CHAPTER 44:04:04

MANAGEMENT AND ADMINISTRATION

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Appendix A Minimum Data Set Plus for Nursing Facility Resident Assessment and Care Screening (MDS+), repealed April 1, 1991.
Appendix B Minimum Data Set Plus for Nursing Home Resident Assessment and Care Screening (MDS+) Background Information at Intake/Admission, repealed, 22 SDR 70, effective November 19, 1995.

44:04:04:01. Administrative management. Each facility must comply with §§ 44:04:04:02 to 44:04:04:08.01, inclusive.

Source: SL 1975, ch 16, § 1; 6 SDR 93, effective July 1, 1980; 14 SDR 81, effective December 10, 1987; 22 SDR 70, effective November 19, 1995; 26 SDR 96, effective January 23, 2000; 29 SDR 81, effective December 11, 2002.

General Authority: SDCL 34-12-13.

Law Implemented: SDCL 34-12-13.

44:04:04:02. Governing body. Each facility operated by limited liability partnership, a corporation, or political subdivision must have an organized governing body legally responsible for the overall conduct of the facility. If the facility is operated by an individual or partnership, the individual or partnership shall carry out the functions in this chapter pertaining to the governing body. The governing body shall establish and maintain administration policies, procedures, or bylaws governing the operation of the facility. The governing body of a hospital shall determine which categories of practitioners are eligible candidates for appointment to the medical staff and shall credential and grant admitting or patient care privileges to appointees to the medical staff. The governing body may appoint members to the medical staff only after considering the recommendations of the existing members of the medical staff.

Source: SL 1975, ch 16, § 1; 6 SDR 93, effective July 1, 1980; 14 SDR 81, effective December 10, 1987; 22 SDR 70, effective November 19, 1995; 31 SDR 62, effective November 7, 2004.
General Authority: SDCL 34-12-13.
Law Implemented: SDCL 34-12-13.

Cross-Reference: Hospital medical staff, § 44:04:04:02.01.

44:04:04:02.01. Hospital medical staff. A hospital must have a medical staff organized under bylaws and rules approved by the governing body and responsible to the governing body of the hospital for the quality of all medical care provided patients in the hospital and for the ethical and professional practices of its members. The medical staff must include physicians, but it may also include other practitioners appointed by the governing body. If the medical staff has an executive committee, a majority of the members of the committee must be physicians. The responsibility for the conduct of medical staff affairs must be assigned to an individual physician. The medical staff must establish a credentials committee to review the qualifications of practitioners applying for admitting or patient care privileges and recommend to the governing body practitioners eligible for appointment to the medical staff by the governing body. The review shall include recommendations regarding delineation of admitting and patient care privileges. The medical staff must conduct appraisals of its members at least every two years.

Source: SL 1975, ch 16, § 1; 6 SDR 93, effective July 1, 1980; transferred from § 44:04:05:04, 14 SDR 81, effective December 10, 1987; 22 SDR 70, effective November 19, 1995.
General Authority: SDCL 34-12-13.
Law Implemented: SDCL 34-12-13.

Cross-Reference: Governing body, § 44:04:04:02.

44:04:04:03. Administrator. The governing body must designate a qualified administrator to represent the owner or governing body and to be responsible for the daily overall management of the facility. The administrator must designate a qualified person to represent the administrator during the administrator's absence. The governing body shall notify the department in writing of any change of administrator. The administrator of a nursing facility must be licensed pursuant to article 20:49. Prior to employment, the administrator of an assisted living center must be a licensed health professional as defined in subdivision 44:04:01:01(29) or must hold a high school diploma or equivalent and have successfully completed the training program and competency evaluation

outlined in chapter 44:04:18 or a training program that is substantially equivalent, as determined by the department.

Source: SL 1975, ch 16, § 1; 6 SDR 93, effective July 1, 1980; 14 SDR 81, effective December 10, 1987; 22 SDR 70, effective November 19, 1995; 26 SDR 96, effective January 23, 2000; 27 SDR 59, effective December 17, 2000; 29 SDR 81, effective December 11, 2002.
General Authority: SDCL 34-12-13.
Law Implemented: SDCL 34-12-13.

44:04:04:04. Personnel. The facility must have a sufficient number of qualified personnel to provide effective and safe care. Staff members on duty must be awake at all times. Supervisors must be 18 years of age or older. Written job descriptions and personnel policies and procedures must be made available to personnel of all departments and services. The facility may not knowingly employ any person with a conviction for abusing another person. The facility must establish and follow policies regarding special duty or staff members on contract.

Source: SL 1975, ch 16, § 1; 4 SDR 14, effective September 14, 1977; 6 SDR 93, effective July 1, 1980; 14 SDR 81, effective December 10, 1987; 22 SDR 70, effective November 19, 1995; 24 SDR 90, effective January 4, 1998.
General Authority: SDCL 34-12-13.
Law Implemented: SDCL 34-12-13.

Cross-Reference: Staffing exception for assisted living centers during sleeping hours, § 44:04:03:02.01.

44:04:04:05. Personnel training. The facility must have a formal orientation program and an ongoing education program for all personnel. Ongoing education programs must cover the required subjects annually. These programs must include the following subjects:

(1) Fire prevention and response. The facility must conduct fire drills quarterly for each shift. If the facility is not operating with three shifts, monthly fire drills must be conducted to provide training for all staff;
(2) Emergency procedures and preparedness;
(3) Infection control and prevention;
(4) Accident prevention and safety procedures;
(5) Proper use of restraints;
(6) Patient and resident rights;
(7) Confidentiality of patient or resident information;
(8) Incidents and diseases subject to mandatory reporting and the facility's reporting mechanisms;
(9) Care of patients or residents with unique needs; and
(10) Dining assistance, nutritional risks, and hydration needs of residents.

Personnel whom the facility determines will have no contact with patients or residents are exempt from training required by subdivisions (5), (9), and (10) of this section.

Current professional and technical reference books and periodicals must be made available for personnel.

Source: SL 1975, ch 16, § 1; 6 SDR 93, effective July 1, 1980; 14 SDR 81, effective December 10, 1987; 22 SDR 70, effective November 19, 1995; 24 SDR 90, effective January 4, 1998; 26 SDR 96, effective January 23, 2000; 27 SDR 59, effective December 17, 2000; 29 SDR 81, effective December 11, 2002.
General Authority: SDCL 34-12-13.
Law Implemented: SDCL 34-12-13.

44:04:04:06. Employee health program. The facility must have an employee health program for the protection of the patients or residents. All personnel must be evaluated by a licensed health professional for freedom from reportable communicable disease which poses a threat to others before assignment to duties or within 14 days after employment including an assessment of previous vaccinations and tuberculin skin tests. The facility may not allow anyone with a communicable disease, during the period of communicability, to work in a capacity that would allow spread of the disease. Personnel absent from duty because of a reportable communicable disease which may endanger the health of patients, residents, and fellow employees may not return to duty until they are determined by a physician or the physician's designee to no longer have the disease in a communicable stage.

Source: SL 1975, ch 16, § 1; 4 SDR 14, effective September 14, 1977; 6 SDR 93, effective July 1, 1980; 14 SDR 81, effective December 10, 1987; 22 SDR 70, effective November 19, 1995; 24 SDR 90, effective January 4, 1998; 26 SDR 96, effective January 23, 2000.
General Authority: SDCL 34-12-13.
Law Implemented: SDCL 34-12-13.

Cross-Reference: Reportable diseases, ch 44:20:01.

44:04:04:06.01. Tuberculin testing requirements for employees, consultants, and caregivers. Repealed.

Source: 14 SDR 81, effective December 10, 1987; 15 SDR 155, effective April 20, 1989; 22 SDR 70, effective November 19, 1995; 24 SDR 90, effective January 4, 1998; 26 SDR 96, effective January 23, 2000; 27 SDR 59, effective December 17, 2000; repealed, 28 SDR 83, effective December 16, 2001.

44:04:04:07. Admissions of patients or residents. The governing body of the facility shall establish and maintain admission, transfer, and discharge policies, with written evidence to assure the patients or residents admitted to and retained in the facility are within the licensure classification of the facility or its distinct part. The facility may admit and retain, on the orders of a practitioner, only those patients or residents for whom it can provide care safely and effectively. A nursing facility may admit and retain patients or residents only on the orders of a physician.

Source: SL 1975, ch 16, § 1; 6 SDR 93, effective July 1, 1980; 14 SDR 81, effective December 10, 1987; transfer agreement transferred to § 44:04:04:15, 17 SDR 122, effective February 24, 1991; 22 SDR 70, effective November 19, 1995; 27 SDR 59, effective December 17, 2000.
General Authority: SDCL 34-12-13.
Law Implemented: SDCL 34-12-13.

Cross-Reference: Restricted admissions to assisted living centers, § 44:04:04:12.

44:04:04:07.01. Admission to nursing facilities of residents with communicable diseases or antibiotic resistant organisms. A resident who is infected with a communicable disease which is reportable to the department, pursuant to SDCL 34-22-12, may be admitted to a nursing facility if the appropriate infection control measures can be provided by the facility to prevent the spread of the communicable disease. The following specific diseases do not preclude a patient from being admitted to a nursing facility: acquired immune deficiency syndrome (AIDS), human immunodeficiency virus positive (HIV+), viral hepatitis, herpes (genital), leprosy, malaria, syphilis (late latent only), infection with antibiotic resistant organisms, and tuberculosis (noninfectious). If the nursing facility chooses to admit residents with these diseases or antibiotic resistant organisms, the following conditions must be met:

(1) Nursing facility staff must complete a training program in infection control applicable to the diseases listed in this section or antibiotic resistant organisms;

(2) The nursing facility must have written procedures and protocols for staff to follow to avoid exposure to blood or body fluids of the affected residents; and

(3) The nursing facility must have written infection control procedures in place and practiced that prevent the spread of antibiotic resistant organisms.

If, after admission, a resident is suspected of having a communicable disease that endangers the health and welfare of employees or other residents, the nursing facility must contact a physician and assure that measures are taken in behalf of the resident with the communicable disease and the other residents to prevent transmission of the disease.

Source: 14 SDR 81, effective December 10, 1987; 22 SDR 70, effective November 19, 1995; 24 SDR 90, effective January 4, 1998; 26 SDR 96, effective January 23, 2000.
General Authority: SDCL 34-12-13.
Law Implemented: SDCL 34-12-13, 34-22-9.

44:04:04:07.02. Tuberculin testing requirements for residents of nursing facility or assisted living center. Repealed.

Source: 14 SDR 81, effective December 10, 1987; 15 SDR 155, effective April 20, 1989; 22 SDR 70, effective November 19, 1995; 24 SDR 90, effective January 4, 1998; 26 SDR 96, effective January 23, 2000; 27 SDR 59, effective December 17, 2000; repealed, 28 SDR 83, effective December 16, 2001.

44:04:04:07.03. Prevention and control of influenza. Nursing facilities and assisted living centers shall arrange for influenza vaccination to be completed annually for all residents. Residents admitted after completion of the vaccination program and before April 1 must be offered influenza vaccine when they are admitted. Influenza vaccination may be waived for residents because of religious beliefs, medical contraindication, or refusal by the resident. Documentation of vaccination or its waiver must be recorded in the resident's medical or care record.

Source: 14 SDR 81, effective December 10, 1987; 22 SDR 70, effective November 19, 1995; 26 SDR 96, effective January 23, 2000.
General Authority: SDCL 34-12-13, 34-22-9.

Law Implemented: SDCL 34-12-13.

44:04:04:07.04. Prevention and control of pneumonia. Each nursing facility and assisted living center shall arrange for immunization for pneumococcal disease. If immunization is lacking and the resident's physician recommends it, the nursing facility shall arrange for and the assisted living center shall encourage residents to obtain an immunization for pneumococcal pneumonia within 14 days of admission. Pneumococcal vaccination may be waived for the residents because of religious beliefs, medical contraindication, or refusal by the resident. Documentation of the vaccination or its waiver must be recorded in the resident's medical or care record.

Source: 22 SDR 70, effective November 19, 1995; 26 SDR 96, effective January 23, 2000; 30 SDR 84, effective December 4, 2003.
General Authority: SDCL 34-12-13, 34-22-9.
Law Implemented: SDCL 34-12-13, 34-22-9.

44:04:04:08. Disease prevention. Each facility shall provide an organized infection control program for preventing, investigating and controlling infection. The facility must establish written policies regarding visitation in the various services and departments of the facility. Visitors who have an infectious disease, who have recently recovered from such a disease, or who have recently had contact with such a disease must be discouraged from entering the facility.

Source: SL 1975, ch 16, § 1; 6 SDR 93, effective July 1, 1980; 14 SDR 81, effective December 10, 1987; 22 SDR 70, effective November 19, 1995; 26 SDR 96, effective January 23, 2000.
General Authority: SDCL 34-12-13.
Law Implemented: SDCL 34-12-13.

44:04:04:08.01. Tuberculin screening requirements. Each facility shall develop criteria to screen healthcare workers, patients, or residents for *Mycobacterium* tuberculosis based on the guidelines issued by Centers for Disease Control and Prevention. Policies and procedures for conducting *Mycobacterium* tuberculosis risk assessment shall be established and should include the key components of responsibility, surveillance, containment, and education. The frequency of repeat screening shall depend upon annual risk assessments conducted by the facility.

Tuberculin screening requirements for healthcare workers or residents are as follows:

(1) Each new healthcare worker or resident shall receive the two-step method of Mantoux skin test to establish a baseline within 14 days of employment or admission to a facility. Any two documented Mantoux skin tests completed within a 12 month period from the date of admission or hire shall be considered a two-step. Skin testing is not necessary if documentation is provided of a previous positive reaction of ten mm induration or greater. Any new healthcare worker or resident who has a newly recognized positive reaction to the skin test shall have a medical evaluation and a chest X-ray to determine the presence or absence of the active disease;

(2) A new healthcare worker or resident who provides documentation of a positive reaction to the Mantoux skin test shall have a medical evaluation and chest X-ray to determine the presence or absence of the active disease;

(3) Each healthcare worker or resident with a history of a positive reaction to the Mantoux skin test shall be evaluated annually by a physician or a nurse and a record maintained of the presence or absence of symptoms of *Mycobacterium* tuberculosis; and

(4) Each healthcare worker or resident who works or resides within the same building is not required to have additional skin testing if there is documented evidence of a negative skin test conducted at the facility.

Source: 28 SDR 83, effective December 16, 2001; 29 SDR 81, effective December 11, 2002; 31 SDR 62, effective November 7, 2004.
General Authority: SDCL 34-12-13, 34-22-9.
Law Implemented: SDCL 34-12-13.

Reference: Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Facilities, 1994, reprinted March 1998. "Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report," October 28, 1994, 43 (RR13).

44:04:04:09. Patient and resident rights in nursing homes and supervised personal care facilities. Repealed.

Source: SL 1975, ch 16, § 1; 6 SDR 93, effective July 1, 1980; 14 SDR 81, effective December 10, 1987; repealed, 19 SDR 95, effective January 7, 1993.

44:04:04:10. Licensed administrator for skilled nursing facilities and intermediate care facilities. Repealed.

Source: SL 1975, ch 16, § 1; repealed, 6 SDR 93, effective July 1, 1980.

44:04:04:11. Care policies. Each facility must establish and maintain policies, procedures, and practices to govern care, and related medical or other services necessary to meet the patients' or residents' needs. Policies and procedures for the management of adult day care clients and respite care patients or residents in the facilities offering those services shall be established and maintained.

Source: SL 1975, ch 16, § 1; 6 SDR 93, effective July 1, 1980; 14 SDR 81, effective December 10, 1987; 22 SDR 70, effective November 19, 1995; 26 SDR 96, effective January 23, 2000; 27 SDR 59, effective December 17, 2000; 28 SDR 83, effective December 16, 2001; 30 SDR 84, effective December 4, 2003.
General Authority: SDCL 34-12-13.
Law Implemented: SDCL 34-12-13.

44:04:04:11.01. Secured units. Each facility with secured units must comply with the following provisions:

(1) A physician's order for confinement that includes medical symptoms that warrant seclusion or placement must be documented in the patient's or resident's chart and must be reviewed periodically by the physician;

(2) Therapeutic programming must be provided and must be documented in the overall plan of care;

(3) Confinement may not be used as a punishment or for the convenience of the staff;

(4) Confinement and its necessity must be based on a comprehensive assessment of the patient's or resident's physical and cognitive and psychosocial needs, and the risks and benefits of this confinement must be communicated to the patient's or resident's family;

(5) Locked doors must conform to Sections: 18.2.2.2.4 and 19.2.2.2.4 of **NFPA 101 Life Safety Code,** 2000 edition; and

(6) Staff assigned to the secured unit must have specific training regarding the unique needs of patients or residents in that unit. At least one caregiver must be on duty on the secured unit at all times.

Source: 14 SDR 81, effective December 10, 1987; 22 SDR 70, effective November 19, 1995; 26 SDR 96, effective January 23, 2000; 27 SDR 59, effective December 17, 2000; 28 SDR 83, effective December 16, 2001; 29 SDR 81, effective December 11, 2002.
General Authority: SDCL 34-12-13.
Law Implemented: SDCL 34-12-13.

Reference: NFPA 101 Life Safety Code, 2000 edition, Sections: 18.2.2.2.4 and 19.2.2.2.4 National Fire Protection Association. Copies may be obtained from the National Fire Protection Association, P.O. Box 9101, Quincy, Massachusetts 02269-9101. Phone: 1-800-344-3555. Cost: $53.50.

44:04:04:11.02. Restraints. There must be written policies and procedures for all restraint use, including emergency restraints, bedrails, and locked doors. The use of restraints must be based on a comprehensive assessment of the patient's or resident's physical and cognitive abilities, evaluation and effectiveness of less restrictive alternatives, and an involvement of the patient or resident in weighing the benefits and consequences. Restraint use requires a physician's order including specific time frames. Continued use of the restraint and reorders may be given only on review of the patient's or resident's condition by the physician and the interdisciplinary team. Restraints must be checked every 30 minutes by nursing personnel. Patients or residents under restraint must be given the opportunity for motion and exercise for not less than 10 minutes at intervals as necessary based on the patient's or resident's condition, but at least every two hours. Restraints must not be used to limit mobility, for convenience of staff, for punishment, or as a substitute for supervision. Restraints must not hinder evacuation of the patient or resident during fire or cause injury to the resident.

Source: 26 SDR 96, effective January 23, 2000; 27 SDR 59, effective December 17, 2000; 28 SDR 83, effective December 16, 2001.
General Authority: SDCL 34-12-13.
Law Implemented: SDCL 34-12-13.

44:04:04:12. Restricted admissions to assisted living centers. Before admission to an assisted living center, residents must submit written evidence from their physician of symptoms and diagnoses and a physical examination certifying they are in reasonably good health. The

physician must also determine the resident is free from communicable disease, chronic illness, or disability which would require any services beyond supervision, cueing, or limited hands-on physical assistance to carry out normal activities of daily living and instrumental activities of daily living.

The assisted living center must ensure an evaluation of each resident's care needs is documented at the time of admission, 30 days after admission, and annually thereafter, to determine the facility can meet the needs for each resident. The resident evaluation instrument must be approved by the department and must address at least the following:

(1) Nursing care needs;
(2) Medication administration needs;
(3) Cognitive status, including instrumental activities of daily living;
(4) Mental health status;
(5) Physical abilities including activities of daily living, ambulation, and the need for assistive devices; and
(6) Dietary needs.

Source: SL 1975, ch 16, § 1; 6 SDR 93, effective July 1, 1980; 14 SDR 81, effective December 10, 1987; 22 SDR 70, effective November 19, 1995; 24 SDR 90, effective January 4, 1998; 26 SDR 96, effective January 23, 2000; 27 SDR 59, effective December 17, 2000.
General Authority: SDCL 34-12-13.
Law Implemented: SDCL 34-12-13.

44:04:04:12.01. Requirements for assisted living centers. Assisted living centers must meet the following requirements:

(1) Assisted living centers may not admit or retain residents who require more than intermittent nursing care or rehabilitation services;

(2) An assisted living center that admits or retains residents who require administration of medications must employ or contract with a licensed nurse who reviews and documents resident care and condition at least weekly. A registered nurse or registered pharmacist shall provide medication administration training pursuant to § 20:48:04:01 to unlicensed assistive personnel employed by the facility who will be administering medications. Licensed practical nurses who review resident care and condition must be in compliance with requirements for supervision pursuant to SDCL 36-9-4. Unlicensed assistive personnel must receive ongoing resident specific training for medication administration and annual training in all aspects of medication administration occurring at the facility;

(3) An assisted living center which admits or retains a resident with cognitive impairment must have the resident's physician determine and document if services offered by the facility continue to enhance the resident's functioning in activities of daily living. The physician shall identify if other disabilities and illnesses are impacting the resident's cognitive and mental functioning. The center must be approved for medication administration. All staff members must attend annual inservice training specified in § 44:04:04:05 with completion of subdivision (9) within one month after employment. The center must be equipped with exit alarms installed in compliance with subdivision 44:04:02:17(6);

(4) Assisted living centers that admit or retain residents with physical impairments that prevent them from walking independently must provide a call system in accordance with subdivision 44:04:02:17(3);

(5) Assisted living centers that admit or retain a resident not capable of self preservation must meet **NFPA 101 Life Safety Code,** 2000 edition, health care occupancy standards in chapter 18 or 19 or equip the facility with complete automatic sprinkler protection;

(6) Assisted living centers that admit or retain residents dependent on supplemental oxygen must train staff regarding oxygen safety, proper administration of oxygen, and must practice safe oxygen handling procedures; and

(7) Assisted living centers that admit or retain residents requiring a therapeutic diet must employ or contract a dietitian. The dietitian shall approve written menus and diet extensions, assess the resident's nutritional status and dietary needs, plan individual diets, and provide guidance to dietary staff in areas of preparation, service, and monitoring the resident's acceptance of the diet. The frequency of dietitian visits shall be at least quarterly or sooner as determined by the resident's dietary need and the facility's ability to implement the diet correctly.

Assisted living centers that intend to offer services identified in subdivisions (2) to (7), inclusive, of this section must comply with the additional requirements and request and receive approval printed on a new license from the department, prior to providing the additional services.

Source: SL 1975, ch 16, § 1; 6 SDR 93, effective July 1, 1980; 14 SDR 81, effective December 10, 1987; 22 SDR 70, effective November 19, 1995; 24 SDR 90, effective January 4, 1998; 26 SDR 96, effective January 23, 2000; 27 SDR 59, effective December 17, 2000; 28 SDR 83, effective December 16, 2001; 29 SDR 81, effective December 11, 2002.
General Authority: SDCL 34-12-13.
Law Implemented: SDCL 34-12-13.

Reference: NFPA 101 Life Safety Code, 2000 edition, National Fire Protection Association. Copies may be obtained from the National Fire Protection Association, P.O. Box 9101, Quincy, Massachusetts 02269-9101. Phone: 1-800-344-3555. Cost: $53.50.

44:04:04:13. Transferred to § 44:04:06:15.

44:04:04:14. Transferred to § 44:04:06:16.

44:04:04:15. Transfer agreements. Each nursing facility must have in effect a transfer agreement with one or more hospitals sufficiently close to provide prompt inpatient hospital care to the facility's residents when needed. The agreement must provide for an interchange of medical and other information necessary or useful in the care and treatment of individuals transferred between the facilities.

Each specialized hospital and critical access hospital must have in effect a transfer agreement with one or more hospitals to provide services not available on site. The agreement must provide for an interchange of medical and other necessary information; and

Each ambulatory surgery center must have in effect a transfer agreement with a hospital sufficiently close to accept emergency transfer of patients.

Source: Transferred from § 44:04:04:07, 17 SDR 122, effective February 24, 1991; 22 SDR 70, effective November 19, 1995; 26 SDR 96, effective January 23, 2000.
General Authority: SDCL 34-12-13.
Law Implemented: SDCL 34-12-13.

44:04:04:16. Quality assessment. Each licensed facility shall provide for on-going evaluation of the quality of services provided to patients or residents. Components of the quality assessment evaluation must include establishment of facility standards; interdisciplinary review of patient or resident services to identify deviations from the standards and actions taken to correct deviations; patient or resident satisfaction surveys; utilization of services provided; and documentation of the evaluation and report to the governing body.

Source: 22 SDR 70, effective November 19, 1995; 26 SDR 96, effective January 23, 2000; 29 SDR 81, effective December 11, 2002.
General Authority: SDCL 34-12-13.
Law Implemented: SDCL 34-12-13.

44:04:04:17. Discharge planning. A facility must have policies and procedures for discharge planning including the person responsible, members of the discharge planning team, a list of all area agencies and resources, and a description of the process. Outside caregivers may be included in discharge planning conferences.

Within 24 hours after admission, a hospital must determine each patient's potential need for continuing care following discharge and within 48 hours a nursing facility and assisted living center must determine each resident's potential for discharge. The facility must initiate planning with applicable agencies to meet identified needs, and patients and residents must be offered assistance to obtain needed services upon discharge. Information necessary for coordination and continuity of care must be made available to whomever the patient or resident is discharged and to referral agencies as required by the discharge plan.

Source: 22 SDR 70, effective November 19, 1995; 26 SDR 96, effective January 23, 2000.
General Authority: SDCL 34-12-13.
Law Implemented: SDCL 34-12-13.