

PART III *Resident Care Services*

Section 21.0 *Resident Care Policies*

- 21.1 Each facility shall have written resident care policies to govern the continuing nursing care and related medical or other services provided.
- 21.2 Each nursing facility licensed under the provision of Chapter 23-17 of the Rhode Island General Laws, as amended, shall have a written plan for preventing the hazards of resident wandering from the facility. Said plan shall be on file in the nursing facility and available to the licensing agency upon request.
- 21.3 As part of the initial resident admission and assessment process, the facility shall review and consider any notice provided to the facility as required in subsection 42-56-10(23) of the Rhode Island General Laws, as amended, concerning the resident's or prospective resident's status on parole and recommendations, if any, from the Department of Corrections regarding safety and security measures.
- 21.4 Resident care policies and procedures shall be developed and reviewed annually, and revised as necessary, in all facilities by a group of professional personnel including one or more physicians, a registered nurse, and other professional personnel as deemed necessary (e.g., social workers, physical therapists, etc.). Documentation of this annual review shall be made available to the licensing agency upon request.
- 21.5 Resident care policies shall be available for review by all residents, physicians, community agencies, relatives and personnel and shall include provisions for at least the following:
- a) meeting the total medical and psychosocial needs of residents;
 - b) the establishment of written plans of care for each resident for medical, nursing and other related services provided;
 - c) the range of services available and provided to residents and constraints imposed by limitations of services, physicians, facilities, staff coverage, payment mechanism or other;
 - d) the frequency of physician visits shall be at a minimum of 90 days;
 - e) the protection of residents' personal and property rights;
 - f) types of clinical conditions acceptable for admission to specific levels of care and appropriate services;
 - g) emergency admissions or discharges and emergency care of residents;
 - h) requirements for informed consent by resident, parent, guardian or legal representative for treatment;
 - i) notification of next of kin, attending physician or responsible agency of any transfer or discharge;

- j) notification of next of kin, attending physician or responsible agency of any change of condition;
- k) transfer of medical information in accordance with reference 17;
- l) discharge and termination of services; and
- m) provision for continuity of resident care as related to discharge planning, which shall include a mechanism for recording, transmitting and receiving information essential to the continuity of resident care.

Such information shall contain no less than the following:

- i. resident identification data; such as name, address, age, gender, name of next of kin, health insurance coverage, etc.;
- ii. diagnosis and prognosis, medical status of resident, brief description of current illness, medical and nursing plans of care including such information as medications, treatments, dietary needs, baseline laboratory data;
- iii. functional status;
- iv. special services such as physical therapy, occupational therapy, speech therapy and such other;
- v. psychosocial needs;
- vi. bed-hold policy and readmission in accordance with section 19.18.1 c) herein; and
- vii. such other information pertinent to ensure continuity of resident care.

21.6 There shall be documented evidence of the designation of responsibility to a physician, or to a nurse or to the medical staff for the execution and implementation of resident care policies.

- a) When a nurse is designated as the responsible agent for a day-to-day execution of resident care policies, a physician shall be available to provide necessary medical guidance.

Section 22.0 *Infection Control*

22.1 The facility shall be responsible for no less than the following:

- a) establishing and maintaining a facility-wide infection surveillance program;
- b) developing and implementing written policies and procedures for the surveillance, prevention, and control of infections in all resident care departments/services;
- c) establishing policies governing the admission and isolation of residents with known or suspected infectious diseases;

- d) developing, evaluating and revising on a continuing basis infection control policies, procedures and techniques for all appropriate areas of facility operation and services;
- e) developing and implementing a system for evaluating and recording the occurrences of all infections relevant to employment (e.g., skin rash) among personnel and infections among residents; such records shall be made available to the licensing agency upon request;
- f) implementing a TB infection control program requiring risk assessment and development of a TB infection control plan; early identification, treatment and isolation of strongly suspected or confirmed infectious TB residents; effective engineering controls; an appropriate respiratory protection program; health care worker TB training, education, counseling and screening; and evaluation of the program's effectiveness, per guidelines in reference 30.
 - i) The TB infection control plan shall include, at a minimum, a provision that residents shall be screened for TB, within fourteen (14) days of admission, and found to be free of active tuberculosis based upon the results of a negative two-step tuberculin skin test. If documented evidence is provided that the resident has had a two-step tuberculin skin test, performed within the most recent twelve (12) months prior to admission, that was negative, the requirements of this section shall be met.
- g) developing and implementing an institution-specific strategic plan for the prevention and control of vancomycin resistance, with a special focus on vancomycin-resistant enterococci, per guidelines in reference 32. (See also reference 31 herein for additional information on this issue).
- h) developing and implementing protocols for: 1) discharge planning to home that include full instruction to the family or caregivers regarding necessary infection control measures; and 2) hospital transfer of residents with infectious diseases which may present the risk of continuing transmission. Examples of such diseases include, but are not limited to, tuberculosis (TB), Methicillin resistant *staphylococcus aureus* (MRSA), vancomycin resistant enterococci (VRE), and clostridium difficile.
- i) assuring that all resident care staff are available in order to assist in the prevention and control of infectious diseases and are provided with adequate direction, training, staffing and facilities to perform all required infection surveillance, prevention and control functions.

22.2 Infection control provisions shall be established for the mutual protection of residents, employees, and the public.

22.3 A continuing education program on infection control shall be conducted periodically for all staff.

22.4 ***Reporting of Communicable Diseases***

- a) Each facility shall report promptly to the Rhode Island Department of Health, Division of Disease Prevention & Control, cases of communicable diseases designated as "reportable diseases" when such cases are diagnosed in the facility in accordance with reference 11.
- b) When infectious diseases present a potential hazard to residents or personnel, these shall be reported to the Rhode Island Department of Health, Division of Disease Prevention & Control even if not designated as "reportable diseases."
- c) When outbreaks of food-borne illness are suspected, such occurrences shall be reported immediately to the Rhode Island Department of Health, Division of Disease Prevention & Control or to the Office of Food Protection and Sanitation.
- d) Facilities must comply with the provisions of section 23-28.36-3, which requires notification of fire fighters, police officers and emergency medical technicians after exposure to infectious diseases.

Resident Immunization Policies/Practices

22.5 ***Long term care resident immunization:*** Except as provided in subsection 22.5 (e) (below), every facility in this state shall request that residents be immunized for influenza virus and pneumococcal disease in accordance with Chapter 23-17.19 of the Rhode Island General Laws, as amended.

Influenza, pneumococcal, and other adult vaccination policies and protocols (such as physician's standing orders) for facility residents shall be developed and implemented by the facility and shall contain no less than the following provisions:

- a) ***Notice to resident:*** In accordance with the provisions of section 23-17.19-4 of the Rhode Island General Laws, as amended, upon admission, the facility shall notify the resident and legal guardian of the immunization requirements of Chapter 23-17.19 of the Rhode Island General Laws, as amended, and request that the resident agree to be immunized against influenza virus and pneumococcal disease.
- b) ***Records and immunizations:*** Every facility shall document the annual immunization against influenza virus and immunization against pneumococcal disease for each resident which includes written evidence from a health care provider indicating the date and location the vaccine was administered.

Upon finding that a resident is lacking such immunization or the facility or individual is unable to provide documentation that the individual has received the appropriate immunization, the facility shall make available the immunization.

- c) ***Other immunizations:*** An individual who becomes a resident shall have his status for influenza and pneumococcal immunization determined by the facility, and, if found to be deficient, the facility shall make available the necessary immunizations.
- d) Vaccinations must be provided in accordance with the most current ACIP (Advisory Council on Immunization Practices) guidelines for these vaccinations.

e) **Exceptions:** No resident or employee shall be required to receive either the influenza or pneumococcal vaccine if any of the following apply:

- 1) the vaccine is contraindicated;
- 2) it is against his religious beliefs; or
- 3) the resident or the resident's legal guardian refuses the vaccine after being fully informed of the health risks of such action.

f) Reports of vaccination rates shall be submitted annually (by July 1st of each year) to the Department. Such reports shall include, at a minimum:

- i) number of all eligible residents 65 years and older residing in or admitted to the facility from September 15th to March 31st of the next year and the number of influenza vaccinations administered in that period;
- ii) number of all eligible residents 64 years and younger residing in or admitted to the facility from September 15th to March 31st of the next year and the number of influenza vaccinations administered in that period;
- iii) percentage of current residents 65 years and older vaccinated with pneumococcal vaccine;
- iv) the number of residents who are exempted from influenza and/or pneumococcal vaccination for medical reasons;
- v) the number of outbreaks in the facility each year due to influenza virus and pneumococcal disease, if known;
- vi) the number of hospitalizations of facility residents each year due to influenza virus, pneumococcal disease and complications thereof; if known; and
- vii) other reports as may be required by the Director.

Section 23.0 ***Physician Service***

23.1 All residents shall remain or be under the care of a physician of his or her choice, subject to the physician's concurrence.

23.1.1 All physician assistant services shall be in accordance with the provisions of Chapter 5-54 of the General Laws.

23.1.2 All nurse practitioner services shall be in accordance with the provisions of Chapter 5-34 of the General Laws.

23.2 No less than the following resident care information shall be made available to facilities by the referring source prior to or upon admission and provided only in accordance with the requirements of reference 17:

- a) current medical findings;

- b) summary of pre-admission treatment and care; and
- c) diagnosis and medical orders by the physician for immediate resident care.

23.3 Each facility shall establish and comply with policies governing medical care supervision. Such policies shall include no less than the following:

- a) that every resident be under the continued medical supervision of a physician of his or her choice;
- b) that a prescribed medical care plan be established for each resident by the attending physician. Accordingly, recommendations or orders from consultants shall be approved by the attending physician prior to implementation of the order.
- c) that the medical care plan be based on a physical examination done within 48 hours of admission unless such was performed within 5 days prior to admission;
- d) that each resident be seen by an attending physician and the medical care plan be renewed or revised in accordance with the needs of the resident at least every 90 days;
- e) that arrangements be made for physician coverage in the absence of the attending physician; and, and progress notes be written and signed by the physician at the time of each visit.
- f) any physician's verbal order for drugs, and biologicals shall be given in accordance with the provisions of section 25.8 (b) herein.

23.4 Written policies and procedures pertaining to emergency medical care including a listing of physician coverage, shall be established and maintained at each nursing station. The facility must provide or arrange for physician's services 24 hours a day in case of an emergency.

23.5 Standing orders shall not be permitted. All orders shall be recorded in the resident's medical record and shall be properly signed. However, a physician's order for an individual resident may refer to treatments described in a written protocol adopted by the facility. An exception to the requirements of this section shall be made for the administration of influenza and pneumococcal immunizations as provided in section 22.5 herein.

Section 24.0 *Nursing Service*

24.1 Each facility shall have a formally organized nursing service with an organization chart reflecting the lines of communication. The authority, responsibilities and duties for each nursing service position and/or category shall be clearly delineated in writing through job descriptions.

24.2 The nursing service shall be under the direction of a Director of Nurses who shall be a registered nurse employed full-time. A relief registered nurse shall be employed to insure full-time coverage in the absence (including vacation, sick time, days off, or other) of the designated registered nurse.

- a) The Director of Nurses employed full-time in accordance with section 24.2 above shall not be the administrator nor the assistant administrator and shall: (1) have at least two years experience in nursing supervision or, by training and experience, shall have demonstrated competency in nursing service management; (2) be employed by only one facility in said capacity; and (3) be responsible for the total nursing service which shall include no less than:
 - i. development, maintenance and evaluation of standards of nursing practice;
 - ii. development and periodic revision of nursing policies and procedure manuals;
 - iii. recommendation to the facility's administration of the number and categories of nursing personnel required to provide resident care;
 - iv. training, assignment, supervision and evaluation of personnel;
 - v. coordination of nursing care services with other services, e.g., medical, nutrition, etc.; and
 - vi. all other functions and activities related to nursing service management.

24.3 Each facility shall have a registered nurse on the premises twenty-four (24) hours a day. In addition, the necessary nursing service personnel (licensed and non-licensed) shall be in sufficient numbers on a 24 hour basis, to assess the needs of resident, to develop and implement resident care plans, to provide direct resident care services, and to perform other related activities to maintain the health, safety and welfare of residents.

- a) There shall be a master plan of the staffing pattern for providing 24 hour nursing service; for the distribution of nursing personnel for each floor and/or residential area; for the replacement of nursing personnel; and for forecasting future needs. The staffing pattern shall include provisions for nurses, aides, orderlies and other personnel as required.
- b) The number and type of nursing personnel shall be based on resident care needs and classifications as determined for each residential area. Each nursing facility shall be responsible to have sufficient qualified staff to meet the needs of the residents.
- c) At least one individual who is certified in Basic Life Support must be available twenty-four hours a day (24 hrs./day) within the facility.

Nursing Staff Posting Requirements

24.4 Each facility shall post its daily direct care nurse staff levels by shift in a public place within the facility. The posting shall be accurate to the actual number of direct care nursing staff on duty for each shift per day. The posting shall be in a format similar to that found in Appendix "A" herein to include:

- a) the number of registered nurses, licensed practical nurses, nursing assistants, and medication technicians who are not also nursing assistants;
- b) the number of temporary, outside agency nursing staff;

- c) the resident census as of 12:00 a.m.
 - d) documentation of the use of unpaid eating assistants (if utilized by the facility on that date).
- 24.5 The posting information shall be maintained on file by the nursing facility for no less than three (3) years and shall be made available to the public upon request.
- 24.6 The nursing facility shall prepare an annual report showing the average daily direct care nurse staffing level for the facility by shift and by category of nurse to include registered nurses, licensed practical nurses, nursing assistants and medication technicians; the use of nurse and nursing assistant staff from temporary placement agencies; and the nurse and nurse assistant turnover rates.
- 24.6.1 The annual report shall be submitted with the facility's renewal application and provide data for the previous twelve (12) months and ending no earlier than September 30th, for the year preceding the license renewal year or for the partial year available for the 2007 renewal applications. Annual reports shall be submitted in a format similar to that found in Appendix "F" herein.
- 24.7 The information on nurse staffing shall be reviewed as part of the nursing facility's annual licensing survey and shall be available to the public, both in printed form and on the Department's website, by facility.
- 24.8 The Director of Nurses may act as a charge nurse only when the facility is licensed for 30 beds or less.
- 24.9 Whenever the licensing agency determines, in the course of inspecting a facility, that additional staffing is necessary on any residential area to provide adequate nursing care and treatment or to ensure the safety of residents, the licensing agency may require the facility to provide such additional staffing and any or all of the following actions shall be taken to enforce compliance with the determination of the licensing agency.
- a) The facility shall be cited for a deficiency and shall be required to augment its staff within 10 days in accordance with the determination of the licensing agency.
 - b) If failure to augment staffing is cited, the facility shall be required to curtail admission to the facility.
 - c) If a continued failure to augment staffing is cited, the facility shall be subjected to an immediate compliance order to increase the staffing, in accordance with section 23-1-21 of the General Laws of Rhode Island of as amended.
 - d) The sequence and inclusion or non-inclusion of the specific sanctions enumerated in sections above may be modified in accordance with the severity of the deficiency in terms of its impact on the quality of resident care.
- 24.10 No nursing staff of any facility shall be regularly scheduled for double shifts.

Section 25.0 *Selected Nursing Care Procedures*

- 25.1 Written resident care plans, including problems, measurable goals, interventions, and time frames, shall be developed and maintained for each resident consonant with the attending physician's plan of medical care.
- a) Resident care plans shall be reviewed, evaluated and revised by professional staff no less than every three months, or when there is a significant change in the resident's health status.
- 25.2 The personal hygiene of each resident shall be attended to. All residents shall receive care including care of skin, shampooing and grooming of hair, oral hygiene, shaving, cleaning and cutting of fingernails and toenails. Residents shall be kept free of offensive odors.
- 25.3 Residents shall be encouraged and/or assisted to function at their highest level of self-care and independence. Every effort shall be made to keep residents active and out of bed for reasonable periods of time except when contraindicated by physician orders.
- 25.4 Every facility shall have an active program for rehabilitative nursing care.
- 25.5 Such supportive and restorative nursing care needed to maintain maximum functioning of the resident shall be provided.
- 25.6 Each resident shall be given care to prevent pressure ulcers, contractures and deformities, including:
- a) preventive skin care as appropriate;
- b) changing the position of bedfast and chair-fed residents;
- c) maintaining proper body alignment and joint movement to prevent contractures and deformities; and
- d) encouraging, assisting and training residents in self-care and activities of daily living.
- 25.7 Measures shall be taken to prevent and reduce incontinence for each resident which shall include no less than:
- a) written assessment by a registered nurse, within two (2) weeks of admission, of each incontinent resident's ability to participate in a bowel and/or bladder training program;
- b) an individualized plan of care for each resident selected for training to be included in the resident's nursing care plan to restore as much normal bladder function as possible.

Administration of Drugs

- 25.8 Drugs shall be administered in accordance with written orders of the attending physician and procedures established in accordance with sections 28.1 and 28.2 herein. Such procedures shall include measures to assure: (1) that drugs are checked against physicians' orders; (2) that the resident is identified prior to administration of a drug; (3) that each resident has an individual

medication record; and (4) that the dose of drug administered to each resident is properly recorded therein by the person administering the drug.

- a) Drugs not specifically limited as to time or number of doses when ordered shall be controlled by automatic stop orders or other methods in accordance with written policies.
- b) Physicians' verbal orders for drugs and biologicals shall be given only to a licensed nurse, a registered pharmacist or to a physician and shall be immediately recorded and signed by the person receiving the order. Such orders shall be countersigned by the attending physician within fifteen (15) days.

Administration of Drugs by Medication Technicians

25.9 Medication technicians who have satisfactorily completed a state approved course in drug administration and have demonstrated competency in accordance with the state-approved protocol in drug administration may administer oral or topical drugs, with the exception of all Schedule II drugs, with supervision in accordance with the state-approved protocol in drug administration. If such medication technicians are from temporary employment agencies, the facility shall have onsite evidence of supervision in accordance with the state-approved protocol in drug administration.

25.10 The director of nursing or his/her registered nurse designee shall conduct and document quarterly evaluations of the medication technicians who are administering drugs. Copies of said evaluations shall be placed in the medication technicians' personnel records.

Assistance with Eating and Hydration

25.11 Nursing facilities may employ resident attendants to assist residents with activities of eating and drinking. The resident attendant shall not be counted in the direct care staffing levels (see also section 24.4 herein).

25.12 A nursing facility shall not use any individual on a paid or unpaid basis in the capacity of a resident attendant, as defined herein, in the nursing home unless the individual:

- a) has satisfactorily completed a training program approved by the Director, as described in section 25.14 of these regulations;
- b) continues to provide competent eating and hydration assistance as determined by the facility's professional nursing staff.

25.13 The facility shall ensure:

- a) the resident attendant works in congregate dining areas under the supervision of a registered nurse (RN) or licensed practical nurse (LPN);
- b) the resident attendant wears a photo identification badge in accordance with section 14.14 of these regulations;
- c) the resident attendant only assists residents selected by the professional nursing staff, based on the charge nurse's assessment and the resident's latest assessment and plan of

care;

- d) the resident attendant assists with eating and drinking for residents who have no complicated eating/feeding problems, including but not limited to:
 - i. Tube or parenteral/IV feedings;
 - ii. Recurrent lung aspirations;
 - iii. Difficulty swallowing;
 - iv. Residents at risk of choking while eating or drinking;
 - v. Residents with significant behavior management challenges while eating or drinking;
 - vi. Residents presenting other risk factors that may require emergency intervention.
- e) maintenance of records regarding individuals acting as resident attendants and the training program attended.

Training Program for Resident Attendants

25.14 Resident attendants shall be required to have successfully completed a basic training program approved by the Director consisting of eight (8) hours of classroom instruction, as stipulated in Appendix B, and including no less than four (4) hours of practical experience supervised and documented by a registered nurse.

Pain Assessment

25.15 All health care providers licensed by this state to provide health care services and all health care facilities licensed under Chapter 23-17 of the Rhode Island General Laws, as amended, shall assess patient pain in accordance with the requirements of the ***Rules and Regulations Related to Pain Assessment (R5-37.6-PAIN)*** promulgated by the Department.

Section 26.0 Special Care Units

Alzheimer and Other Dementia Special Care Units or Programs:

26.1 Any facility that provides or offers to provide care or services for residents in a manner as defined in section 1.2 herein shall disclose to the licensing agency and any person seeking placement in such Alzheimer and Other Dementia Special Care Unit/Program the form of specialized care and treatment provided that is in addition to the care and treatment required in the regulations herein.

26.1.1 The information disclosed shall be on a form prescribed by the Department of Health.

26.1.2 The facility shall provide care and services as described in the disclosure form, and consistent with the rules and regulations herein. The information disclosed shall explain the additional care provided in each of the following areas:

- a) ***Philosophy*** - The special care unit/program's written statement of its overall philosophy and mission which reflects the needs of residents afflicted with dementia.

- b) ***Pre-Admission, Admission and Discharge*** - The process and criteria for placement (which shall include a diagnosis of dementia), transfer or discharge from the unit.
- c) ***Assessment, Care Planning and Implementation*** -The process used for assessment and establishing the plan of care and its implementation, including the method by which the plan of care evolves and is responsive to changes in condition.
- d) ***Staffing Patterns and Training***— Staff patterns and training and continuing education programs, which shall emphasize the effective management of the physical and behavioral problems of those with dementia.
- e) ***Physical Environment*** - The physical environment and design features shall be appropriate to support the functioning and safety of cognitively impaired adult residents.
- f) ***Therapeutic Activities*** - The frequency and types of resident activities. Therapeutic activities shall be designed specifically for those with dementia.
- g) ***Family Role in Care*** – The facility shall provide for the involvement of families and family support program.
- h) ***Program Costs*** - The cost of care and any additional fees.

26.1.3 Any significant changes in the information provided by the nursing facility will be reported to the licensing agency at the time the changes are made.

Rehabilitation Special Care Unit and Subacute Special Care Unit:

26.2 Any facility that provides or offers to provide care for patients or residents by means of a Rehabilitation Special Care Unit or a Subacute Special Care Unit shall be required to disclose to the licensing agency and to any person seeking placement in a Rehabilitation Special Care Unit or a Special Care Unit of a nursing facility the form of specialized care and treatment provided that is in addition to the care and treatment required in the regulations herein.

26.2.1 The information disclosed shall be on a form prescribed by the Department.

26.2.2 The facility shall provide care and services as described in the disclosure form, and consistent with the rules and regulations herein.

26.2.3 Any significant changes in the information provided by the nursing facility shall be reported to the licensing agency at the time the changes are made.

Section 27.0 *Dietetic Services*

27.1 Each facility shall maintain a dietetic service under the supervision of a full-time person who, as a minimum, is a graduate of a State approved course that provided instruction in food service supervision and nutrition and has experience in the organization and management of food service.

- a) When the dietary manager is absent, a responsible person shall be assigned to supervise dietetic service personnel and food service operations.

27.2 When the dietary manager is not a qualified dietitian who is registered or eligible for registration by the commission of dietetic registration and/or licensed by the State, the facility shall obtain per written contractual arrangement adequate and regularly scheduled consultation from a qualified dietitian.

27.3 The responsibilities of the qualified dietitian shall include but not be limited to:

- a) advising the administration and the supervisor of dietetic services on all nutritional aspects of resident care, food service and preparation;
- b) reviewing food service policies, procedures and menus to insure the nutritional needs of all residents are met in accordance with reference 12;
- c) serving as liaison with medical and nursing staff on nutritional aspects of resident care;
- d) advising on resident care policies pertaining to dietetic services;
- e) providing dietary counseling to residents when necessary;
- f) planning and conducting regularly scheduled in-service education programs which shall include training in food service sanitation;
- g) preparing reports which shall include date and time of consultation and services rendered, which reports shall be signed and kept on file in the facility; and
- h) recording observations and information pertinent to dietetic treatment in the resident's medical record;
- i) input in care plan development.

27.4 Adequate space, equipment and supplies shall be provided for the efficient, safe and sanitary receiving, storage, refrigeration, preparation and service of food and other related aspects of the food service operation in accordance with reference 10.

27.5 Policies and procedures shall be established for the dietetic service, pertaining to but not limited to the following:

- a) responsibilities and functions of personnel;
- b) standards for nutritional care in accordance with reference 12;
- c) alterations or modifications to diet orders or schedules;
- d) food purchasing storage, preparation and service;
- e) safety and sanitation relative to personnel and equipment in accordance with reference 10; and

- f) ancillary dietary services, including food storage and preparation in satellite kitchens and vending operations in accordance with reference 10; and
 - g) a plan to include alternate methods and procedures for food preparation and service, including provisions for potable water, to be used in emergencies.
- 27.6 All facilities shall provide sufficient and adequately trained supportive personnel, competent to carry out the functions of the dietetic services.
- a) The dietetic services shall have employees on duty over a period of 12 or more hours per day, seven days per week.
 - b) Those employees involved in direct preparation of food (as opposed to distribution of food, dishwashing, etc.) shall not be involved in resident care.
 - c) Housekeeping and nursing personnel may assist in food distribution, but not food preparation. Careful hand washing shall be done prior to assisting in food distribution.
- 27.7 The facility's food service operation shall comply with all appropriate standards of reference 10.
- a) Diet kitchens, nourishment stations, and any other related areas shall be the responsibility of the dietetic service.
- 27.8 All menus including alternate choices shall be planned at least one week in advance, to meet the standards for nutritional care in accordance with reference 12 and to provide for a variety of foods, adjusted for seasonal changes, and reflecting the dietary preferences of residents.
- a) Menus shall indicate nourishments offered to residents between evening meal and bedtime.
 - b) Menus shall be posted in a conspicuous place in the dietary department and in resident areas.
 - c) Records of menus actually served shall be retained for thirty (30) days.
- 27.9 All diets shall be ordered in writing by the attending physician.
- a) All diets shall be planned, prepared and served to conform to the physician's orders and to meet the standards of reference 12 to the extent medically possible.
 - b) Diet orders shall be reviewed by the attending physician on same schedule as other physician orders.
- 27.10 There shall be a diet manual, approved by the dietitian and available to all dietetic and nursing services personnel. Diets served to residents shall comply with the principles set forth in the diet manual.
- 27.11 Each resident shall receive and the facility shall provide at least three (3) meals daily, at regular times comparable to normal mealtimes based upon the individual preference of a resident or group of residents in a residential area and/or at regular times comparable to normal mealtimes

in the community.

- a) There shall be no more than fourteen (14) hours between a substantial evening meal and breakfast the following day, except as provided in (c) below.
- b) The facility shall offer snacks at bedtime daily.
- c) When a nourishing snack is provided at bedtime, up to sixteen (16) hours may elapse between a substantial evening meal and breakfast the following day if a resident, or group of residents in a residential area agrees to this meal span, and a nourishing snack is served.

27.12 Foods shall be prepared by methods that conserve nutritive value, flavor and appearance, and shall be prepared and served at proper temperatures and in a form to meet individual needs. Food substitutes of similar nutritive value shall be offered when residents refuse foods served for good reason.

- a) A file of tested recipes, adjusted to appropriate yield, shall be maintained and utilized corresponding to items on the menu.
- b) House diets shall be appropriately seasoned.
- c) There shall be a supply of staple foods for a minimum of seven (7) days and of perishable foods for a minimum of two days in the facility.

27.13 Food shall be attractively served on dinnerware of good quality, such as ceramic, plastic or other materials that are durable and aesthetically pleasing.

27.14 A dining room shall be available for those residents or residents who wish to participate in group dining in accordance with section 46.1 herein.

27.15 Self-help feeding devices shall be available to those residents who need them to maintain maximum independence in the activities of daily living.

27.16 A facility contracting for food service shall require as part of the contract, that the contractor comply with the provisions of the regulations herein.

Section 28.0 *Pharmaceutical Services*

28.1 Each facility shall provide pharmaceutical services either directly within the facility or per contractual arrangement. Such services shall be provided in accordance with the requirements of references 25 and 34 herein.

- a) In either instance, appropriate methods and procedures for the procurement and the dispensing of drugs and biologicals shall be established in accordance with appropriate federal and state laws and regulations.

28.2 There shall be written policies and procedures relating to the pharmaceutical service which shall require no less than:

- a) the authority, responsibility and duties of the registered pharmacist;
- b) the selection, procurement, distribution, storage, dispensing or other disposition of drugs and biologicals in accordance with appropriate federal and state laws and regulations;
- c) maintenance of records of all transactions, including recording of receipt and dispensing or other disposition of all drugs and biologicals;
- d) inspection of all drug and biological storage and medication areas and documented evidence of findings;
- e) automatic stop orders for drugs or biologicals;
- f) the use of only approved drugs and biologicals;
- g) control of medicines from any source;
- h) a monitoring program to identify adverse drug reactions, interactions and incompatibilities and antibiotic antagonisms; and
- i) labeling of drugs and biologicals including name of resident, name of physician, drug dosage, cautionary instructions, and expiration date.

28.3 Adequate space, equipment, supplies and locked storage areas shall be provided for the storage of drugs and biologicals based on the scope of services provided. Refrigerated food storage units shall not be utilized for storage of drugs and/or biologicals except:

- a) In facilities of 30 beds or less, a refrigerated food storage unit may be used for drugs and biologicals provided they are locked in an appropriate container.

28.4 Drugs may be administered to residents from bulk inventories of non-legend and non-controlled substance items such as aspirin, milk of magnesia, etc. as ordered by a licensed physician.

28.5 An emergency medication kit, approved by the pharmaceutical service committee or its equivalent, shall be kept at each nursing station.

28.6 Each residential area shall have adequate drug and biological preparation areas with provisions for locked storage in accordance with federal and state laws and regulations.

28.7 ***In Nursing Facilities***

- a) The pharmaceutical service committee or its equivalent, consisting of not less than a registered pharmacist, a registered nurse, a physician and the administrator, shall:
 - i. serve as an advisory body on all matters pertaining to pharmaceutical services;

- ii. establish a program of accountability for all drugs and biologicals;
 - iii. develop and review periodically all policies and procedures for safe and effective drug therapy in accordance with section 28.2 herein; and
 - iv. monitor the service.
- b) A registered pharmacist shall assist in developing, coordinating and supervising all pharmaceutical services in conjunction with the pharmaceutical services committee. In addition, a registered pharmacist shall:
- i. review the drug and biological regimen of each resident at least monthly;
 - ii. report any irregularities to the attending physician and director of nurses. These reports must show evidence of review and response; and
 - iii. document in writing the performance of such review, which documentation shall be kept on file by the facility and shall be made accessible to inspectors on request.

Section 29.0 *Dental Services*

29.1 Each facility shall provide or obtain from outside resources, dental services for routine and emergency care.

29.1.1 Each resident shall have the right to receive dental services from a dentist of his/her choice.

29.2 A list of community dentists shall be maintained and available to all residents.

29.3 When necessary, arrangements shall be made by facilities for the transportation of residents to and from the dental care office.

Section 30.0 *Laboratory and Radiologic Services*

30.1 All nursing facilities shall make provisions for laboratory, x-ray and other services to be provided either directly by the facility or per contractual arrangements with an outside provider.

30.2 If the facility provides its own laboratory and x-ray services, these shall meet all applicable statutory and regulatory requirements.

30.3 All services shall be provided only per order of the attending physician who shall be promptly notified of the findings in accordance with a protocol established by the facility. Such a protocol shall describe which laboratory values mandate a call to the resident's attending physician.

30.4 Signed and dated reports of all findings shall become part of the resident's medical record.

Section 31.0 *Social Services*

- 31.1 Every facility shall provide social services to attain or maintain the highest practicable physical, mental and psychological well being of each resident. Social services must be provided either directly by a qualified social worker or by arrangement with an appropriate health or social service agency or through consultation with a qualified social worker who would supervise a social work designee appointed by the administrator.
- a) Services shall pertain to no less than the following:
- i. identification of social and emotional needs of residents through a comprehensive psychosocial assessment including a social history;
 - ii. establishment of a plan of care based on residents' needs;
 - iii. procedures for referral of residents, when indicated, to appropriate social agencies and discharge planning as indicated
- 31.2 A qualified social worker is defined as an individual with a minimum of a BSW from an accredited School of Social Work. A social work designee is defined as a staff member appointed by the administrator who is suited by training or experience to implement plans and procedures enumerated in accordance with section 31.1 (a) above.
- 31.3 Notwithstanding any provisions in §§ 5-39.1-1 – 5-39.1-14 or any other general or public law to the contrary, any nursing facility licensed under Chapter 17 of Title 23 that employs a social worker or social worker designee who meets all of the criteria in section 31.4 below shall be granted a variance to the "qualified social worker" provisions stated herein.
- 31.4 Such criteria shall be limited to: (1) meets the centers for Medicare and Medicaid requirements for long-term care facilities under 42 CFR part 483, subpart B (or any successor regulation); (2) is currently employed by a nursing facility licensed under Chapter 17 of Title 23; and (3) has been continuously employed in a nursing facility licensed under Chapter 17 of Title 23 commencing on or before July 1, 2003.
- 31.5 Sufficient supportive personnel shall be available to meet resident needs.
- 31.6 Appropriate records shall be maintained of all social services rendered, including consultation services, and reports shall be included in the resident's medical record.
- 31.7 Policies and procedures shall be established to assure confidentiality of all resident information consistent with the requirements of reference 17.

Section 32.0 ***Specialized Rehabilitative Services***

- 32.1 Each facility shall provide directly or per written agreement with outside providers specialized rehabilitative and supportive services as needed by residents to improve, restore or maintain functioning.
- a) Residents shall not be admitted or retained in a facility not providing either directly or per contractual arrangement, those rehabilitative or other specialized services required to meet individual medical care needs of residents.

- 32.2 The specialized rehabilitative services, which include physical therapy, speech pathology, audiology and occupational therapy shall be provided per written order of the attending physician and in accordance with accepted professional practice by licensed therapists or assistants.
- 32.3 Written administrative and resident care policies and procedures shall be developed for rehabilitative services by appropriate therapists and representatives of the medical, administrative and professional staff.
- 32.4 Rehabilitative services shall be provided under a written plan of care initiated by the attending physician and developed in consultation with appropriate therapist(s) and nursing personnel.
- 32.5 Entries of all rehabilitative or supportive services rendered, including evaluation of progress and other pertinent information, shall be recorded in the resident's medical record and signed by personnel rendering the service(s).
- 32.6 Safe and adequate space and equipment shall be available commensurate with the scope of services provided.

Section 33.0 *Resident Activities*

- 33.1 Each facility shall provide for an ongoing activities program, appropriate to the needs and interests of each resident, to encourage self-care, resumption of normal activities and maintenance of an optimal level of psychosocial functioning.
- 33.2 The activities program must be directed by a qualified professional as defined in reference 2.
- 33.3 The ongoing activities program shall make provisions to:
- a) promote opportunities for engaging in normal pursuits including religious activities of the resident's choice;
 - b) promote the physical, social and mental well-being of each resident;
 - c) promote independent as well as group activities; and
 - d) harmonize with each resident's needs and medical treatment plan, subject to approval by the resident's attending physician.
- 33.4 Adequate space, supplies and equipment shall be available to meet resident care needs in accordance with the activities program and as stipulated in section 46.0 herein.
- 33.5 Each resident must have an activities plan, and all pertinent observations and information must be recorded in the medical record.

Section 34.0 *Equipment*

- 34.1 Each facility shall maintain sufficient and appropriate types of equipment consistent with resident needs and sufficient to meet emergency situations.

34.2 All equipment to meet the needs of the residents shall be maintained in safe and good operational condition.