

**Effective Date:** 04/01/92

**Title:** Section 415.15 - Medical services

415.15 Medical services. The nursing home shall develop and implement medical services to meet the needs of its residents.

(a) Medical director. The facility shall designate a full-time or part-time physician to serve as medical director. The medical director shall be responsible for:

(1) implementation of resident medical care policies;

(2) the coordination of physician services and medical care in the facility;

(3) coordinating the review, prior to granting or renewing professional privileges or association, of any physician, dentist or podiatrist as required by Public Health Law Section 2805-k. Hospital-based nursing homes may utilize the hospital's medical staff membership review system to facilitate this review. Such review shall be coordinated with the activities of the Quality Assessment and Assurance Committee established in section 415.27 of this Part and shall:

(i) provide for the maintenance and continuous collection of information concerning the facility's experience with negative health care outcomes and incidents injurious to residents, resident grievances, professional liability premiums, settlements, awards, costs incurred by the facility for resident injury prevention and safety improvement activities;

(ii) periodically reconsider the credentials, physical and mental capacity and competency in delivery of health care services of all physicians, dentists or podiatrists who are employed or associated with the facility;

(iii) gather information concerning individual physicians, dentists and podiatrists within the individual physician's, dentist's or podiatrist's personnel file maintained by the facility; and

(iv) prior to renewal of privileges of physicians dentists, or podiatrists, solicit and consider information provided by the Resident Council about each such practitioner; and

(4) assuring that each resident's responsible physician attends to the resident's medical needs, participates in care planning, follows the schedule of visits maintained in accordance with subdivision (b) of this section, and complies with facility policies. When a physician fails to provide services which meet generally accepted standards of practice, the medical director shall take necessary corrective measures and refer the matter to the Office of Professional Medical Conduct of the Department as appropriate.

(b) Physician services. The facility shall ensure that a physician personally approves a recommendation that an individual be admitted to a nursing home. Each resident shall remain under the care of a physician and shall be provided care that meets prevailing standards of medical care and services.

(1) Physician supervision. The facility shall ensure that:

(i) the medical care of each resident is supervised by a physician who assumes the principal obligation and

responsibility to manage the resident's medical condition and who agrees to visit the resident as often as necessary to address resident medical care needs; and

(ii) another physician supervises the medical care of residents when the resident's attending physician is unavailable.

(2) Physician visits and responsibilities. The facility shall ensure that the responsible physician:

(i) participates as a member of the interdisciplinary care team in the development and review of the resident's comprehensive care plan with the understanding that the minimum level of physician participation in interdisciplinary development and review of the care plan shall be a person-to-person conference with the registered professional nurse who has principal responsibility for development and implementation of the resident's care plan;

(ii) visits the resident whenever the resident's medical condition warrants medical attention and establishes and maintains a schedule of visits appropriate to the resident's medical condition. The frequency of visits shall be no less often than once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter;

(iii) reviews the resident's total program of care, including medications and treatments, at each regularly scheduled visit;

(iv) prepares, authenticates and dates progress notes at each visit;

(v) authenticates and dates all orders;

(vi) provides residents and designated representatives with his or her name, office address and telephone number and responds to calls from residents to discuss the resident's medical care;

(vii) participates in facility training programs to familiarize him or herself with State regulations and facility policies;

(viii) is informed of the results of all Department of Health surveys related to medical service deficiencies and is involved in resolving such problems; and (ix) at the option of the physician and the facility, scheduled visits after the initial visit may alternate between personal visits by the responsible physician and visits by a registered physician's assistant or certified nurse practitioner in accordance with paragraph (4) of this subdivision.

(3) Availability of physicians for emergency care. The facility shall provide or arrange for the provision of physician services 24 hours a day, in case of an emergency.

(4) Physician delegation of tasks. (i) Except as specified in subparagraph (ii) of this paragraph, a facility may permit a physician to delegate tasks to a registered physician's assistant or certified nurse practitioner who:

(a) meets the applicable requirements of Part 94 of this Title or is certified as a nurse practitioner, respectively;

(b) is acting within the scope of practice as defined by State law; and

(c) is under the supervision of the physician.

(ii) The facility shall not permit a physician to delegate a task when the regulations specify that the physician must perform it personally or when the delegation is prohibited by the facility's own policies.

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