7.9.2.57 NMAC of these regulations.

**(3)** Notice to physicians or dentists: Each resident's attending physician or dentist shall be notified of stop order policies and contacted promptly for renewal of orders which are subject to automatic termination.

**B.** **STOP ORDERS:** Medications shall be in accordance with the stop order policy required by Subsection E of 7.9.2.57 NMAC of these regulations.

**(1)** Notice to physicians or dentists: Each resident's attending physician or dentist shall be notified of stop order policies and contacted promptly for renewal of orders which are subject to automatic termination.

**C.** **RELEASE OF MEDICATIONS TO RESIDENTS:** Medications shall be released to residents who are on leave or have been discharged only on order of the physician.

**D.** **ADMINISTRATION OF MEDICATIONS:**

**(1)** Personnel who may administer medications: In a nursing home, medications may be administered only by a nurse or other licensed medical professional whose, licensed scope of practice permits administration of medication.

**(2)** Responsibility for administration: Policies and procedures designed to provide safe and accurate administration of medications shall be developed by the facility and shall be followed by personnel assigned to prepare and administer medication except when a single unit dose package distribution system is used. Person administering medication will immediately record in the resident's clinical records.

**(3)** Omitted doses: If, for any reason, a medication is not administered as ordered the omission shall be noted in the resident's medication record with explanation of the omission.

**(4)** Self-administration: Self-administration of medications by residents shall be permitted on order of the resident's physician.

**(5)** Errors and reactions: Medication errors and suspected or apparent drug reactions shall be reported to the nurse in charge or on call as soon as discovered and any entry made In the resident's clinical record. The nurse shall take appropriate action, including notifying the physician.

**(6)** Day care: The handling and administration of medications for day care clients shall comply with the requirements of this subsection.

[7-1-60, 5-2-89; 7.9.2.44 NMAC – Rn, 7 NMAC 9.2.44, 8-31-00]

**7.9.2.45 PHYSICAL AND CHEMICAL RESTRAINTS:**

**A.** **DEFINITIONS:** As used in this subsection, the following definitions apply:

**(1)** Physical restraint: means any article, device, or garment which is used primarily to modify, resident behavior by interfering with the free movement of the resident, and which the resident is unable to remove easily, or confinement in a locked room. Mechanical supports shall not be considered physical restraints.

**(2)** Mechanical support: means any article, device, or garment which is used only to achieve the proper position or balance of the resident, which may include but is not limited to a geriatric chair, posey belt, or jacket, waist belt, pillows, or wedges. Necessity for mechanical support use must be documented in the residents record and such use must be outlined in the resident's care plan.

**(3)** Chemical restraint: means a medication used primarily to modify behavior by interfering with the resident's freedom of movement or mental alertness.

**B.** **ORDERS REQUIRED:** Physical or chemical restraints shall be applied or administered only on the written order of a physician which shall indicate the resident's name, the type of restraint(s), the reason for restraint, the type of restraint authorized, and the period during which the restraint(s) is (are) to be applied.

**C.** **EMERGENCIES:** A physical restraint may be applied temporarily without an order if necessary to protect the resident or another person from injury or to prevent physical harm to the resident or another person resulting from the destruction of property, provided that the physician is notified immediately and authorization for continued use is obtained from the physician within twelve (12) hours.

**D.** **RESTRICTION:** If the mobility of a resident is required to be restrained and can be appropriately restrained either by a physical or chemical restraint or by a locked unit, the provisions of this section shall apply.

**E.** **TYPE OF RESTRAINTS:** Physical restraints shall be of a type which can be removed promptly in an emergency, and shall be the least restrictive type appropriate to the resident.

**F. PERIODIC CARE:** Nursing personnel shall check a physically restrained resident as necessary, but at least every 30 minutes to see that the resident's personal needs are met and to change the resident's position if necessary. The restrained resident shall have restraints released and shall have opportunity for toileting, hydration, and exercise at least every two hours. Cheeks and releases will be documented.

**G. RECORDS:** Any use of restraints shall be noted, dated, and documented in the resident's clinical record on each tour of duty during which the restraints are in use.

[5-2-89; 7.9.2.45 NMAC – Rn, 7 NMAC 9.2.45, 8-31-00]

**7.9.2.46 USE OF OXYGEN:**

**A. ORDERS OF OXYGEN:** Except in an emergency, oxygen shall be administered only on order of a physician.

**B. PERSON ADMINISTERING:** Oxygen shall be administered to residents only by a capable person trained in its administration and use.

**C. SIGNS:** "No Smoking" signs shall be posted at the entrance of the room in which oxygen is in use.

**D. FLAMMABLE GOODS:** Prior to administering oxygen, all matches and other smoking material shall be removed from the room.

[7-1-60, 5-2-89; 7.9.2.46 NMAC – Rn, 7 NMAC 9.2.46, 8-31-00]

**7.9.2.47 RESIDENT CARE PLANNING:**

**A. DEVELOPMENTAL AND CONTENT OF CARE PLANS:** Except In the case of a person admitted for short-term care, within two (2) weeks following admission a written care plan shall be developed, based on the resident's history and assessments from all appropriate disciplines and the physician's evaluations and orders, which shall include:

**(1)** Measurable goals with specific time limits for attainment.

**(2)** The specific approaches for delivery needed care, and indication of which professional disciplines are responsible for delivering the care.

**B. EVALUATIONS AND UPDATES:** The care of each resident shall be reviewed by each of the services involved in the resident's care and the care plan evaluated and updated no less than quarterly or more often as needed.

**C. IMPLEMENTATION:** The care plans shall be substantially followed.

[7-1-60, 5-2-89; 7.9.2.47 NMAC – Rn, 7 NMAC 9.2.47, 8-31-00]

**7.9.2.48 MEDICAL DIRECTION IN SKILLED CARE FACILITIES:**

**A. MEDICAL DIRECTOR:** Every skilled care facility shall retain, pursuant to a written agreement, a physician to serve as medical director on a part-time or full-time basis as is appropriate for the needs of the residents and the facility. If the facility has an organized medical staff, the medical director shall be designated by the medical staff with approval of the licensee.

**B. COORDINATION OF MEDICAL CARE:** Medical direction and coordination of medical care in the facility shall be provided by the medical director. The medical director shall be responsible for development of written rules and regulations which shall be approved by the licensee and include delineation of the responsibilities of attending physicians. If there is an organized medical staff, by-laws also shall be developed by the medical director and approved by the licensee. Coordination of medical care shall include liaison with attending physician to provide that physicians' orders are written promptly upon admission of a resident, that periodic evaluations of the adequacy and appropriateness of health professional and supportive staff and services are conducted, and that the medical needs of the residents are met.

**C. RESPONSIBILITIES TO THE FACILITY:** The medical director shall monitor the health status of the facility's employees. Incidents and accidents that occur on the premises shall be reviewed by the medical director to identify hazards to health and safety.

[7-1-60, 5-2-89; 7.9.2.48 NMAC – Rn, 7 NMAC 9.2.48, 8-31-00]