(9) An inventory of the specialized equipment to be housed in the unit to provide services in the special care unit.

D. A facility that has been approved to establish a special care unit shall meet all applicable requirements of this chapter.

E. Physician Coordinator.

(1) If the facility's medical director does not have special training and experience in the discipline of the assigned special care unit, the facility shall hire a physician who is appropriately trained and experienced to provide:

(a) Overall medical supervision of the special care unit; and

(b) Coordination of all services for the assigned special care unit.

(2) The facility shall verify the candidate's credentials before employment as physician coordinator.

(3) The physician coordinator, or a designee who meets the requirements of §E(1) of this regulation, shall:

(a) Respond personally or arrange for another qualified physician to respond to situations warranting medical intervention; and

(b) Be available to provide any required consultation.

F. Staffing. The facility shall ensure that each unit is sufficiently staffed with qualified personnel to provide appropriate treatment and special care needs of the residents.

G. Nursing Services.

(1) The director of nursing shall designate a registered nurse who has education, training, and experience in caring for the needs of the special care residents to coordinate all nursing care within the special care unit.

(2) Nursing staff shall be:

(a) Knowledgeable about the emotional and rehabilitative aspects of the special care unit residents; and

(b) Capable of initiating appropriate therapeutic interventions when needed.

H. Design.

(1) A special care unit shall meet the general construction requirements of Regulations .06 and .26 of this chapter, and the requirements in this regulation.

(2) The facility shall ensure that floor space allocated to each bed meets minimum requirements listed in Regulation .28C of this chapter, and is sufficient to accommodate the special equipment necessary to meet the needs of residents.

I. Radiologic and Laboratory Services. The facility shall ensure that diagnostic radiologic and clinical laboratory services are available 24 hours a day. The services may be provided through contractual arrangements with providers that meet applicable federal and State laws and regulations.

J. Quality Assurance Program. The facility shall:

(1) Develop a quality assurance plan to monitor and evaluate the care provided in each special care unit; and

(2) Monitor and evaluate the quality and appropriateness of care provided by the special care unit as part of the facility's overall quality assurance program.

10.07.02.14-2

.14-2 Special Care Units—Respiratory Care Unit.

A. A respiratory care unit shall meet the:

(1) General requirements established for all special care units as outlined in Regulation .14-1 of this chapter; and

(2) Requirements of this regulation.

B. The facility shall submit to the Department and obtain approval of the following:

(1) All documents required in Regulation .14-1C of this chapter;

(2) Policies and procedures for all aspects of care as outlined in Regulation .14-1C(6) of this chapter, and the following:

(a) Qualifications, duties, and responsibilities of staff, including the staff who are permitted to perform the following procedures:

(i) Cardiopulmonary resuscitation;

(ii) Obtaining arterial blood gas samples and their analyses;

(iii) Pulmonary function testing;

(iv) Therapeutic percussion and vibration;

(v) Bronchopulmonary drainage;

(vi) Coughing and breathing exercises;

(vii) Mechanical ventilatory and oxygenation support for residents; and

(viii) Aerosol, humidification, and medical gas administration;

(b) Weaning from mechanical ventilatory support and discharge planning for residents of the respiratory care unit; and

(c) The procurement, handling, storage, and dispensing of medical gases.

C. Physician Coordinator. If the facility's medical director does not have special training and experience in diagnosing, treating, and assessing respiratory problems, the facility shall hire a physician who has the special knowledge and experience to provide:

(1) Overall medical supervision of the respiratory care unit; and

(2) Coordination of all services for the respiratory care unit.

D. Staffing. The facility shall ensure that:

(1) Respiratory care services are provided by a sufficient number of qualified personnel;

(2) Respiratory care personnel provide respiratory care services commensurate with their documented training, experience, and competence; and

(3) As appropriate, respiratory care personnel are competent in the following:

(a) The fundamentals of cardiopulmonary physiology and of fluids and electrolytes;

(b) The recognition, interpretation, and recording of signs and symptoms of respiratory dysfunction and medication side effects, particularly those that require notification of a physician;

(c) The initiation and maintenance of cardiopulmonary resuscitation and other related life-support procedures;

(d) The mechanics of ventilation and ventilator function;

(e) The principles of airway maintenance, including endotracheal and tracheostomy care;

(f) The effective and safe use of equipment for administering oxygen and other therapeutic gases and for providing humidification, nebulization, and medication;

(g) Pulmonary function testing and blood gas analysis, when these procedures are performed within the respiratory care unit;

(h) Methods that assist in the removal of secretions from the bronchial tree, such as hydration, breathing and coughing exercises, postural drainage, therapeutic percussion and vibration, and mechanical clearing of the airway through proper suctioning technique;

(i) Procedures and observations to be followed during and after extubation; and

(j) Recognition of and attention to the psychosocial needs of residents and their families.

E. Design.

(1) Emergency Power. The facility unit shall meet all applicable requirements in Regulation .26F of this chapter for emergency electrical power, including the provision of:

(a) Emergency lighting in the respiratory care unit where life support equipment is used; and

(b) Duplex receptacles connected to the facility's emergency generator to provide emergency power to operate life support equipment and nonflammable medical gas systems in the respiratory care unit.

(2) Ventilator Alarms. The facility shall ensure that each ventilator is equipped with an alarm on both the pressure valve and the volume valve for safety.

F. The facility shall provide pulmonary function testing, and blood gas or pulse analysis capability onsite or through contractual arrangements with providers who meet applicable State and federal laws and regulations.

G. Contractual Services. When any respiratory care services are provided by an outside contractor, the facility shall:

(1) Approve the contractor based on the contractor's credentials, training, and experience;

(2) Ensure that all contractors:

(a) Provide services 24 hours a day;

(b) Meet all safety requirements;

(c) Abide by all pertinent policies and procedures of the facility;

(d) Provide services in accordance with all laws and regulations governing the facility; and

(e) Participate in the monitoring and evaluation of the appropriateness of services provided as required by the facility's quality assurance program; and

(3) Ensure that all contractual services receive overall medical supervision and coordination by the facility's physician coordinator of the respiratory care unit.