

## PART V MEDICAL, NURSING, AND PERSONAL SERVICES

### 118 PHYSICAL FACILITIES

118.01 Nursing Unit. Medical, nursing, and personal service shall be provided in a specifically designated area which shall include bedrooms, special care room(s), nurses' station, utility room, toilet and bathing facilities, linen and storage closets, and wheelchair space. The maximum nursing unit shall be sixty (60) beds.

#### 118.02 Bedrooms.

##### 1. Location.

a. All resident bedrooms shall have an outside exposure and shall not be below grade. Window area shall not be less than one-eighth (1/8) of the required floor area. The window sill shall not be over thirty-six (36) inches from the floor.

b. Resident bedrooms shall be located so as to minimize the entrance of unpleasant odors, excessive noise, and other nuisances.

c. Resident bedrooms shall be directly accessible from the main corridor of the nursing unit providing that accessibility from any public space other than the dining room will be acceptable. In no case shall a resident bedroom be used for access to another resident bedroom.

d. All resident bedrooms shall be so located that the resident can travel from his/her bedroom to a living room, day room, dining room, or toilet or bathing facility without having to go through another resident bedroom.

2. Floor Area. Minimum usable floor area per bed shall be as follows: Private room one-hundred (100) square feet, Multi-bed room eighty (80) square feet, per resident. This provision shall apply only to initial licensure, new construction, additions, and renovations. 28

##### 3. Provisions for Privacy.

a. Existing Facilities. Cubicle curtains, screening, or other suitable provisions for privacy shall be provided in multi-bed resident bedrooms.

b. Initial Licensure, New Construction, Additions and Renovations. Cubicle curtains, screening, or other suitable provisions for privacy shall be provided in multi-bed resident bedrooms. Cubicle curtains

shall completely enclose the bed from three (3) sides.

4. Accommodations for Residents. The minimum accommodations for each resident shall include:

a. Bed. The resident shall be provided with either an adjustable bed or a regular single bed, according to needs of the resident, with a good grade mattress at least four (4) inches thick. Beds shall be single except in case of special approval of the licensing agency. Cots and roll-a-way beds are prohibited for resident use. Full and half bed rails shall be available to assist in safe care of residents.

b. Pillows, linens, and necessary coverings.

c. Chair.

d. Bedside cabinet or table.

e. Storage space for clothing, toilet articles, and personal belongings including rod for clothes hanging.

f. Means at bedside for signaling attendants.

g. Bed pans or urinals for residents who need them.

h. Over-bed tables as required.

5. Bed Maximum. Bedrooms in new facilities shall be limited to two (2) beds.

118.03 Special Care Room. Each facility shall have a special care room which shall be a single bedroom with at least a private half bath (lavatory and water closet). There shall be a special care room for each thirty (30) beds or major fraction thereof. A special care room shall meet the requirements of 118.02 (3) and may be located anywhere in the building rather than a certain number per station. 29

118.04 Nurses' Station.

1. Each facility shall have a nurses' station for each nursing unit. The nurses' station includes as minimum the following:

a. Annunciator board or other equipment for resident's call.

b. The minimum areas of the medicine storage/preparation room shall be seventy-five (75) square feet.

- c. Storage space for residents' medical records and nurses' charts.
- d. Lavatory or sink with disposable towel dispenser.
- e. Desk or counter top space adequate for recording and charting purposes by physicians, nurse practitioners, and nurses.

2. The nurses' station area shall be well lighted.

3. It is recommended that a nurses' lounge with toilet be provided for nursing personnel adjacent to the station. A refrigerator for the storage of drugs shall be provided at each nurses' station. Drugs and food for beverages may be stored together only if separate compartments or containers are provided for the storage of drugs.

118.05 Utility Room. Each facility shall provide a separate utility room for soiled and clean resident care equipment, such as bed pans, urinals, etc. The soiled utility room shall contain, as a minimum, the following equipment.

- 1. Provision for cleaning utensils such as bed pans, urinals, et cetera.
- 2. Lavatory or sink and disposable towel dispenser. The utility room for clean equipment shall have suitable storage.

118.06 Toilet and Bathing Facilities.

1. Lavatory, toilet and bathing facilities shall be provided in each nursing unit as follows:

a. Bathing Facilities 2 per nursing unit

b. Combination toilet and lavatory 2 per nursing unit

2. As a minimum, showers shall be thirty (30) inches by sixty (60) inches without curbing.

3. Handrails shall be provided for all tubs, showers, and commodes. 30

4. In addition to the requirements set forth above, a lavatory shall be provided in each resident bedroom or in a toilet room that is directly accessible from the bedroom.

5. In addition to the requirements set forth above, a toilet shall be located in a room directly accessible from each resident bedroom. The minimum area for a room containing only a toilet shall be three (3) feet by six (6) feet.

118.07 Other rooms and areas. In addition to the above facilities, each nursing unit shall include the following rooms and areas:

1. linen closet;
2. wheelchair space.

#### 119 REQUIREMENTS FOR ADMISSION

119.01 Physical Examination Required. Each resident shall be given a complete physical examination 30 days prior to admission and annually thereafter, including a history of tuberculosis exposure and an assessment for signs and symptoms of tuberculosis, by a licensed physician or nurse practitioner. The findings shall be entered as part of the Admission Record. The report of the examination shall include:

1. Medical history (previous illnesses, drug reaction, emotional reactions, etc.).
2. Major physical and mental condition.
3. Current diagnosis.
4. Orders, dated and signed, by a physician or nurse practitioner for the immediate care of the resident to include medication treatment, activities, and diet.

#### 119.02 Admission Requirements to rule out active tuberculosis (TB)

1. The following are to be performed and documented within 30 days prior to the resident's admission to the nursing home:
    - a. A TB signs and symptoms assessment by a licensed physician or nurse practitioner and
    - b. A chest x-ray taken and have a written interpretation. 31
- Minimum Standards of Operation for the Aged or Infirm Health Facilities Licensure and Certification  
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2. Admission to the facility shall be based on the results of the required tests as follows:
    - a. Residents with an abnormal chest x-ray and/or signs and symptoms assessment shall have the first step of a two-step Mantoux tuberculin skin test (TST) placed and read by certified personnel within 30 days

prior to the patient's admission to the nursing home. Evaluation for active TB shall at the recommendation of the MDH and shall be prior to admission. If TB is ruled out and the first step of the TST is negative the second step of the two-step TST shall be completed and documented within 10-21 days of admission. TST administration and reading shall be done by certified personnel.

b. Residents with a normal chest x-ray and no signs or symptoms of TB shall have a baseline TST performed with the initial step of a two-step Mantoux TST placed on or within 30 days prior to, the day of admission. The second step shall be completed within 10-21 days of the first step. TST administration and reading shall be done by certified personnel.

i. Residents with a significant TST upon baseline testing or prior significant TST shall be monitored regularly for signs and symptoms of active TB (cough, sputum production, chest pain, fever, weight loss, or night sweats, especially if the symptoms have lasted longer than three weeks) and if these develop shall have an evaluation for TB per the recommendations of the MDH within 72 hours. (See Section 119.02 (2a))

ii. Residents with a non significant TST upon baseline testing shall have an annual Mantoux TST within thirty (30) days of the anniversary of their last TST.

iii. Residents with a new significant TST on annual testing shall be evaluated for active TB by a nurse practitioner or physician.

c. Active or suspected Active TB Admission. If a resident has or is suspected to have active TB, prior written approval for admission to the facility is required from the MDH TB State Medical Consultant.

d. Exceptions to TST requirement may be made if:

i. Resident has prior documentation of a significant TST.

ii. Resident has received or is receiving an MSDH approved treatment regimen for latent TB infection or active disease.

iii. Resident is excluded by a licensed physician or nurse practitioner due to medical contraindications. 32

119.03 Transfer to another long term facility or return of a resident to respite care shall be based on the above tests (Section 119.02 (2)) if done within the past 12 months and the patient has no signs and symptoms of TB.

119.04 Transfer to a Hospital or Visit to a Physician Office. If a resident has signs or symptoms of active TB (i.e., is a TB suspect) the licensed facility shall notify the MSDH, the hospital, transporting staff and the physician's office prior to transferring the resident to a hospital. Appropriate isolation and evaluation shall be the responsibility of the hospital and physician. If a resident has or is suspected to have active TB, prior written approval for admission or readmission to the facility is required from the MSDH TB State Consultant.

## 120 RESIDENT CARE

120.01 Service Beyond Capability of the Home. Whenever a resident requires hospitalization or medical, nursing, or other care beyond the capabilities and facilities of the home, prompt effort shall be made to transfer the patient/resident to a hospital or other appropriate medical facility.

120.02 Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to:

1. Bath, dressing and grooming;
2. Transfer and ambulate;
3. Good nutrition, personal and oral hygiene; and
4. Toileting.

120.03 Pressure sores. Residents with a pressure sore shall receive necessary treatment and service to promote healing and prevent the development of new pressure sores. Residents without pressure sores will not develop pressure sores unless the residents' clinical condition indicates they were unavoidable.

120.04 Urinary incontinence. Residents with urinary incontinence shall be assessed for need of bladder retraining program. An indwelling catheter will not be used unless the resident's clinical condition indicates that catheterization is necessary. These residents shall receive treatment and services to prevent urinary tract infections.

120.05 Range of motion. Residents with limited range of motion shall receive treatment and services to increase range of motion or prevent further decline in range of motion.

120.06 Mental and psycho-social. A resident who displays adjustment difficulty receives appropriate treatment and services to address the assessed problem. 33

120.07 Gastric feeding. Residents who are eating alone or with assistance are not fed by a gastric tube unless their clinical condition indicates that the use of a gastric feeding tube is unavoidable. The residents who are fed by a gastric tube receive the treatment and services to prevent complications or to restore if possible, normal eating skills.

120.08 Accidents. The facility shall ensure that the residents' environment remains as free of accident hazards as possible, and adequate supervision shall be provided to prevent accidents. If an unexplained accident occurs, this injury must be investigated and reported to appropriate state agencies.

120.09 Nutrition. Residents shall maintain acceptable parameters of nutritional status, such as body weight and protein levels, unless residents' clinical condition indicates that this is unavoidable. All residents shall receive diets as orders by their physician or nurse practitioner. Residents identified with significant nutritional problems shall receive appropriate medical nutrition therapy based on current professional standards.

120.10 Hydration. Each resident shall be provided sufficient fluid intake to maintain proper hydration and health.

120.11 Special needs. Each resident with special needs shall receive proper treatment and care. These special needs shall include, but are not limited to injections; parenteral and enteral fluids; colostomy, ureterostomy, ileostomy care; tracheostomy care; tracheal suction; respiratory care; foot care; and prostheses.

## 121 PHYSICIAN SERVICES

121.01 General. A physician shall personally approve in writing a recommendation that an individual be admitted to a facility.

121.02 Designated physician. Each resident shall have a designated physician or nurse practitioner who is responsible for their care. In the absence of the designated physician or nurse practitioner, another physician or nurse practitioner shall be designated to supervise the resident medical care.

121.03 Emergency physician. The facility shall arrange for the provision of physician or nurse practitioner services twenty-four (24) hours a day in case of an emergency.

121.04 Physician visit. The resident shall be seen by a physician or nurse practitioner every sixty (60) days. 34

## 122 REHABILITATIVE SERVICES

122.01 Rehabilitative services. Residents shall be provided rehabilitative services as

needed upon the written orders of an attending physician or nurse practitioner.

1. The therapies shall be provided by a qualified therapist.
2. Appropriate equipment and supplies shall be provided.
3. Each resident's medical record shall contain written evidence that services are provided in accordance with the written orders of an attending physician or nurse practitioner.

## 123 PHARMACY SERVICES

123.01 General. The facility shall provide routine drugs, emergency drugs and biologicals to its residents or obtain them by agreement.

123.02 Policies and procedures. Each facility shall have policies and procedures to assure the following:

1. Accurate acquiring;
2. Receiving;
3. Dispensing;
4. Storage; and
5. Administration of all drugs and biologicals.

123.03 Consultation. Each facility shall obtain the services of a licensed pharmacist who will be responsible for:

1. Establishing a system of records of receipt and disposition of all controlled drugs and to determine that drug records are in order and that an account of all controlled drugs are maintained and reconciled;
2. Provide drugs regimen review in the facility on each resident every thirty (30) days by a licensed pharmacist;
3. Report any irregularities to the attending physician or nurse practitioner and the director or nursing; and
4. Records must reflect that the consultation pharmacist monthly report is acted upon. 35

123.04 Labeling of drugs. Each facility shall follow the Mississippi State Board of Pharmacy labeling requirements.

#### 123.05 Disposal of drugs.

1. Unused portions of medicine may be given to a discharged resident or the responsible party upon orders of the prescribing physician or nurse practitioner.
2. Drugs and pharmaceuticals discontinued by the written orders of an attending physician or nurse practitioner or left in the facility on discharge or death of the resident will be disposed of according to the Mississippi State Board of Pharmacy disposal requirements.

123.06 Poisonous Substances. All poisonous substances such as insecticides, caustic cleaning agents, rodenticide, and other such agents must be plainly labeled and kept in locked cabinet or closet. No substances of this type shall be kept in the following areas: kitchen, dining area, food storage room or pantry, medicine cabinet or drug room, resident's bedroom or toilet, public rooms, or spaces.

#### 124 MEDICAL RECORDS SERVICES

1. A medical record shall be maintained in accordance with accepted professional standards and practices on all residents admitted to the facility. The medical records shall be completely and accurately documented, readily accessible, and systematically organized to facilitate retrieving and compiling information.
2. A sufficient number of personnel, competent to carry out the functions of the medical record service, shall be employed.
3. The facility shall safeguard medical record information against loss, destruction, or unauthorized use.
4. All medical records shall maintain the following information: identification data and consent form; assessments of the resident's needs by all disciplines involved in the care of the resident; medical history and admission physical exam; annual physical exams; physician or nurse practitioner orders; observation, report of treatment, clinical findings and progress notes; and discharge summary, including the final diagnosis.
5. All entries in the medical record shall be signed and dated by the person making the entry. Authentication may include signatures, written initials, or computer entry. A list of computer codes and written signatures must be readily available and maintained under adequate safeguards.
6. All clinical information pertaining to the residents stay shall be centralized in the resident's medical records. 36
7. Medical records of discharged residents shall be completed within sixty (60) days following discharge.

8. Medical records are to be retained for five (5) years from the date of discharge or, in the case of a minor, until the resident reaches the age of twenty-one (21), plus an additional three (3) years.

9. A resident index, including the resident's full name and birth date, shall be maintained.