

- (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:**

(1) Each resident shall be provided at least one (1) clean, comfortable pillow. Additional pillows shall be provided if requested by the resident or required by the resident's condition.

(2) Each bed shall have a mattress pad unless contraindicated by special use equipment.

(3) If mattress is not moisture-proof, a moisture-proof mattress cover shall be provided. A moisture-proof pillow cover shall be provided to keep each mattress and pillow clean and dry.

(a) A supply of sheets and pillow cases sufficient to keep beds clean, dry and odor-free shall be stocked. At least two (2) sheets and two (2) pillow cases shall be furnished to each resident each week.

(b) Beds occupied by bedfast or incontinent residents shall be provided drawsheets or appropriate pads.

(4) A sufficient number of blankets shall be provided to keep each resident warm. Blankets shall be changed and laundered as often as necessary to maintain cleanliness and freedom from odors.

(5) Each bed shall have a clean, washable bedspread.

**C. OTHER FURNISHINGS:**

(1) Each resident who is confined to bed shall be provided with a bedside storage unit containing at least one (1) drawer for personal items and a drawer or compartment for necessary nursing equipment. All other residents shall be provided with a storage unit in the resident's room, containing at least one drawer for personal items and a drawer or compartment for necessary nursing equipment.

(2) At least one (1) arm chair shall be available for each room for each bed. A folding chair shall not be used.

(3) A properly shaded reading light in working condition shall be installed over or at each bed.

(4) Adequate compartment or drawer space shall be provided in each room for each resident to store personal clothing and effects and to store, as space permits, other personal possessions in a reasonably secure manner.

(5) A sturdy and stable table that can be placed over the bed or armchair shall be provided to every resident who does not eat in the dining room.

**D. TOWELS, WASHCLOTHS, AND SOAP:**

(1) Clean towels and washcloths shall be provided to each resident as needed. Towels shall not be used by more than one resident between launderings.

(2) An individual towel rack shall be installed at each resident's bedside or at the lavatory.

(3) Single service towels and soap shall be provided at each lavatory for use by staff.

**E. WINDOW COVERINGS:** Every window in patient care area shall be supplied with flame retardant shades, draw drapes or other covering material or devices which, when properly used and maintained, shall afford privacy and light control for the resident.

[7-1-60, 7-1-64, 5-2-89; 7.9.2.63 NMAC – Rn, 7 NMAC 9.2.63, 8-31-00]

**7.9.2.64 RESIDENT CARE EQUIPMENT:**

**A. PERSONAL NEED ITEMS:** When a resident because of his or her conditions needs a mouthwash cup, a wash basin, a soap dish, a bedpan, an emesis basin, or a standard urinal and cover, that item shall be provided to the resident. This equipment may not be interchanged between residents until it is effectively washed and sanitized.

**B. THERMOMETERS:** If reusable oral and rectal thermometers are used, they shall be cleaned and disinfected between use.

**C. FIRST AID SUPPLIES:** Each nursing unit shall be supplied with first aid supplies, including bandages, sterile gauze dressings, bandage scissors, tape, and a sling tourniquet.

**D. OTHER EQUIPMENT:** Other equipment, such as wheelchairs with brakes, footstools, commodes, foot cradles, footboards, under-the-mattress bedboards, walkers, trapeze frames, transfer boards, parallel bars, reciprocal pulleys, suction machines, patient lifts and Stryker or Froster frames, shall be used as needed for the care of the residents.

[7-1-60, 7-1-64, 5-2-89; 7.9.2.64 NMAC – Rn, 7 NMAC 9.2.64, 8-31-00]