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]