

13.1.b. All of a resident's clinical records shall be retained for the longer of the following time periods:

13.1.b.1. Five (5) years from the date of discharge or death; or

13.1.b.2. For a minor, three (3) years after a resident reaches eighteen (18) years of age.

13.1.c. A nursing home shall safeguard clinical record information against loss, destruction, or unauthorized use.

13.1.d. A nursing home shall ensure that each clinical record contains a photograph of the resident, unless the resident objects.

13.2. Confidentiality. A nursing home shall keep all information contained in the resident's clinical record confidential, except when release is required by:

13.2.a. Transfer to another health care institution;

13.2.b. Law;

13.2.c. Third party payment contract; or

13.2.d. The resident.

13.3. Contents. The clinical record shall contain:

13.3.a. Sufficient information to identify the resident;

13.3.b. All the resident's assessments;

13.3.c. The resident's plan of care and services provided;

13.3.d. The results of any pre-admission screening conducted by the State;

13.3.e. Progress notes; and

13.3.f. Physician orders.

'64-13-14. Quality Assessment and Assurance.

14.1. Quality Improvement Committee.

14.1.a. A nursing home shall maintain a quality improvement and assessment committee consisting of:

14.1.a.1. The director of nursing services;

14.1.a.2. The medical director; and

14.1.a.3. At least three (3) other members of the nursing home's staff.

14.1.b. The quality improvement and assessment committee shall:

14.1.b.1. Meet at least quarterly to identify issues of quality assessment and improvement activities;

14.1.b.2. Develop and implement appropriate plans of action to correct identified quality deficiencies;

14.1.b.3. Continuously measure, assess, and improve all important resident care and nursing home functions;

14.1.b.4. Collect and review outcome data and use it to systematically benchmark the level of quality with that of other extended care providers; and

14.1.b.5. Collect and review resident satisfaction.

14.2. Disclosure of Records. The State may not require disclosure of the quality improvement committee records insofar as the disclosure is related to the compliance with the requirements of this section.

14.3. Sanctions.

14.3.a. The agency shall not use good faith attempts as documented by a nursing home's committee to identify and correct areas of concern or deficiencies as a basis for citing a new deficiency or as a basis for sanctions.

'64-13-15. Inspections and Investigations.

15.1. Regular Inspections.

15.1.a. The director shall make or cause to be made inspections by his or her authorized representatives as necessary to carry out the intent of W. Va. '16-5C-1 and this rule.

15.1.b. All licensed nursing homes shall be inspected annually, or in accordance with Section 17 of this rule to determine the nursing homes' compliance with applicable statutes and rules.

15.1.b.1. Nursing homes with the greatest number of deficiencies shall be investigated with greater frequency as determined by the director.

15.1.c. The director shall provide a nursing home with a written description of its deficiencies within ten (10) working days of the last day of the inspection.

15.2. Complaint Investigation.

15.2.a. Any person may register a complaint with the director alleging violation of applicable statutes and rules by a nursing home.

15.2.a.1. The director shall document all complaints and shall identify the nursing home involved.