

Human Services, Public Health Services, Center for Disease Control, or with comparable methods as developed by facility policies.

(3) Reportable diseases: Suspected diseases reportable by law shall be reported to the local public health agency and the Division of Health, Bureau of Community Health and Prevention within time frames specified by these agencies.

C. DESTRUCTIVE RESIDENTS: Residents who are known to be destructive of property, self-destructive, disturbing or abusive to other residents, or suicide, shall not be admitted or retained, unless the facility has and uses sufficient resources to appropriately manage and care for them.

D. DEVELOPMENTAL DISABILITIES: No person who has a primary diagnosis of developmental disability may be admitted to a facility unless the facility is certified as an intermediate care facility for the mentally retarded, except that a person who has a developmental disability and who requires skilled nursing care services may be admitted to a skilled nursing facility if approved for such level of care by the State Developmental Disability Authority.

E. MENTAL ILLNESS: No person with a primary diagnosis of mental illness may be admitted to Long Term Care Facilities except that a person who has a diagnosis of mental illness and who requires skilled nursing care services may be admitted to a Long Term Care Facility if approved for such level of care by the State Mental Illness Authority.

F. ADMISSION SEVEN (7) DAYS A WEEK: With prior approval, facilities shall take reasonable steps to admit residents seven days a week.

[7-1-60, 5-2-89; 7.9.2.35 NMAC – Rn, 7 NMAC 9.2.35, 8-31-00]

7.9.2.36 PROGRAM STATEMENT FOR DEVELOPMENTALLY DISABLED RESIDENTS:

A. APPROVAL: Each facility serving residents who have a developmental disability and require active treatment shall submit a written program statement to the department for approval.

B. CONTENTS: The program statement shall detail the following:

- (1) Services to be provided.
- (2) Admission policies for developmentally disabled persons.
- (3) Program goals for developmentally disabled residents.
- (4) Description of program elements, including relationships, contracted services and arrangements

with other health and social services agencies and programs.

(5) A designation of staff assigned to the care of developmentally disabled residents. Staff scheduling shall demonstrate consistency of staff involvement. Staff members shall have demonstrated skill in the management of these residents; and

(6) A description of care evaluation procedures for developmentally disabled residents. These procedures shall require that case evaluation results be incorporated into the individual resident's care plan and that individual plans of care be reviewed and revised as indicated by resident need.

[5-2-89; 7.9.2.36 NMAC – Rn, 7 NMAC 9.2.36, 8-31-00]

7.9.2.37 PROCEDURES FOR ADMISSION OF RESIDENTS:

A. “APPLICABILITY”: The procedures in this section apply to all persons admitted to facilities except persons admitted for short-term care.

B. “PHYSICIANS ORDERS”: No person may be admitted as a resident except upon:

- (1) Order of a physician.
- (2) Receipt of information from a physician, before or on the day of admission, about the person's current medical condition and diagnosis, and receipt of a physician's initial plan of care and orders from a physician

for immediate care of the resident; and

(3) Receipt of certification in writing from a physician that the person is free of active tuberculosis and clinically apparent communicable disease the person may be found to have.

C. “MEDICAL EXAMINATION AND EVALUATION”:

- (1) Examination: Each resident shall have a physical examination by a physician or physician extender