

**DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH**  
Chapter 32 of Title 22 DCR

**3207 PHYSICIAN SERVICES AND MEDICAL SUPERVISION OF RESIDENTS**

3207.1 The Medical Director shall assume full responsibility for the overall supervision of the medical care provided in the facility. If the Medical Director is absent, he or she shall delegate the continuity and supervision of resident care to a qualified physician.

3207.2 The Medical Director shall:

- (a) Coordinate medical care in the facility;
- (b) Implement resident care policies;
- (c) Develop written medical bylaws and medical policies;
- (d) Serve as liaison with attending physicians to ensure the prompt issuance and implementation of orders;
- (e) Review incidents and accidents that occur on the premises to identify hazards to health and safety;
- (f) Ensure that medical components of resident care policies are followed;
- (g) Assist the Administrator in arranging twenty-four (24) hours of continuous physician services a day for medical emergencies and in developing procedures for emergency medical care; and
- (h) Ensure that attending medical professionals who treat residents in the facility have current District of Columbia licenses, U.S. Drug Enforcement Agency and D.C. Controlled Substances registrations on file in the facility, along with initial and annual certifications of their freedom from communicable disease.

3207.3 Except as specified in subsection 3207.5 of this section, a physician may delegate tasks to a licensed physician assistant or licensed nurse practitioner who:

- (a) Meets the applicable definition in section 3299 of this Chapter; and
- (b) Is acting within the scope of practice as defined by District of Columbia law.

3207.4 A physician's assistant shall be supervised by a physician.

3207.5 A physician may not delegate a task when regulations specify that the physician shall perform it personally, or when the delegation is prohibited under District law or by the facility's own policies.

3207.6 The physician shall prescribe a planned regimen of medical care which includes the following:

- (a) Medications and treatment;
- (b) Rehabilitative services;
- (c) Diet;
- (d) Special procedures and contraindications for the health and safety of the resident;
- (e) Resident therapeutic activities; and
- (f) Plans for continuing care and discharge.

3207.7 A facility shall have available for each resident vaccines currently recommended by the U.S. Health Advisory Committee on Immunization Practices (ACIP) as appropriate for age, occupation, lifestyle, environmental situation, documented evidence of prior vaccine, if available, or immunity and current medical status.

3207.8 Each physician shall adhere to the written policies and regulations that govern the health services provided in the facility.

3207.9 The Medical Director shall make arrangements for the provision of medical care twenty-four (24) hours a day.

3207.10 Dated orders and dated progress notes in the resident's medical record shall be used to document medical supervision at the time of each visit and shall be signed and dated by the resident's

physician or the resident's nurse practitioner or physician assistant, with countersignature by the resident's physician.

3207.11 Each resident shall have a comprehensive medical examination and evaluation of his or her health status at least every twelve (12) months, and documented in the resident's medical record.

3207.12 A schedule with the names and telephone numbers of each physician and days he or she is on call shall be kept at each nursing station.

3207.13 There shall be available at each nursing station written procedures on emergency care, including care of residents, persons to be notified and reports to be prepared.