

Section 11. Dietetic Services. The facility shall provide dietetic services that meet the nutritional needs of residents according to the science of nutrition. The dietetic service shall operate with safe food handling practices from receipt through service in accordance with the most current edition of the FOOD CODE from the U. S. Department of Health and Human Services, Public Health Service, Food and Drug Administration.

(a) Dietary Supervision. Overall supervisory responsibility for the dietetic service shall be assigned to a full-time qualified dietetic supervisor.

(i) If the qualified supervisor is not a Registered Dietitian, she/he shall be a graduate of a dietetic technician program approved by the American Dietetic Association or a dietary managers' educational program approved by the Certifying Board for Dietary Managers. Training and experience in food service supervision and nutrition equivalent in content to the approved educational programs are acceptable.

(ii) Visits of the consultant dietitian shall be scheduled to assure that the professional dietetic service needs of the facility are met. These visits shall be:

(A) For at least eight (8) hours every other week, so that adequate time is allowed for observation of more than one (1) meal per visit; or,

(B) For at least four (4) hours every week so that adequate time is allowed to observe the preparation and serving of food at meal time. The weekly visits shall be scheduled to allow for observation of different meals.

(C) Visits shall not be limited to evenings and weekends only.

(iii) Reports of the consultant dietitian shall be made verbally and in writing to the Administrator or his/her designee. The reports shall be kept on file with notations made of actions taken by the facility. The report shall include dates, length of time on-site, functions performed and recommendations.

(iv) The consultant or staff dietitian shall develop written plans and conduct or supervise inservice programs for dietary personnel on a monthly basis.

(v) The consultant or staff dietitian shall participate in the development of policies and procedures, as well as the development or approval of all menus.

(vi) The consultant dietitian is to provide assistance and advice, as needed, regarding the dietary department budget.

(vii) The consultant or staff dietitian shall maintain interdisciplinary communication and act as the dietetic service's chief liaison to the medical and nursing staffs.

(viii) The dietetic supervisor shall be responsible for department orientation, training, scheduling, and work assignments for all dietetic service personnel.

(ix) The dietetic supervisor shall be responsible for menu planning, ordering or recommending the purchase of supplies, monitoring the department budget, controlling costs, maintaining associated records, etc.

(x) The dietetic supervisor shall be responsible for the development of policies and procedures. These policies shall be maintained in a manual and reviewed at least annually. Reviews and revisions shall be dated and signed by the supervisor and the consultant or staff dietitian.

(xi) If the dietetic supervisor also has responsibility for cooking, adequate time shall be allowed for supervisory management.

(b) Hygiene of Dietary Department. Food service personnel shall be in good health and shall practice safe food handling techniques in accordance with the current edition of FOOD CODE published by the U. S. Department of Health and Human Services, Public Health Services, Food and Drug Administration.

(i) Personnel having a communicable disease that can be expected to be transmitted through food shall not be permitted to work until the disease is no longer communicable or medical clearance is received from a physician or an advanced practitioner.

Section 12. Specialized Rehabilitative Services. Facilities admitting patients in need of specialized rehabilitative services shall provide such services by qualified personnel.

(a) Rehabilitative care initiated in the hospital shall be continued immediately upon admission to the facility.

(b) The facility that does not employ qualified personnel to provide a specialized service shall have a written agreement with the outside resource.

(c) Facilities that do not provide specialized rehabilitative services shall not admit or retain residents in need of specialized rehabilitative services.

(d) A report on the resident's progress shall be communicated to the attending physician within two (2) weeks of the initiation of the specialized rehabilitative service.

(e) The resident's progress shall be reviewed regularly thereafter and the plan of rehabilitative care shall be reevaluated at least every thirty (30) days by the physician and therapist.

(f) Safe and adequate space and equipment shall be available if the facility provides specialized rehabilitative services.

Section 13. Pharmaceutical Services. The Nursing Care Facility shall provide appropriate methods and procedures for the dispensing and administering of drugs and biologicals. Whether drugs and biologicals are obtained from community pharmacists or stocked by the facility, the facility shall be responsible for providing such drugs and biologicals for its residents and for ensuring that pharmaceutical services are provided in accordance with acceptable professional principles and appropriate federal, state and local laws.

(a) Supervision of Services. The pharmaceutical services shall be under the general supervision of a licensed pharmacist.

(i) The pharmacist, if not a full-time employee, shall devote a sufficient number of hours, based upon the needs of the facility, during regularly scheduled visits to carry out his/her responsibilities.

(b) Pharmaceutical Services Committee.

(i) Pharmaceutical Services committee or its equivalent shall be responsible for developing policies and procedures for safe and effective drug therapy, distribution, control and use.

(A) The committee shall be comprised of at least the pharmacist, the director of nursing service, the administrator and one (1) physician.