

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

within forty-eight (48) hours following admission unless an examination was performed within fifteen (15) days before admission.

(2) Evaluation: Within forty-eight (48) hours after admission the physician or physician extender shall complete the resident's medical history and physical examination record. If copies of previous evaluations are used, the physician must authenticate such findings within forty-eight (48) hours of admission.

D. "RESIDENT ASSESSMENT": A comprehensive accurate assessment of each resident's functional capacity and impairment, as basis for care delivery, shall be conducted by designated qualified staff. A preliminary assessment shall be completed within forty-eight (48) hours of admission, a comprehensive assessment within thirty (30) days of admission, after significant change and repeated at least annually.
[7-1-60, 5-2-89; 7.9.2.37 NMAC – Rn, 7 NMAC 9.2.37, 8-31-00]

7.9.2.38 REMOVALS FROM THE FACILITY: The provisions of this section shall apply to all resident removals.

A. CONDITIONS: No resident may be temporarily or permanently removed from this facility except:

(1) Voluntary removal: Upon the request or with the informed consent of the resident or guardian.

(2) Involuntary removal:

(a) For nonpayment of charges, following seven (7) days notice and opportunity to pay any deficiency.

(b) If the resident requires care other than that which the facility is licensed to provide.

(c) For medical reasons as ordered by a physician.

(d) In case of a medical emergency or disaster.

(e) For the resident's welfare or the welfare of other residents.

(f) If the resident does not need nursing home care, and alternate placement is identified and arrangements for transfer have been completed.

(g) If the short-term care period for which the resident was admitted has expired; and

(h) As otherwise permitted by law.

(3) Alternate placement: Except for removal under the preceding section, no resident may be involuntarily removed unless an alternate placement is arranged for the resident.

B. PERMANENT REMOVALS:

(1) Notice: The facility shall provide a resident, the resident's physician and guardian, relative, or other responsible person, at least thirty (30) days notice of removal under Subsection A of 7.9.2.38 NMAC, except Subparagraph (a) of Paragraph (2) of Subsection A of 7.9.2.38 NMAC, unless the continued presence of the resident endangers the health, safety, or welfare of the resident or other residents.

(2) Removal procedures:

(a) The resident, shall be given a notice containing the time and place of a planning conference; a statement informing the resident that any persons of the resident's choice may attend the conference; and the procedure for submitting a complaint to the Department.

(b) Unless the resident is receiving respite care or unless precluded by circumstances posing a danger to the health, safety, or welfare of a resident, prior to involuntary removal under Section 7.9.2.38A NMAC a planning conference shall be held at least three (3) days before removal with the resident, guardian, if any, any appropriate county agency, and others designated by the resident, including the resident's physician, to review the need for relocation, assess the effect of relocation on the resident, discuss alternative placements, and develop a relocation plan which includes at least those activities listed below.

(c) Removal activities shall include: counseling regarding the impending removal; arrangements for the resident to visit the potential alternative placement and/or meeting with that facility's admissions staff, unless medically contra-indicated or waived by the resident; assistance to the resident in planning the moving of belongings and funds to the new facility or quarters; and provisions for needed medications and treatments during relocation.

(d) Discharge records. Upon removal of a resident, all relevant documents shall be prepared and provided to the facility admitting the resident.

[5-2-89; 7.9.2.38 NMAC – Rn, 7 NMAC 9.2.38, 8-31-00]