415.38 Long-term ventilator dependent residents. Facilities which admit and care for residents who require nursing home care and continuous or intermittent use of a ventilator shall comply with the following additional requirements pertinent to the care of those residents.

(a) General. The facility shall develop and implement admission, resident care management, transfer and discharge policies and procedures that promote delivery of medical, nursing and respiratory care services consistent with generally accepted standards of professional practice.

(1) Residents shall be congregated within the facility in a single nursing care unit.

(2) Services shall be directed at restoring each resident to his or her optimal level of functioning and assisting each resident to achieve maximum independence from mechanical ventilation.

(3) The facility shall have a transfer agreement with a general hospital which:

(i) is located within twenty minutes travel time of the facility;

(ii) is equipped and staffed for the acute care and management of ventilator dependent patients; and

(iii) has granted privileges to pulmonary care physicians to admit and care for ventilator dependent residents who may require hospital admission.

(4) Laboratory, mental health and diagnostic radiology services appropriate to the needs of the residents shall be readily available either directly or by arrangement.

(5) The facility shall have an effective program of preventive and periodic maintenance of ventilator equipment which meets or exceeds the manufacturer's requirements for the equipment and prevents the spread of infections and communicable disease.

(b) Resident care services:

(1) Physician supervision:

(i) the care of the resident shall be directed by a physician who is a qualified specialist in pulmonology; and

(ii) this physician or other physicians qualified by training and pertinent experience in the care and clinical management of persons requiring respiratory care and requiring use of ventilators shall be available to attend to such residents seven days-a-week, twenty-four hours-a-day. One of these physicians shall see and evaluate the resident as often as necessary but not less than every other week.

(2) All resident care staff shall receive orientation and training appropriate to the care of the ventilator dependent residents to whom they are assigned.
(3) One or more registered professional nurses on each shift shall be assigned to provide care to ventilator dependent residents.

(4) Respiratory therapists shall be available as needed to meet the needs of the residents.

(5) Rehabilitation therapy services shall be available at the facility to meet the needs of the residents.

(6) The facility shall maintain specific supplies appropriate to meeting the care needs of the residents.

(7) Residents shall be assessed as to their ability to be weaned from their ventilatory dependence. Those residents who are assessed as potentially able to be weaned from dependence on support with mechanical ventilation or whose daily use of ventilator support may be reduced shall receive an active program of therapy and other supportive services designed for that resident to reduce or eliminate his or her need for use of a ventilator.

(8) Residents shall be assessed as to their ability to be discharged to home or to a home-like setting with or without supportive services. When such potential is identified, the facility shall initiate an active program of therapy and other supportive services designed to assist the resident in the transition to the new setting. Facility discharge planning staff shall arrange for any home modifications, equipment or assistance expected to be required of the resident in the new setting and document these arrangements in the resident clinical record.