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4. In addition to subs. 1., 2., and 3., nursing documentation describing:

- a. The general physical and mental condition of the resident, including any unusual symptoms or actions;
- b. All incidents or accidents including time, place, details of incident or accident, action taken, and follow-up care;
- c. The administration of all medications (see s. HFS 132.60 (5) (d)), the need for PRN medications and the resident's response, refusal to take medication, omission of medications, errors in the administration of medications, and drug reactions;
- d. Food and fluid intake, when the monitoring of intake is necessary;
- e. Any unusual occurrences of appetite or refusal or reluctance to accept diets;
- f. Summary of restorative nursing measures which are provided;
- g. Summary of the use of physical and chemical restraints as required by s. HFS 132.60 (6) (g);
- h. Other non-routine nursing care given;
- i. The condition of a resident upon discharge; and
- j. The time of death, the physician called, and the person to whom the body was released.

(d) *Social service records.* Notes regarding pertinent social data and action taken.

(e) *Activities records.* Documentation of activities programming, a summary of attendance, and quarterly progress notes.

(f) *Rehabilitative services.* 1. An evaluation of the rehabilitative needs of the resident; and

2. Progress notes detailing treatment given, evaluation, and progress.

(h) *Dental services.* Records of all dental services.

(i) *Diagnostic services.* Records of all diagnostic tests performed during the resident's stay in the facility.

(j) *Plan of care.* Plan of care required by s. HFS 132.60 (8).

(k) *Authorization or consent.* A photocopy of any court order or other document authorizing another person to speak or act on behalf of the resident and any resident consent form required under this chapter, except that if the authorization or consent form exceeds one page in length an accurate summary may be substituted in the resident record and the complete authorization or consent form shall in this case be maintained as required under sub. (6) (i). The summary shall include:

1. The name and address of the guardian or other person having authority to speak or act on behalf of the resident;
2. The date on which the authorization or consent takes effect and the date on which it expires;
3. The express legal nature of the authorization or consent and any limitations on it; and
4. Any other factors reasonably necessary to clarify the scope and extent of the authorization or consent.

(L) *Discharge or transfer information.* Documents, prepared upon a resident's discharge or transfer from the facility, summarizing, when appropriate:

1. Current medical findings and condition;
2. Final diagnoses;
3. Rehabilitation potential;
4. A summary of the course of treatment;
5. Nursing and dietary information;
6. Ambulation status;
7. Administrative and social information; and
8. Needed continued care and instructions.

(6) **OTHER RECORDS.** The facility shall retain:

- (a) *Dietary records.* All menus and therapeutic diets;

(b) *Staffing records.* Records of staff work schedules and time worked;

(c) *Safety tests.* Records of tests of fire detection, alarm, and extinguishment equipment;

(d) *Resident census.* At least a weekly census of all residents, indicating numbers of residents requiring each level of care;

(e) *Professional consultations.* Documentation of professional consultations by:

1. A dietitian, if required by s. HFS 132.63 (2) (b);
2. A registered nurse, if required by s. HFS 132.62 (2); and
3. Others, as may be used by the facility;

(f) *Inservice and orientation programs.* Subject matter, instructors and attendance records of all inservice and orientation programs;

(g) *Transfer agreements.* Transfer agreements, unless exempt under s. HFS 132.53 (4);

(h) *Funds and property statement.* The statement prepared upon a resident's discharge or transfer from the facility that accounts for all funds and property held by the facility for the resident, as required under s. HFS 132.31 (1) (c) 3.; and

(i) *Court orders and consent forms.* Copies of court orders or other documents, if any, authorizing another person to speak or act on behalf of the resident.

**History:** Cr. Register, July, 1982, No. 319, eff. 8-1-82; am. (1) (3) (c) (5) (intro.), (b) 1. intro. and e., 2. a. and d., 3., (c) 1. and 2., (d) 1., (e), (f) 1. and (g), (6) (g), renum. (4) (a) to (e), (5) (e) and (6) (h) to be (4) (c) to (g), (5) (L) and (6) (i) and am. (5) (L), cr. (4) (a) and (b), (5) (e) and (6) (h), Register, January, 1987, No. 373, eff. 2-1-87; **CR 04-053: r. and recr. (3) and (5) (d), am. (4) (g) 2. and (5) (e), r. (5) (g) Register October 2004 No. 586, eff. 11-1-04.**

**HFS 132.46 Quality assessment and assurance.**

**(1) COMMITTEE MAINTENANCE AND COMPOSITION.** A facility shall maintain a quality assessment and assurance committee for the purpose of identifying and addressing quality of care issues. The committee shall be comprised of at least all of the following individuals:

- (a) The director of nursing services.
- (b) The medical director or a physician designated by the facility.
- (c) At least 3 other members of the facility's staff.

**(2) COMMITTEE RESPONSIBILITIES.** The quality assessment and assurance committee shall do all of the following:

(a) Meet at least quarterly to identify quality of care issues with respect to which quality assessment and assurance activities are necessary.

(b) Identify, develop and implement appropriate plans of action to correct identified quality deficiencies.

**(3) CONFIDENTIALITY.** The department may not require disclosure of the records of the quality assessment and assurance committee except to determine compliance with the requirements of this section. This paragraph does not apply to any record otherwise specified in this chapter or s. 50.04 (3), 50.07 (1) (c) or 146.82 (2) (a) 5., Stats.

**History:** CR 04-053: cr. Register October 2004 No. 586, eff. 11-1-04.

**Subchapter V — Admissions, Retentions and Removals**

**HFS 132.51 Limitations on admissions and programs.** **(1) LICENSE LIMITATIONS.** (a) *Bed capacity.* No facility may house more residents than the maximum bed capacity for which it is licensed. Persons participating in a day care program are not residents for purposes of this chapter.

(b) *Care levels.* 1. No person who requires care greater than that which the facility is licensed to provide may be admitted to or retained in the facility.

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2. No resident whose condition changes to require care greater than that which the facility is licensed to provide shall be retained.

(c) *Other conditions.* The facility shall comply with all other conditions of the license.

(2) **OTHER LIMITATIONS ON ADMISSIONS.** (a) *Persons requiring unavailable services.* Persons who require services which the facility does not provide or make available shall not be admitted or retained.

(b) *Communicable diseases.* 1. 'Communicable disease management.' The nursing home shall have the ability to appropriately manage persons with communicable disease the nursing home admits or retains based on currently recognized standards of practice.

2. 'Reportable diseases.' Facilities shall report suspected communicable diseases that are reportable under ch. HFS 145 to the local public health officer or to the department's bureau of communicable disease.

**Note:** For a copy of ch. HFS 145 which includes a list of the communicable diseases which must be reported, write the Bureau of Public Health, P.O. Box 309, Madison, WI 53701 (phone 608-267-9003). There is no charge for a copy of ch. HFS 145. The referenced publications, "Guideline for Isolation Precautions in Hospitals and Guideline for Infection Control in Hospital Personnel" (HHS Publication No. (CSC) 83-8314) and "Universal Precautions for Prevention of . . . Bloodborne Pathogens in Health Care Settings", may be purchased from the Superintendent of Documents, Washington D.C. 20402, and is available for review in the office of the Department's Bureau of Quality Assurance, the Office of the Secretary of State, and the Revisor of Statutes Bureau.

(c) *Abusive or destructive residents.* 1. Notwithstanding s. HFS 132.13 (1), in this paragraph, "abusive" describes a resident whose behavior involves any single or repeated act of force, violence, harassment, deprivation or mental pressure which does or reasonably could cause physical pain or injury to another resident, or mental anguish or fear in another resident.

2. Residents who are known to be destructive of property, self-destructive, disturbing or abusive to other residents, or suicidal, shall not be admitted or retained, unless the facility has and uses sufficient resources to appropriately manage and care for them.

(d) *Developmental disabilities.* 1. No person who has a developmental disability may be admitted to a facility unless the facility is certified as an intermediate care facility for the mentally retarded, except that a person who has a developmental disability and who requires skilled nursing care services may be admitted to a skilled nursing facility.

2. Except in an emergency, no person who has a developmental disability may be admitted to a facility unless the county department under s. 46.23, 51.42, or 51.437, Stats., of the individual's county of residence has recommended the admission.

(e) *Mental illness.* Except in an emergency, no person who is under age 65 and has a mental illness as defined in s. 51.01 (13), Stats., may be admitted to a facility unless the county department under s. 46.23, 51.42 or 51.437, Stats., of the individual's county of residence has recommended the admission.

(f) *Minors.* 1. No person under the age of 18 years may be admitted, unless approved for admission by the department.

2. Requests for approval to admit a person under the age of 18 years shall be made in writing and shall include:

a. A statement from the referring physician stating the medical, nursing, rehabilitation, and special services required by the minor;

b. A statement from the administrator certifying that the required services can be provided;

c. A statement from the attending physician certifying that the physician will be providing medical care; and

d. A statement from the persons or agencies assuming financial responsibility.

(g) *Admissions 7 days a week.* No facility may refuse to admit new residents solely because of the day of the week.

(3) **DAY CARE SERVICES.** A facility may provide day care services to persons not housed by the facility, provided that:

(a) Day care services do not interfere with the services for residents;

(b) Each day care client is served upon the certification by a physician or physician's assistant that the client is free from tuberculosis infection; and

(c) Provision is made to enable day care clients to rest. Beds need not be provided for this purpose, and beds assigned to residents may not be provided for this purpose.

**Note:** For administration of medications to day care clients, see s. HFS 132.60 (5) (d) 6.; for required records, see s. HFS 132.45 (4) (c).

**History:** Cr. Register, July, 1982, No. 319, eff. 8-1-82; emerg. r. and recr. (2) (d) and (3), eff. 9-15-86; r. and recr. (2) (d) am. (1) (b) 1., (2) (e) 1. and 2. intro., (3) (a) and (b), (4) (c), Register, January, 1987, No. 373, eff. 2-1-87; am. (2) (b) 2. and 3. (d) 2., r. (2) (d) 3. and (3), renum. (2) (e), (f) and (4) to be (2) (f), (g) and (3), cr. (2) (e), Register, February, 1989, No. 398, eff. 3-1-89; correction in (2) (b) 3. made under s. 13.93 (2m) (b) 7., Stats., Register, August, 2000, No. 536; CR 03-033; r. and recr. (2) (b) 1. Register December 2003 No. 576, eff. 1-1-04; **CR 04-053; r. and recr. (2) (b) and am. (2) (c) Register October 2004 No. 586, eff. 11-1-04.**

**HFS 132.52 Procedures for admission.** (1) **APPLICABILITY.** The procedures in this section apply to all persons admitted to facilities except persons admitted for short-term care. Section HFS 132.70 (2) applies to persons admitted for short-term care.

(2) **PHYSICIAN'S ORDERS.** No person may be admitted as a resident except upon:

(a) Order of a physician;

(b) Receipt of information from a physician, before or on the day of admission, about the person's current medical condition and diagnosis, and receipt of a physician's initial plan of care and orders from a physician for immediate care of the resident; and

(c) Receipt of certification in writing from a physician, physician assistant or advanced practice nurse prescriber that the individual has been screened for the presence of clinically apparent communicable disease that could be transmitted to other residents or employees, including screening for tuberculosis within 90 days prior to admission, or a physician, physician assistant or advanced practice nurse prescriber has ordered procedures to treat and limit the spread of any communicable diseases the individual may be found to have.

(3) **MEDICAL EXAMINATION AND EVALUATION.** (a) *Examination.* Each resident shall have a physical examination by a physician or physician extender within 48 hours following admission unless an examination was performed within 15 days before admission.

(b) *Evaluation.* Within 48 hours after admission the physician or physician extender shall complete the resident's medical history and physical examination record.

**Note:** For admission of residents with communicable disease, see s. HFS 132.51 (2) (b).

(4) **INITIAL CARE PLAN.** Upon admission, a plan of care for nursing services based on an initial assessment shall be prepared and implemented, pending development of the plan of care required by s. HFS 132.60 (8).

**Note:** For care planning requirements, see s. HFS 132.60 (8).

(7) **FAMILY CARE INFORMATION AND REFERRAL.** If the secretary of the department has certified that a resource center, as defined in s. HFS 10.13 (42), is available for the facility under s. HFS 10.71, the facility shall provide information to prospective residents and refer residents and prospective residents to the aging and disability resource center as required under s. 50.04 (2g) to (2i), Stats., and s. HFS 10.73.

**History:** Cr. Register, July, 1982, No. 319, eff. 8-1-82; renum. (1) to (5) to be (2) to (6) and am. (2) and (3), cr. (1), Register, January, 1987, No. 373, eff. 2-1-87; cr. (7), Register, October, 2000, No. 538, eff. 11-1-00; CR 03-033; am. (2) (c) Register December 2003 No. 576, eff. 1-1-04; **CR 04-053; am. (2) (c) and (4) and r. (5) and (6) Register October 2004 No. 586, eff. 11-1-04.**

**HFS 132.53 Transfers and discharges.** (1) **SCOPE.** This section shall apply to all resident transfers and discharges, except that in the event of conflict with s. 49.45 (6c) (c) and (d),

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49.498 (4) or 50.03 (5m) or (14), Stats., the relevant statutory requirement shall apply.

**(2) CONDITIONS.** (a) *Prohibition and exceptions.* No resident may be discharged or transferred from a facility, except:

1. Upon the request or with the informed consent of the resident or guardian;
2. For nonpayment of charges, following reasonable opportunity to pay any deficiency;
3. If the resident requires care other than that which the facility is licensed to provide;
4. If the resident requires care which the facility does not provide and is not required to provide under this chapter;
5. For medical reasons as ordered by a physician;
6. In case of a medical emergency or disaster;
7. If the health, safety or welfare of the resident or other residents is endangered, as documented in the resident's clinical record;
8. If the resident does not need nursing home care;
9. If the short-term care period for which the resident was admitted has expired; or
10. As otherwise permitted by law.

(b) *Alternate placement.* 1. Except for transfers or discharges under par. (a) 2. and 6., no resident may be involuntarily transferred or discharged unless an alternative placement is arranged for the resident pursuant to s. HFS 132.31 (1) (j).

2. No resident may be involuntarily transferred or discharged under par. (a) 2. for nonpayment of charges if the resident meets both of the following conditions:

- a. He or she is in need of ongoing care and treatment and has not been accepted for ongoing care and treatment by another facility or through community support services; and
- b. The funding of the resident's care in the nursing home under s. 49.45 (6m), Stats., is reduced or terminated because either the resident requires a level or type of care which is not provided by the nursing home or the nursing home is found to be an institution for mental diseases as defined under 42 CFR 435.1009.

**(3) PROCEDURES.** (a) *Notice.* The facility shall provide a resident, the resident's physician and, if known, an immediate family member or legal counsel, guardian, relative or other responsible person at least 30 days notice of transfer or discharge under sub. (2) (a) 2. to 10., and the reasons for the transfer or discharge, unless the continued presence of the resident endangers the health, safety or welfare of the resident or other residents. The notice shall also contain the name, address and telephone number of the board on aging and long-term care. For a resident with developmental disability or mental illness, the notice shall contain the mailing address and telephone number of the protection and advocacy agency designated under s. 51.62 (2) (a), Stats.

(b) *Planning conference.* 1. Unless circumstances posing a danger to the health, safety or welfare of a resident require otherwise, at least 7 days before the planning conference required by subd. 2., the resident, guardian, if any, any appropriate county agency, and others designated by the resident, including the resident's physician, shall be given a notice containing the time and place of the conference, a statement informing the resident that any persons of the resident's choice may attend the conference, and the procedure for submitting a complaint to the department.

2. Unless the resident is receiving respite care or unless precluded by circumstances posing a danger to the health, safety, or welfare of a resident, prior to any involuntary transfer or discharge under sub. (2) (a) 2. to 10., a planning conference shall be held at least 14 days before transfer or discharge with the resident, guardian, if any, any appropriate county agency, and others designated by the resident, including the resident's physician, to review the need for relocation, assess the effect of relocation on the resident,

discuss alternative placements and develop a relocation plan which includes at least those activities listed in subd. 3.

3. Transfer and discharge activities shall include:

- a. Counseling regarding the impending transfer or discharge;
  - b. The opportunity for the resident to make at least one visit to the potential alternative placement, if any, including a meeting with that facility's admissions staff, unless medically contraindicated or waived by the resident;
  - c. Assistance in moving the resident and the resident's belongings and funds to the new facility or quarters; and
  - d. Provisions for needed medications and treatments during relocation.
4. A resident who is transferred or discharged at the resident's request shall be advised of the assistance required by subd. 3. and shall be provided with that assistance upon request.

(c) *Records.* Upon transfer or discharge of a resident, the documents required by s. HFS 132.45 (5) (L) and (6) (h) shall be prepared and provided to the facility admitting the resident, along with any other information about the resident needed by the admitting facility.

**(4) TRANSFER AGREEMENTS.** (a) *Requirement.* Each facility shall have in effect a transfer agreement with one or more hospitals under which inpatient hospital care or other hospital services are available promptly to the facility's residents when needed. Each intermediate care facility shall also have in effect a transfer agreement with one or more skilled care facilities.

(b) *Transfer of residents.* A hospital and a facility shall be considered to have a transfer agreement in effect if there is a written agreement between them or, when the 2 institutions are under common control, if there is a written statement by the person or body which controls them, which gives reasonable assurance that:

1. Transfer of residents will take place between the hospital and the facility ensuring timely admission, whenever such transfer is medically appropriate as determined by the attending physician; and
2. There shall be interchange of medical and other information necessary for the care and treatment of individuals transferred between the institutions, or for determining whether such individuals can be adequately cared for somewhere other than in either of the institutions.

(c) *Exemption.* A facility which does not have a resident transfer agreement in effect, but which is found by the department to have attempted in good faith to enter into such an agreement with a hospital sufficiently close to the facility to make feasible the transfer between them of residents and the information referred to in par. (b) 2., shall be considered to have such an agreement in effect if and for so long as the department finds that to do so is in the public interest and essential to ensuring skilled nursing facility services in the community.

(d) *Notice requirements.* 1. Before a resident of a facility is transferred to a hospital or for therapeutic leave, the facility shall provide written information to the resident and an immediate family member or legal counsel concerning the provisions of the approved state medicaid plan about the period of time, if any, during which the resident is permitted to return and resume residence in the nursing facility.

2. At the time of a resident's transfer to a hospital or for therapeutic leave, the facility shall provide written notice to the resident and an immediate family member or legal counsel of the duration of the period, if any, specified under subd. 1.

**Note:** The "approved state medicaid plan" referred to s. 49.498 (4) (d) 1a, Stats., and subd. 1. states that the department shall have a bedhold policy. The bedhold policy is found in s. HFS 107.09 (4) (j).

**(5) BEDHOLD.** (a) *Bedhold.* A resident who is on leave or temporarily discharged, as to a hospital for surgery or treatment, and has expressed an intention to return to the facility under the terms of the admission statement for bedhold, shall not be denied read-

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mission unless, at the time readmission is requested, a condition of sub. (2) (b) has been satisfied.

(b) *Limitation.* The facility shall hold a resident's bed under par. (a) until the resident returns, until the resident waives his or her right to have the bed held, or up to 15 days following the temporary leave or discharge, whichever is earlier.

*Note:* See s. HFS 107.09 (4) (j) for medical assistance bedhold rules.

**(6) APPEALS ON TRANSFERS AND DISCHARGES.** (a) *Right to appeal.* 1. A resident may appeal an involuntary transfer or discharge decision.

2. Every facility shall post in a prominent place a notice that a resident has a right to appeal a transfer or discharge decision. The notice shall explain how to appeal that decision and shall contain the address and telephone number of the nearest bureau of quality assurance regional office. The notice shall also contain the name, address and telephone number of the state board on aging and long-term care or, if the resident is developmentally disabled or has a mental illness, the mailing address and telephone number of the protection and advocacy agency designated under s. 51.62 (2) (a), Stats.

3. A copy of the notice of a resident's right to appeal a transfer or discharge decision shall be placed in each resident's admission folder.

4. Every notice of transfer or discharge under sub. (3) (a) to a resident, relative, guardian or other responsible party shall include a notice of the resident's right to appeal that decision.

(b) *Appeal procedures.* 1. If a resident wishes to appeal a transfer or discharge decision, the resident shall send a letter to the nearest regional office of the department's bureau of quality assurance within 7 days after receiving a notice of transfer or discharge from the facility, with a copy to the facility administrator, asking for a review of the decision.

2. The resident's written appeal shall indicate why the transfer or discharge should not take place.

3. Within 5 days after receiving a copy of the resident's written appeal, the facility shall provide written justification to the department's bureau of quality assurance for the transfer or discharge of the resident from the facility.

4. If the resident files a written appeal within 7 days after receiving notice of transfer or of discharge from the facility, the resident may not be transferred or discharged from the facility until the department's bureau of quality assurance has completed its review of the decision and notified both the resident and the facility of its decision.

5. The department's bureau of quality assurance shall complete its review of the facility's decision and notify both the resident and the facility in writing of its decision within 14 days after receiving written justification for the transfer or discharge of the resident from the facility.

6. A resident or a facility may appeal the decision of the department's bureau of quality assurance in writing to the department of administration's division of hearings and appeals within 5 days after receipt of the decision.

*Note:* The mailing address of the Division of Hearings and Appeals is P.O. Box 7875, Madison, Wisconsin 53707.

7. The appeal procedures in this paragraph do not apply if the continued presence of the resident poses a danger to the health, safety or welfare of the resident or other residents.

*History:* Cr. Register, July, 1982, No. 319, eff. 8-1-82; cr. (2) (b) 8. and 9., am. (2) (c), (3) (b) 2. and (c), Register, January, 1987, No. 373, eff. 2-1-87; renum. (2) (c) to be (2) (c) 1. and am., cr. (2) (c) 2., Register, February, 1989, No. 398, eff. 3-1-89; am. (2) (c) 2. b., Register, October, 1989, No. 406, eff. 11-1-89; r. and recr. (1) to (3), cr. (4) (d) and (6), Register, June, 1991, No. 426, eff. 7-1-91.

**HFS 132.54 Transfer within the facility.** Prior to any transfer of a resident between rooms or beds within a facility, the resident or guardian, if any, and any other person designated by the resident shall be given reasonable notice and an explanation of the reasons for transfer. Transfer of a resident between rooms or beds within a facility may be made only for medical reasons or

for the resident's welfare or the welfare of other residents or as permitted under s. HFS 132.31 (1) (p) 1.

*History:* Cr. Register, July, 1982, No. 319, eff. 8-1-82; am. Register, January, 1987, No. 373, eff. 2-1-87.

## Subchapter VI — Services

**HFS 132.60 Resident care. (1) INDIVIDUAL CARE.** Unless it is in conflict with the plan of care, each resident shall receive care based upon individual needs.

(a) *Hygiene.* 1. Each resident shall be kept comfortably clean and well-groomed.

2. Beds shall be made daily, with a complete change of linen to be provided as often as necessary, but at least once each week.

3. Residents shall have clean clothing as needed to present a neat appearance and to be free of odors. Residents who are not bedfast shall be dressed each day, in their own clothing if available, as appropriate to their activities, preferences, and comforts.

(b) *Decubiti prevention.* Nursing personnel shall employ appropriate nursing management techniques to promote the maintenance of skin integrity and to prevent development of decubiti (bedsores). These techniques may include periodic position change, massage therapy and regular monitoring of skin integrity.

(c) *Basic nursing care.* 1. Nursing care initiated in the hospital shall be continued immediately upon admission to the nursing home unless ordered otherwise by the admitting physician.

2. Nursing personnel shall provide care designed to maintain current functioning and to improve the resident's ability to carry out activities of daily living, including assistance with maintaining good body alignment and proper positioning to prevent deformities.

3. Each resident shall be encouraged to be up and out of bed as much as possible, unless otherwise ordered by a physician.

4. Any significant changes in the condition of any resident shall be reported to the nurse in charge or on call, who shall take appropriate action including the notice provided for in sub. (3).

5. The nursing home shall provide appropriate assessment and treatment of pain for each resident suspected of or experiencing pain based on accepted standards of practice that includes all of the following:

a. An initial assessment of pain intensity that shall include: the resident's self-report of pain, unless the resident is unable to communicate; quality and characteristics of the pain, including the onset, duration and location of pain; what measures increase or decrease the pain; the resident's pain relief goal; and the effect of the pain on the resident's daily life and functioning.

b. Regular and periodic reassessment of the pain after the initial assessment, including quarterly reviews, whenever the resident's medical condition changes, and at any time pain is suspected, including prompt reassessment when a change in pain is self-reported, suspected or observed.

c. The delivery and evaluation of pain treatment interventions to assist the resident to be as free of pain as possible.

d. Consideration and implementation, as appropriate, of non-pharmacological interventions to control pain.

(d) *Rehabilitative measures.* Residents shall be assisted in carrying out rehabilitative measures initiated by a rehabilitative therapist or ordered by a physician, including assistance with adjusting to any disabilities and using any prosthetic devices.

(e) *Tuberculosis retesting.* Residents shall be retested for tuberculosis infection based on the prevalence of tuberculosis in the community and the likelihood of exposure to tuberculosis in the facility.

*Note:* See s. HFS 132.60 (5) (a) 1. for treatments and orders.

**(2) NOURISHMENT.** (a) *Diets.* Residents shall be served diets as prescribed.

(b) *Adaptive devices.* Adaptive self-help devices, including dentures if available, shall be provided to residents, and residents