

(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.

(B) The committee shall oversee the pharmaceutical service in the facility, make recommendations for improvement and monitor the service to ensure accuracy and adequacy.

(C) The committee shall meet at least quarterly and document its activities, findings and recommendations.

(ii) The pharmacist shall submit a written report at least quarterly to the pharmaceutical services committee on the status of the facility's pharmaceutical services and staff performance.

#### Section 14. Dental Services.

(a) The facility shall have an advisory dentist who shall provide consultation, develop and participate in inservice education, and recommend policies concerning oral hygiene. Records of in-service education meetings shall be in writing.

(b) Nursing personnel shall assist the resident to carry out the dentist's recommendations.

(c) All dental examinations and dental treatments shall be entered on a dental record and made a part of the resident's medical record.

(d) Oral hygiene shall be a part of each resident's care daily.

#### Section 15. Social Services.

(a) The medically related social and emotional needs of the resident shall be identified and services shall be provided to meet them, either by qualified staff (a social worker or social service associate), or through written procedures for referral to appropriate social agencies.

(i) Facilities shall offer social services regardless of the size of the facility.

(A) An individual on the facility staff shall be designated in writing to maintain liaison with social, health and community agencies.

(B) As appropriate, there shall be arrangements with qualified social workers or recognized social agencies for consultation and assistance on a regularly scheduled basis.

(ii) Current records and pertinent social data concerning personal and family problems medically related to the resident's illness and care shall be maintained in each resident's record by the social service personnel.

(A) Up-to-date progress notes of relevant psycho-social issues and interventions shall be maintained in each resident's record by social service personnel.

(iii) Policies and procedures shall be established for ensuring confidentiality of residents' social information.

(iv) There shall be space provided to ensure privacy for interviews by social service personnel with the resident.

(v) Provision shall be made for in-service training to facility staff directed toward understanding emotional problems and social needs of residents and the means of taking appropriate action in relation to them, and the necessity of confidentiality.