

7. QUALITY OF CARE

Each resident must receive, and the facility must provide, the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.

7.1 Activities of Daily Living

Based on the comprehensive assessment of a resident, the facility must ensure that:

(a) a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's ability to:

(1) bathe, dress and groom;

(2) transfer and ambulate;

(3) toilet;

(4) eat; and

(5) use speech, language or other functional communication systems.

(b) a resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in subsection 7.1(a) above; and

(c) a resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.

7.2 Vision and Hearing

To ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities, the facility must, if necessary, assist the resident:

(a) in making appointments; and

(b) by arranging for transportation to and from the office of a practitioner specializing in the treatment of vision or hearing impairment or the office of a professional specializing in the provision of vision or hearing assistive devices.

7.3 Pressure Sores

Based on the comprehensive assessment of a resident, the facility must ensure that:

(a) a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and

(b) a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.

7.4 Urinary Incontinence

Based on the resident's comprehensive assessment, the facility must ensure that:

(a) a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and

(b) a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.

7.5 Range of Motion

Based on the comprehensive assessment of a resident, the facility must ensure that:

(a) a resident who enters the facility without a limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and

(b) a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.

7.6 Mental and Psychosocial Functioning

Based on the comprehensive assessment of a resident, the facility must ensure that:

(a) a resident who displays mental or psychosocial adjustment difficulty, receives appropriate treatment and services to correct the assessed problem; and

(b) a resident whose assessment did not reveal a mental or psychosocial adjustment difficulty does not display a pattern of decreased social interaction and/or increased withdrawn, angry or depressive behaviors, unless the resident's clinical condition demonstrates that such a pattern is unavoidable.

7.7 Naso-Gastric Tubes

Based on the comprehensive assessment of a resident, the facility must ensure that:

(a) a resident who has been able to eat enough alone or with assistance is not fed by naso-gastric tube unless the resident's clinical condition demonstrates that use of a naso-gastric tube was unavoidable; and

(b) a resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration, pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.

7.8 Accidents

The facility must ensure that:

(a) the resident's environment remains as free of accident hazards as is possible; and

(b) each resident receives adequate supervision and assistive devices to prevent accidents.

7.9 Nutrition

Based on a resident's comprehensive assessment, the facility must ensure that a resident:

(a) maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and

(b) receives a therapeutic diet when there is a nutritional problem.

7.10 Hydration

The facility must provide each resident with sufficient fluid intake to maintain proper hydration and health.

7.11 Special Needs

The facility must ensure that residents receive proper treatment and care for the following special services:

(a) injections;

(b) parenteral and enteral fluids;

(c) colostomy, ureterostomy or ileostomy care;

(d) tracheostomy care;

(e) tracheal suctioning;

(f) respiratory care;

(g) foot care; and

(h) prostheses.

7.12 Medication/Drugs

(a) General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used:

(1) in excessive dose (including duplicate therapy); or

(2) for excessive duration; or

(3) without adequate monitoring; or

(4) without adequate indications for its use; or

(5) in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or

(6) any combinations of the reasons above.

(b) Antipsychotic Drugs. Based on a comprehensive assessment of a resident, the facility must ensure that:

(1) residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and

(2) residents who use antipsychotic drugs receive gradual dose reductions and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.

(c) Medication Errors. The facility must ensure that

(1) it is free of medication error rates of five percent or greater; and

(2) residents are free of any significant medication errors.

(d) Controlled Drugs Policy. Facilities shall have policies and procedures regarding controlled drugs as required in 7.18 and in state law at 18 V.S.A. §§ 4201-4255.

7.13 Nursing Services

The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care or as specified by the licensing agency.

(a) Sufficient staff. The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:

(1) licensed nurses and

(2) other nursing personnel.

(b) The facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.

(c) Registered Nurse.

(1) The facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.

(2) The facility must designate a registered nurse to serve as the director of nursing on a full time basis.

(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.

(d) Staffing Levels. The facility shall maintain staffing levels adequate to meet resident needs.

(1) At a minimum, nursing facilities must provide:

(i) no fewer than 3 hours of direct care per resident per day, on a weekly average, including nursing care, personal care and restorative nursing care, but not including administration or supervision of staff; and

(ii) of the three hours of direct care, no fewer than 2 hours per resident per day must be assigned to provide standard LNA care (such as personal care, assistance with ambulation, feeding, etc.) performed by LNAs or equivalent staff and not including meal preparation, physical therapy or the activities program.

(2) The facility shall provide staffing information to the licensing agency in a manner and on a schedule prescribed by the licensing agency.

7.14 Dietary Services

The facility must provide each resident with a nourishing, palatable, well-balanced diet that meets the daily nutritional and special dietary needs of each resident.

(a) Staffing. The facility must employ a qualified dietitian either full-time, part-time, or on a consultant basis.

(1) If a qualified dietitian is not employed full-time, the facility must designate a person to serve as the director of food service who receives frequently scheduled consultation from a qualified dietitian.

(2) A qualified dietitian is one who is qualified based upon either registration by the Commission on Dietetic Registration of the American Dietetic Association, or on the basis of education, training or experience in identification of dietary needs, planning and implementation of dietary programs.

(3) Sufficient staff. The facility must employ sufficient support personnel competent to carry out the functions of the dietary service.

(b) Menus and nutritional adequacy. Menus must:

(1) meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences;

(2) be prepared in advance; and

(3) be followed.

(c) Food. Each resident shall receive and the facility shall provide:

(1) food prepared by methods that conserve nutritive value, flavor and appearance;

(2) food that is palatable, attractive, and at the proper temperature;

(3) food prepared in a form designed to meet individual needs;

(4) substitutes offered of similar nutritive value to residents who refuse food served.

(d) Therapeutic diets. Therapeutic diets must be prescribed by the attending physician.

(e) Frequency of meals.

(1) Each resident shall receive and the facility shall provide at least three meals daily, at regular times comparable to normal mealtimes in the community.

(2) There must be no more than 14 hours between a substantial evening meal and breakfast the following date, except as provided in (4) below.

(3) The facility must offer snacks at midday and bedtime daily.

(4) When a nourishing snack is provided at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span, and a nourishing snack is served.

(f) Assistive devices. The facility must provide special eating equipment and utensils for residents who need them.

(g) Sanitary conditions. The facility must:

(1) procure food from sources approved or considered satisfactory by Federal, State or local authorities;

(2) store, prepare, distribute and serve food under sanitary conditions; and

(3) dispose of garbage and refuse properly.

7.15 Physician Services

A physician must personally approve in writing a recommendation that an individual be admitted to a facility. Each resident must remain under the care of a physician.

(a) Physician supervision. The facility must ensure that:

(1) the medical care of each resident is supervised by a physician; and

(2) another physician supervises the medical care of residents when their attending physician is unavailable.

(b) Physician visits. The physician must:

(1) review the resident's total program of care, including medications and treatments, and examine the resident personally at each visit required by subsection 7.15(c).

(2) write, sign and date progress notes at each visit; and

(3) sign and date all orders.

(c) Frequency of physician visits. The resident must be seen by a physician:

(1) within 48 hours prior to admission or within 48 hours following admission; and

(2) at least every 6 months thereafter and as the resident's condition warrants. The facility must assure that physician visits occur as clinically indicated for the resident.

(d) Except as provided in subsection 7.15(e), all required physician visits must be made by the physician personally.

(e) After the initial visit, at the option of the physician, required six-month visits, may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner or clinical nurse specialist in accordance with subsection 7.15(g) below.

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

(g) Physician delegation of tasks. Except as specified in subsection 7.15(h), a physician may delegate tasks to a physician assistant, nurse practitioner, or clinical nurse specialist who:

(1) is licensed as such by the State;

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

(3) is under the supervision of the physician.

(h) A physician may not delegate a task when these rules specify that the physician must perform it personally, or when the delegation is prohibited under State law or by the facility's own policies.

7.16 Specialized Rehabilitative Services

(a) Provision of Services. If specialized rehabilitative services such as, but not limited to, physical therapy, speech-language pathology, occupational therapy, and mental health rehabilitative services for mental illness and mental retardation, are required in the resident's comprehensive plan of care, the facility must:

(1) provide the required services; or

(2) obtain the required services from an outside resource (in accordance with subsection 11.2) from a provider of specialized rehabilitative services.

(b) Qualifications. Specialized rehabilitative services must be provided under the written order of a physician by qualified personnel.

7.17 Dental Services

(a) The facility must assist residents in obtaining routine and 24 hour emergency dental care.

(b) The facility must provide or obtain from an outside resource (in accordance with subsection 11.2) the following dental services to meet the needs of each resident.

(1) routine dental services (to the extent covered under the State Medicaid Plan); and

(2) emergency dental services.

(c) The facility must, if necessary, assist the resident:

(1) in making appointments;

(2) by arranging for transportation to and from the dentist's office; and

(3) must promptly refer residents with lost or damaged dentures to a dentist.

7.18 Pharmacy Services

The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in subsection 11.2. All drugs must be administered in conformance with the requirements of 18 V.S.A. Chapter 84.

(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure that accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.

(b) Service consultation. The facility must employ or obtain the services of a licensed pharmacist who:

(1) provides consultation on all aspects of the provision of pharmacy services in the facility;

(2) establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and

(3) determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.

(c) Drug regimen review. The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.

(d) The pharmacist must report any irregularities to the attending physician and the director of nursing, and these reports must be acted upon.

(e) Labeling of drugs and biologicals. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, with the expiration date when applicable.

(f) Storage of drugs and biologicals.

(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.

(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, 42 U.S.C. §812, and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.

(g) This section is not intended to prohibit residents from purchasing drugs or biologicals from outside sources.

7.19 Infection Control

(a) The facility must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection.

(b) Infection control program. The facility must establish an infection control program under which it:

(1) investigates, controls, and prevents infections in the facility;

(2) decides what procedures such as isolation should be applied to an individual resident; and

(3) maintains a record of incidents and corrective actions related to infections.

(c) Preventing spread of infection.

(1) When the infection control program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.

(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.

(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.

(d) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.