

nonparticipation in activities and reasons for nonparticipation as it relates to the resident=s care plan; and maintaining a current record of community services, resources, programs, and nursing home materials available to the residents, staff, and families; and

5.10.d.2. Designing an activities program to restore, maintain, and improve functioning and well-being in conjunction with the care plan for the individual resident.

5.11. Social Services.

5.11.a. The nursing home shall provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

5.11.b. A nursing home with sixty (60) or more beds shall employ a qualified social worker on a full-time basis.

5.11.c. A qualified social worker is a person with:

5.11.c.1. A license to practice social work in the State of West Virginia; and

5.11.c.2. Who has a demonstrated ability to provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

'64-13-6. Resident Assessment.

6.1. The nursing home shall conduct a comprehensive, accurate, standardized, and reproducible assessment of each resident's functional capacity.

6.2. Admission Orders.

6.2.a. At the time each resident is admitted, the nursing home shall have physician orders for the resident's immediate care.

6.3. Comprehensive Assessments.

6.3.a. The nursing home shall make a comprehensive assessment of a resident's needs which:

6.3.a.1. Is based on a uniform data set and instrument specified by the director; and

6.3.a.2. Describes the resident's capability to perform daily life functions and any significant impairments in functional capacity.

6.3.b. The comprehensive assessment shall include the resident=s:

6.3.b.1. Identification and demographic information;

6.3.b.2. Customary routine;

6.3.b.3. Cognitive patterns;

6.3.b.4. Communication;

6.3.b.5. Vision;

6.3.b.6. Mood and behavior patterns;

6.3.b.7. Psychosocial well-being;

6.3.b.8. Physical functioning and structural problems;

6.3.b.9. Continence;

6.3.b.10. Disease diagnosis and health conditions;

6.3.b.11. Dental and nutritional status;

6.3.b.12. Skin conditions;

6.3.b.13. Activity pursuit;

6.3.b.14. Medications;

6.3.b.15. Special treatments and procedures;

6.3.b.16. Discharge potential;

6.3.b.17. Documentation and summary information regarding the additional assessment performed through the resident assessment protocols.

6.3.b.18. Documentation of participation in assessment.

6.3.c. Frequency. Comprehensive assessments shall be conducted:

6.3.c.1. No later than fourteen (14) days after the date of admission;

6.3.c.2. Within fourteen (14) days after the facility determines, or should have determined that there has been a significant change in the resident's physical or mental condition; and

6.3.c.3. In no case less often than every three hundred sixty-six (366) days.

6.3.d. Review of Assessments. A nursing home shall examine each resident no less than once every ninety-two (92) days, and as appropriate, revise the resident's assessment to assure the continued accuracy of the assessment.

6.3.e. Use. The nursing home shall use the results of the assessment to develop, review, and revise the resident's comprehensive plan of care under Section 7 of this rule.

6.3.f. Coordination. A nursing home shall coordinate assessments with any State-required pre-admission screening program to the maximum extent practicable to avoid duplicative testing and effort.

6.4. Accuracy of Assessments.

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6.4.a. Each assessment shall be conducted or coordinated with the appropriate participation of health professionals.

6.4.b. Each assessment shall be conducted or coordinated by a registered nurse who signs and certifies the completion of the assessment.

6.4.c. Each person who completes a portion of the assessment shall sign and certify the accuracy of that portion of the assessment.

6.4.d. Civil money penalty for falsification.

6.4.d.1. A person who willfully and knowingly certifies (or causes another person to certify) a material and false statement in a resident assessment is subject to civil money penalties.

6.4.e. Use of independent assessors.

6.4.e.1. If the director determines, under an inspection or otherwise, that there has been a knowing and willful certification of false statements under Subdivision 6.3.c. of this rule the director may require (for a period specified by the director) that resident assessments under this section be conducted and certified by persons who are independent of the nursing home and who are approved by the director.