

- (2) Admission history: A social history of each resident shall be prepared.

D. CARE PLANNING:

(1) Within two (2) weeks after admission, an evaluation of social needs and potential for discharge shall be completed for each resident.

(2) A social component of the plan of care, including preparation for discharge, if appropriate, shall be developed and included in the plan of care; required by these regulations.

- (3) Social services care and plan shall be evaluated every ninety (90) days.

E. SERVICES: Social services staff shall provide the following:

(1) Referrals: If necessary, referrals for legal services, or to appropriate agencies in cases of legal, financial, psychiatric, rehabilitative or social problems which the facility cannot serve.

(2) Adjustment assistance: Assistance with adjustment to the facility, and continuing assistance to and communication with the resident, guardian, family, or other responsible persons.

(3) Discharge planning: Assistance to other facility staff and the resident in discharge planning at the time of admission and prior to removal under this chapter.

(4) Training: Participation in in-service training for direct care staff on the emotional and social problems and needs of the aged and ill and on methods for fulfilling these needs.

[5-2-89; 7.9.2.61 NMAC – Rn, 7 NMAC 9.2.61, 8-31-00]

7.9.2.62 ACTIVITIES:

A. PROGRAM:

(1) Every facility shall provide an activities program which meets the requirements of this section. The program may consist of any combination of activities provided by the facility and those provided by other community resources.

(2) The activities program shall be planned for group and individual activities, and shall be designed to meet the needs and interests of each resident and to be consistent with each resident's plan of care.

B. STAFF:

- (1) Definition: "Qualified activities coordinator" means, in a skilled nursing facility, a person who:

(a) Has a bachelor's degree in recreation therapy and is eligible for registration as a therapeutic recreation specialist with the National Therapeutic Recreation Society; or

(b) Is an occupational therapist or occupational therapy assistant who meets the requirements for certification by the American Occupational Therapy Association; or

(c) Has two (2) years of experience in a social or recreational program within the last five years, one year of which was full-time in a patient activities program in a health care setting; or

(d) Has completed a state approved program.

(e) In an intermediate care facility, a staff member who is qualified by experience or training in directing group activity.

- (2) Supervision: The activity program shall be supervised by:

(a) A qualified activities coordinator; or

(b) An employee who receives at least monthly consultation from a qualified activities coordinator.

[5-2-89; 7.9.2.62 NMAC – Rn, 7 NMAC 9.2.62, 8-31-00]

7.9.2.63 EQUIPMENT AND SUPPLIES:

A. BEDS:

(1) Each resident shall be provided a bed which is at least thirty-six (36) inches wide, is equipped with a headboard of sturdy construction and is in good repair. Roll-away beds, day beds, cots, or double or folding beds shall not be used.

(2) Each bed shall be in good repair and provided with a clean, firm mattress of appropriate size for the bed.

- (3) Side rails shall be installed for both sides of the bed when required by the resident's condition.

B. BEDDING: