Chapter H 32

NURSING HOMES

History: Chapter H 32 as it existed on November 30, 1974, was repealed and a new chapter H 32 was created effective December 1, 1974.

DEFINITIONS

H 32.01 Statutory definitions. (1) NURSING HOME. A "nursing home" means any building, structure, institution, boarding home, convalescent home, agency or other place, not limited by enumeration, for the reception and care or treatment for not less than 72 hours in any week of 3 or more unrelated individuals hereinafter designated patients, who by reason of disability, whether physical or mental, including mental retardation and mental illness, are in need of nursing home services but "nursing home" shall not include institutions under the jurisdiction of or subject to the supervision of the department, including but not limited to county institutions, child care institutions, child care centers, day care centers, day nurseries, nursery schools, foster homes, child welfare agencies, child placing agencies, mental health clinics, tuberculosis sanatoria, maternity homes, maternity hospitals, hotels, and general and special purpose hospitals, except any part thereof which comes within the definition of a "nursing home". A "nursing home" shall not include the offices of persons licensed by the state to treat the sick. The reception and care or treatment in a household or family of a person related by blood to the head of such household or family, or to his or her spouse, within the degree of consanguinity of first cousin, shall not constitute the premises to be a "nursing home".

(2) PATIENT. Patient means an individual cared for or treated in any nursing home, irrespective of how admitted.

(3) RULE. Rule has the meaning described in section 227.01.

(4) STANDARDS. The department may develop, establish and enforce standards (a) for the care, treatment, health, safety, welfare, and

comfort of patients in nursing homes and (b) for the construction, general hygiene, maintenance and operation of nursing homes, which in the light of advancing knowledge, will promote safe and adequate accommodation, care and treatment of such patients in nursing homes; and promulgate and enforce rules consistent with this section.

(5) DEPARTMENT. Department of health and social services as that term is defined in section 140.01, Wis. Stats.

History: Cr. Register, November, 1974, No. 227, eff. 12-1-74.

H 32.02 Administrative definitions. (1) HOME FOR SKILLED CARE. Home for skilled care is defined as a nursing home which is staffed, maintained and equipped to provide continuous skilled nursing observation, assessment and care and restorative and activity programs and other services under professional direction and medical supervision as needed.

(2) SKILLED NURSING CARE. Skilled nursing care is defined as continuous nursing care which requires substantial nursing knowledge and skill based on the assessment, observation and supervision of the physical, emotional, social and restorative needs of the patient by or under the supervision of the registered nurse under general medical direction. See Appendix A.

(3) SKILLED PATIENT CARE. Skilled patient care, which may include but is not limited to skilled nursing care, is defined as continuous care which requires substantial knowledge and skill based on the assessment, observation and supervision of the physical, emotional, social and restorative needs of the patient by the appropriate medical and/or patient care disciplines under the supervision of a physician.

(4) HOME FOR INTERMEDIATE CARE. Home for intermediate care is defined as a nursing home which is staffed, maintained and equipped to provide, as needed, nursing care and other restorative and activity program services under medical supervision. Many of these services may require skill in nursing administration.

(5) INTERMEDIATE NURSING CARE. Intermediate nursing care is defined as general nursing care including physical, emotional, social and restorative services required by patients with long-term illnesses or disabilities in order to maintain stability. The registered nurse shall be responsible for nursing administration and direction. Physical, emotional, social and restorative needs of the patient shall be met by appropriate professional personnel under the direction of a registered nurse. See Appendix A.

(6) LIMITED NURSING CARE. Limited nursing care is defined as simple nursing care procedure required by patients with long-term illnesses or disabilities in order to maintain stability and which can be provided safely only by or under the supervision of a person no less skilled than a licensed practical nurse who shall be under the direction of a registered nurse. Supervision of the physical, emotional, social and restorative needs of the patient shall be under the appropriate medical and/or para-medical disciplines under the supervision of a physician.

(7) HOME FOR PERSONAL CARE. Home for personal care is defined as a home which is staffed, maintained and equipped to provide per-

sonal care and assistance, supervision of physical and mental well-being of the individual and a suitable activities program. Provisions are made for professional health care as needed.

(8) PERSONAL CARE. Personal care is defined as personal assistance, supervision and protection for individuals who do not need nursing care but do need periodic medical services and consultation of a registered nurse, or periodic observation and consultation for physical, emotional, social or restorative needs. See Appendix A.

(9) NURSING. Nursing is defined as professional nursing or practical nursing as these terms are defined in chapter 441 of Wisconsin Statutes and Nurse Practice Act as of July 1, 1972, and hereafter amended.

(10) LEVEL OF PATIENT CARE. Level of patient care is defined as the care required by the patient as determined by the "Guidelines for Nursing Needs Evaluation and Levels of Care, Form 340," as revised by the department and implemented no later than the effective date of these rules. The "Guidelines, Form 340" shall be completed by the registered nurse in the home and countersigned by the patient's attending physician.

(11) AMBULATORY PATIENT. An ambulatory patient is a person who is physically and mentally able to leave the nursing home without assistance in case of emergency.

(12) SEMIAMBULATORY PATIENT. Semiambulatory patient is a person who has physical or mental limitations and who is unable to leave the nursing home without assistance.

(13) NONAMBULATORY PATIENT. A nonambulatory patient is a person who is normally confined to a bed or chair.

(14) LICENSEE. Licensee is the person to whom the license is issued and who is responsible for compliance with all the laws, rules and regulations relating to the nursing home and its operation.

(15) GOVERNING BODY. Governing body means the individuals or group in whom the ultimate authority and legal responsibility is vested for conduct of the nursing home.

(16) ADMINISTRATOR. Administrator is the individual, not necessarily the licensee, who is directly responsible for the full-time operation and activities of the home, the supervision of employes and who is currently licensed by the Wisconsin nursing home administrator examining board.

(17) MAXIMUM BED CAPACITY. Maximum bed capacity is defined as the exact number of beds permitted by these standards and specified by room number and bed capacity for accommodation of patients, exclusive of beds in rooms occupied by the licensee and/or administrator, his family and employes.

(18) LICENSED BED CAPACITY. Licensed bed capacity is defined as the exact number of beds for which license application has been made and granted. Licensed bed capacity shall not exceed maximum bed capacity as defined in (17) above.

(19) DIRECTOR OF NURSING SERVICE. Director of nursing service

shall mean a registered professional nurse to whom the administrator of the nursing home has delegated, in writing, the responsibility, accountability, and requisite authority for the function and activities of the nursing service staff and for the quality of nursing care provided.

(20) NURSING PERSONNEL. Nursing personnel includes registered professional nurses, licensed practical nurses and nursing assistants.

(21) REGISTERED PROFESSIONAL NURSE. Registered professional nurse, also referred to as an R.N., means a graduate nurse currently registered by the Wisconsin division of nurses.

(22) LICENSED TRAINED PRACTICAL NURSE. Licensed trained practical nurse, also referred to as a T.P.N., means a person currently licensed as a trained practical nurse by the Wisconsin division of nurses.

(23) NURSING ASSISTANT. Nursing assistant, also referred to as an N.A., shall mean a person trained and employed to perform less complex activities for patients which are supportive and complementary to nursing practice.

(24) FOOD SERVICE PERSONNEL. Food service personnel shall mean all persons assigned to duties in food preparation, food storage and may include floor service in the nursing home.

(25) PUBLIC MEDICAL INSTITUTION. Public medical institution (for the purpose of these standards) means an institution as follows:

(a) County home as provided in sections 49.14, 49.15 and 50.02, Wis. Stats.

(b) County infirmary as provided in sections 49.171, 49.172 and 49.173 Wis. Stats.

(c) County general hospital for other than tuberculosis or mental diseases established by a county pursuant to sections 49.16 and 49.17, Wis. Stats., and the Grand Army Home for Veterans at King, when such institution has received from the department a written designation as a public medical institution.

(26) PATIENT STATUS. Patient status means the need for medical care given pursuant to direction of qualified medical authority to a person in a public medical institution as defined above.

(27) STATE INSPECTIONS AND DESIGNATIONS OF PUBLIC MEDICAL INSTITUTIONS. (a) Any public institution covered by these standards may be designated by the department as a "public medical institution" for purposes of obtaining federal reimbursement for aid payable as Old Age Assistance, Aid to the Blind and Aid to the Permanently and Totally Disabled Persons provided that:

1. A written request is made by the county director of social services and the superintendent of the institution for designation as a public medical institution, and an investigation by the department shows that designation can properly be made.

2. A designation as a public medical institution may be rescinded after 90 days for failure to comply with the requirements as set forth in writing by the department.

(28) COUNTY HOMES, COUNTY INFIRMARIES AND COUNTY GENERAL HOSPITALS. County homes, county infirmaries and county general

hospitals shall be deemed, for the purposes of these rules to be a nursing home and, upon the effective date of these nursing home rules, Wis. Adm. Code chapter PW 1 will be rescinded and they shall be required to feet these rules. Where the term nursing home appears in the body of the rules, it shall include county homes and infirmaries and county general hospitals.

(29) GENERAL HOSPITALS. General hospitals, where they are to be converted in whole or part to nursing homes, shall meet these rules and those applicable rules under the physical plant section.

(30) INPATIENT HEALTH CARE FACILITIES. Any inpatient health care facility including tuberculosis facilities, residential care, halfway houses, etc., where they are to be converted in whole or part to nursing home use, shall meet these rules and those applicable rules under the physical plant section.

(31) MAINTENANCE OF ANNUAL LICENSE. Unless a nursing home, constructed or remodeled for patient use prior to July 1, 1964, renders patient care on a continuous basis and maintains an annual license, the facility will not be allowed to be continued as a nursing home unless it meets at least the physical plant standards of H 32.27 and H 32.28. The department may give special consideration in cases of unique or unusual circumstances.

(32) MENTAL RETARDATION SPECIALIST. The qualified mental retardation professional shall be one of the following professionals:

(a) A physician licensed to practice in the state of Wisconsin with specialized training or one year's experience in treating the mentally retarded;

(b) A psychologist licensed to practice in the state of Wisconsin with specialized training or one year's experience in treating the mentally retarded;

(c) An educator with a master's degree in special education from an accredited program or one year's experience in programs for the mentally retarded;

(d) A social worker with a master's degree from an accredited program with specialized training or one year's experience in working with the mentally retarded;

(e) A registered physical or occupational therapist, and a graduate of an accredited program in physical or occupational therapy, with specialized training or one year's experience in treating the mentally retarded;

(f) A registered nurse with specialized training or one year's experience treating the mentally retarded under the supervision of a qualified mental retardation professional.

(g) A social worker with a baccalaureate degree and appropriate special training.

(33) EFFECTIVE DATE. All health facilities subject to licensure or approval under these rules shall comply with these rules on the effective date of the rules, except that the new portions of these rules in sections H 32.27, H 32.28, and H 32.29, shall be complied with within 2 years from that date. As to the sections enumerated, existing rules under H 32 effective July 1, 1964, shall be complied with in the in-

terim period, except as noted in sections 146.30 (11) provisional licenses.

History: Cr. Register, November, 1974, No. 227, eff. 12–1–74.

H 32.03 Procedure for licensure. (1) APPLICATION FOR REGISTRATION AND LICENSE. (a) Registration shall be in writing in such form and contain such information as the department requires.

(b) The application for a license shall be in writing upon forms provided by the department and shall contain such information as it requires.

(2) ISSUANCE OF LICENSE; INSPECTION AND INVESTIGATION; ANNUAL RENEWAL; NONTRANSFERABLE; CONTENT. (a) The department shall issue a license if the nursing home facilities meet the requirements established by this section. Facility requirements shall be determined annually by inspection within 120 days prior to license issuance or renewal. The department may approve variances in the requirements of this section when such variances or alternatives are demonstrated, to the satisfaction of the department, to enhance quality care for the patients affected. No such variances are permitted without written approval from the department. The department, or its designated representatives, shall make such inspections and investigations as are necessary to determine the conditions existing in each case and file written reports. The department may designate and use full-time city or county health departments as its agents in making such inspections and investigations, including such subsequent inspections and investigations as are deemed necessary or advisable; but provided that when designation is made and such services are furnished, the department shall reimburse the city or county furnishing such service at the rate of $25 per year per license issued in such municipality.

(b) A license, unless sooner suspended or revoked, by due process of law, shall be renewable upon filing by the licensee, and approval by the department of an annual report and application for renewal on forms provided by the department.

(c) Each license shall be issued only for the premises and persons named in the application and shall not be transferable or assignable. It shall be posted in the nursing home. If application for renewal is not so filed, such license is automatically canceled as of the date of its expiration. Any license granted shall state the maximum bed capacity for which granted, the person or persons to whom granted, the date, the expiration date and such additional information and special limitations as the department, by rule, may prescribe. The applicant or licensee shall have the right to appeal under due process of law.

History: Cr. Register, November, 1974, No. 227, eff. 12–1–74.

DENIAL, SUSPENSION OR REVOCATION OF LICENSE

H 32.04 Denial, suspension or revocation of license. (1) NOTICE. The department after notice to the applicant or licensee and after affording an opportunity for an administrative hearing may deny, suspend or revoke a license in any case in which it finds that there has been a substantial failure to comply with the requirements of this chapter and the rules established hereunder.

(2) RIGHT OF APPEAL. Any person who considers any part of these standards and any official's interpretation of the standards to be unreasonable may appeal to the department.

(3) PENALTY. It shall be unlawful for any person, acting jointly or severally with any other person, to conduct, maintain, operate or permit to be maintained or operated, or to participate in conducting, maintaining or operating a nursing home unless licensed as a nursing home by the department. Any person who violates this chapter shall be fined not more than $100 for the first offense and not more than $200 for each subsequent offense, and each day of continuing violation after the first conviction shall be considered a separate offense.

(4) RIGHT OF INJUNCTION. (a) *Licensed nursing homes.* Notwithstanding the existence or pursuit of any other remedy, the department may, upon the advice of the attorney general who shall represent the department in all proceedings, maintain an action in the name of the state in the circuit court for injunction or other process against any licensee, owner, operator, administrator or representative of any owner of a nursing home to restrain and enjoin the repeated violation of any of the provisions of this chapter where the violation affects the health, safety or welfare of the patients.

(b) *Unlicensed nursing homes.* Notwithstanding the existence or pursuit of any other remedy, the department may, upon the advice of the attorney general who shall represent the department in all proceedings, maintain an action in the name of the state for injunction or other process against any person or agency to restrain or prevent the establishment, conduct, management or operation of a nursing home without a license or without being registered.

(c) *Enforcement by counties maintaining inspection programs.* The county board of any county conducting inspections under 146.30 (3) (b), Wis. Stats., may, upon notifying the department that a nursing home is in violation of this chapter, authorize the district attorney to maintain an action in the name of the state in circuit court for injunction or other process against such nursing home, its owner, operator, administrator or representative, to restrain and enjoin repeated violations where such violations affect the health, safety or welfare of the patients.

(5) FORFEITURE. Any owner, operator, administrator or officers, directors, agents, employes or other persons acting or claiming to act in behalf of the owner of a nursing home who violates any provision of this chapter shall forfeit not less than $10 nor more than $1,000 for each such offense. Each day of violation shall constitute a separate offense under this chapter.

History: Cr. Register, November, 1974, No. 227, eff. 12–1–74.

ADMINISTRATIVE MANAGEMENT

H 32.05 Administrative management. There shall be a governing body, the licensee, which assumes full legal responsibility for the overall conduct of the nursing home, designates an administrator and establishes administrative policies. However, if the nursing home does not have an organized governing body, the persons legally responsible for the conduct of the nursing home, the licensee, shall carry out or shall have carried out the functions herein pertaining to the governing body.

(1) GOVERNING BODY, THE LICENSEE. (a) There shall be a governing body, the licensee, which assumes full legal responsibility for the overall conduct of the nursing home.

(b) The ownership of the nursing home shall be fully disclosed to the department. In the case of corporations, the corporate officers shall be made known.

1. The governing body, the licensee, shall furnish a statement of full disclosure of ownership to the department and promptly report any changes which would affect the current accuracy of such information as to the identity:

a. Of each person having (directly or indirectly) an ownership interest of ten percent or more in such nursing home; or

b. Of each officer and director of the corporation if a nursing home is organized as a corporation; or

c. Of each partner if a nursing home is organized as a partnership.

(c) The governing body shall be responsible for compliance with the applicable laws and regulations of legally authorized agencies.

(2) QUALIFICATIONS. The governing body the licensee, shall:

(a) Have the ability and willingness to carry out the provisions of the rules for nursing homes in cooperation with the department;

(b) Be responsible for policy formulation for the nursing home and these policies shall not be in conflict with the nursing home rules;

(c) Have sufficient financial resources to permit operation of the nursing home upon initial licensure for a period of 6 months.

(3) RESPONSIBILITIES. The governing body, the licensee, shall:

(a) Notify the department 30 days in advance before closing the home and the license shall be returned to the department immediately upon closing;

(b) Notify the department 30 days in advance of any change of an administrator. In an emergency, immediate notification shall be sent to the department.

(c) Clearly define the responsibilities of the administrator for procurement and direction of competent personnel.

(d) Appoint a full-time administrator who shall be licensed by the state of Wisconsin Laws 1969, chapter 456 and shall be delegated the internal operation of the nursing home in accordance with established policies.

(4) LICENSED NURSING HOME ADMINISTRATOR. (a) A full-time nursing home administrator shall be required excepting that:

1. Where more than one nursing home or other health care facility is located on the same or contiguous property, one full-time administrator may serve the nursing homes as well as the other health care facilities. This section shall not apply when governed by chapter 46.18, Wis. Stats.

2. An intermediate care home licensed for 50 beds or less shall employ an administrator who shall serve as such for at least 4 hours per day on each of 5 days per week and in no more than 2 nursing homes or health facilities.

(b) The responsibilities of the administrator for procurement and direction of competent personnel shall be clearly defined.

(c) An individual competent and authorized to act in the absence of the administrator shall be designated and be at least 18 years of age.

(d) The administrator may be a member of the governing body.

(e) The administrator shall be familiar with the rules of the department and be responsible for maintaining them in the home.

(f) The administrator shall be responsible for the total operation of the home.

(g) The administrator shall be responsible for seeing that all employes are properly instructed in the discharge of their duties.

(h) The administrator shall be responsible for familiarizing the employes with the rules of the department and shall have copies of the rules available for their use.

(i) The administrator shall have a policy with reference to visitors. There shall be a minimum of 8 hours of visiting privileges per day, excepting where restricted for individuals on written orders of a physician. Visiting hours shall be flexible and posted to permit and encourage visiting by relatives and friends.

(j) The administrator shall be responsible for the completion, availability and submission of such reports and records as required by the department.

(k) The administrator shall be responsible for having written policies which are developed with the advice of a group of professional personnel, including at least one or more physicians and one or more registered professional nurses, to govern the skilled nursing care and the other related medical or other services it provides.

(l) Policies shall reflect the awareness of and provisions for meeting the total needs of the patients. These shall be reviewed at least annually.

(m) The administrator shall provide such qualified personnel and complementary services as are necessary to assure the health, safety, proper care and treatment of the patients.

(n) The administrator shall have and keep available copies of a written agreement with all consultants retained by the nursing home.

(o) Patient care records shall be kept in the home and be readily available. The administrator or his agent shall provide the department with any and all information required and shall provide means for examining the records and gathering information from records, employe and patient.

(p) The physician of any patient who has had an accident shall be notified. A written report shall be recorded on each accident by the person in charge.

(q) The facility shall maintain a weekly census of all patients on a census form provided by the department defining categories of level of care and number of patients in each category. The records shall be available to the department to determine the staffing required for all categories of patient care included in the census.

(5) PERSONNEL POLICIES. (a) There shall be written personnel policies, practices and procedures that adequately support sound patient care.

(b) Current employe records shall be maintained and shall include a resume of the training and experience of each employe.

(6) EMPLOYE PERSONNEL RECORD. A separate personnel record shall be kept current on each employe. (a) It shall include the following essential information:

1. Name
2. Address
3. Social Security number
4. Date of birth
5. Date of employment
6. Name and address of nearest of kin
7. Job title and job description
8. Date and record of physical examination, chest x-ray and/or negative tuberculin test
9. Experience record
10. Educational qualifications
11. Record of reference
12. Date of discharge and/or resignation
13. Reason for discharge and/or resignation

(7) JOB DESCRIPTION. Job descriptions shall be maintained outlining the duties, responsibilities and qualification requirements of all positions. A current copy shall be kept on file in the employe personnel record and signed by each employe.

(8) EMPLOYE PHYSICAL EXAMINATION. (a) Employe physical examination requirements are as follows:

1. All employes shall have an annual physical examination.
2. An initial physical examination must be completed within a period of 90 days before employment and shall include an x-ray of the chest or negative tuberculin skin test.
3. All employes shall have an x-ray of the chest annually unless a negative tuberculin test can be documented at the time of the annual physical examination.
4. The physician shall certify in writing that the employes are free of communicable disease, including active tuberculosis.
5. These regulations apply to members of the family living or working in the home.

(b) Files shall contain evidence of adequate health supervision such as results of preemployment and periodic physical examinations, including chest x-rays, tuberculin tests and records of all illnesses and accidents occurring on duty.

(9) COMMUNICABLE DISEASE CONTROL. (a) No person who is affected with any disease in a communicable form or is a carrier of such disease shall work in any nursing home, and no nursing home shall employ any such person or any person suspected of being affected with any disease in a communicable form or of being a carrier of such disease. If the administrator suspects that any employe has contracted any disease in a communicable form or has become a carrier of such disease, the employe shall be excluded from the nursing home and the local health officer notified immediately.

(b) The local health officer shall determine whether the employe has a communicable disease or is a carrier of such disease. If the local health officer is not a physician, arrangements shall be made to

employ a physician to aid in making the diagnosis or call upon the division of health for such service. Laboratory examinations as may be indicated may be required by the physician.

(c) Persons who at any time have had typhoid or paratyphoid fever shall not be employed in a nursing home until it has been definitely determined by appropriate tests that such persons are not typhoid or paratyphoid carriers.

(10) WORK ASSIGNMENTS. Work assignments shall be consistent with qualifications.

(11) EMPLOYE AGE. Where there is direct registered nurse supervision of employes who have responsibilities for direct care of patients, employes shall be at least 16 years of age. Where there is no direct R.N. supervision, employes having responsibilities for the direct care of patients shall be at least 18 years of age. (See training of nursing assistants H 32.08 (7) (d).)

(12) TIME SCHEDULE AND RECORDS. Every home shall have a weekly time schedule which has been dated and posted in a convenient place for employe use. This weekly time schedule and verification of hours worked shall be made available for review by authorized persons from the department. These shall be kept on file in the home for 2 years, for purposes of this code. The weekly time schedules and payroll records shall be made available for review to authorized personnel.

(13) INSERVICE TRAINING. An inservice training program shall be developed and implemented to meet the needs of the home. Records of inservice programs shall be maintained.

(14) EMPLOYE PERSONAL BELONGINGS. Employes shall not keep wraps, purses and other belongings in the food service, food storage or patient area.

(15) NOTIFICATION OF CHANGES IN PATIENT STATUS. There shall be appropriate written policies and procedures relating to notification of responsible persons in the event of significant change in patient status, patient charges, billings and other related administrative matters.

(a) Patients shall not be transferred or discharged without prior notification of next of kin or sponsor except in case of emergency.

(b) Information describing the care and services provided by the nursing home shall be accurate and not misleading.

(c) A patient shall be admitted only after completion of a written admission agreement which shall include the following provisions:

1. A written list of basic services which are furnished by the nursing home and paid for as a part of the specified daily, weekly or monthly rate, and extra charge services;

2. A written record shall be maintained of all financial arrangements with the patient. It shall be the responsibility of assisting agencies to notify the patient of the financial arrangement under government subsidized programs;

3. The refund policy shall be specified by the administrator in writing to each patient, next of kin and/or sponsor prior to admission.

4. A record of any personal money or valuables deposited with the nursing home shall be maintained for the resident regardless of source. If purchases are made for a resident from these personal

monies, proper receipts shall be kept and proper notations made in a separate bookkeeping system.

(16) ABUSE. No one shall abuse or punish any patient. This includes but is not limited to physical force, verbal abuse, confinement to a room or withholding food and water and as defined in chapter 940.29, Wis. Stats.

(17) MAIL. Incoming and outgoing mail belonging to the patient shall not in any way be tampered with except on a written authorization of the patient or guardian.

(18) TELEPHONE. Patients shall have access to a public telephone at a convenient location in the building.

(19) VOLUNTEERS. Volunteers may be utilized in the nursing home for assignments under the supervision of the administrator and the professional staff.

History: Cr. Register, November, 1974, No. 227, eff. 12–1–74.

PATIENT CARE POLICIES

H 32.06 Patient care policies. There shall be policies to govern nursing care and related medical or other services provided. A physician, a registered professional nurse or the medical staff as delegated by the administrator shall be responsible for the execution of these policies.

(1) The nursing home shall have written policies which shall be developed with the advice of a group of professional personnel, including at least one or more physicians and one or more registered professional nurses, to govern the nursing care and related medical or other services it provides. Policies shall reflect awareness of and provision for meeting the total needs of patients, and staff members shall be familiar with them. These shall be reviewed at least annually, in no way shall conflict with the department rules and shall cover at least the following:

(a) Physician services
(b) Nursing services
(c) Dietary services
(d) Restorative services
(e) Pharmaceutical services
(f) Diagnostic services
(g) Care of patients in an emergency, during a communicable disease episode and when critically ill or mentally disturbed
(h) Dental services
(i) Social services
(j) Patient activities
(k) Clinical records
(l) Transfer agreement
(m) Disaster plan
(n) Admission, transfer and discharge policies including categories of patients accepted and not accepted

(2) All patients shall be admitted only on the order of a physician.

(3) Maternity patients, transients and persons having or suspected of having a communicable disease endangering other patients shall

not be admitted or retained in a nursing home except where certified by the department. Where patients under 18 years of age are to be admitted, a request for admission shall be made to the state health officer, carefully outlining the regime of care and providing appropriate administrative approvals.

(4) A nursing home shall not accept or keep patients who are destructive of property or themselves, who continually disturb others, who are physically or mentally abusive to others or who show any suicidal tendencies, unless the nursing home can demonstrate to the satisfaction of the department that it possesses and utilizes the appropriate physical and professional resources to manage and care for such patients in a way that does not jeopardize the health, safety, and welfare of such patients themselves or of other patients in the nursing home. (See sections H 32.10 (4), 32.19 (1), 32.27 (1) (h) 8., 32.27 (1) (h) 22., 32.27 (1) (h) 23., 32.27 (1) (h) 24., 32.27 (5) (g), 32.29 (16) (d), and 32.30 (17) (d), Wis. Adm. Code).

(5) Persons having a primary diagnosis of mental retardation or mental deficiency shall be admitted only on order of a physician and the recommendations of a qualified mental retardation professional, using the assistance of the guidelines in Appendix "A" and/or the criteria contained in the guidelines for nursing needs form #340. The nursing home administrator shall provide a written program for those patients having a primary diagnosis of mental retardation or mental deficiency, and shall be reviewed by the department. This program shall be a statement of specific services and staff personnel assignments to accomplish and justify the goals to be attained by the nursing home. Services for patients and staff assignments shall be clearly expressed and justified in program terms. Such a program statement shall include at least the following:

(a) Specific admission policies for the mentally retarded and/or mentally deficient.

(b) Specific program goals for the mentally retarded and/or mentally deficient.

(c) A written description of program elements, by the administrator, including relationships, contracted services and arrangements with other health and social service agencies and programs.

(d) Statement of functions and staffing patterns as related to the program for the mentally retarded or mentally deficient.

(e) Description of case evaluation procedures for the mentally retarded and/or mentally deficient.

(6) Day care patients. A day care patient may be admitted as an independently mobile patient providing the following requirements are met:

(a) The number of patients permitted admission for day care services shall not deprive inpatients of necessary staff and services.

(b) Specific policies for admission, care and services offered for day care patients shall be developed and these shall not conflict with the requirements for nursing home patients.

(c) The health care of every day care patient shall be under the supervision of a physician licensed to practice in Wisconsin. The physician shall, prior to admission, certify that the day care patient has been examined and is free from communicable disease.

(d) There shall be an individual clinical record maintained, including an identification and summary record (see H 32.25 (3) (a)) and

pertinent records for services rendered.

(e) There shall be physician orders for all medications and treatments. Medications may be self-administered if the attending physician so orders in writing.

(f) Provision shall be made to enable the day care patient to rest when needed. Only unreserved beds shall be used for this purpose.

(7) The nursing home shall have a physician, a registered professional nurse or a medical staff responsible for the execution of patient care policies established by the professional group referred to in subsection (2) (b).

(a) If the organized medical staff is responsible for the execution of the patient care policies, an individual physician shall be designated to maintain compliance with overall patient care policies.

(b) If a registered professional nurse is responsible for the execution of the patient care policies, the nursing home shall make available an advisory physician from whom the nurse shall receive medical guidance.

(8) Patients may be permitted to participate in a work therapy program providing the following conditions are met:

(a) The nursing home shall have a written policy regarding the work therapy program, and it shall include a description of the program listing the work to be performed which is not to include direct patient care; the instruction and supervision provided to the patient; the records to be maintained; the statement that the patient shall voluntarily participate; the type of remuneration, and a statement regarding insurance coverage for injury.

(b) The attending physician shall provide written orders for a limited time period, not to exceed 90 days, for the patient and any individual restrictions.

(c) The department of industry, labor and human relations shall provide a statement that the proposed program does not conflict with their regulations.

(d) Detailed records shall be kept for each individual patient describing hours worked, remuneration, level of fatigue or unusual response.

(e) Patients shall not be regularly employed by the nursing home and shall not be involved in direct nursing care of other patients.

History: Cr. Register, November, 1974, No. 227, eff. 12–1–74.

PHYSICIAN SERVICES

H 32.07 Physician services. (1) MEDICAL FINDINGS AND PHYSICIAN ORDERS. Where the patient has been admitted from a hospital, there shall be available to the nursing home, prior to or at the time of admission, patient information which includes current medical findings, diagnoses, rehabilitation potential, a summary of the course of treatment followed in the hospital and orders from a physician for the immediate care of the patient.

(2) SUPERVISION BY PHYSICIAN. (a) The nursing home shall have a requirement that the health care of every patient, whether or not admitted from a hospital, shall be under the supervision of a physi-

cian licensed to practice in Wisconsin who, based on an evaluation of patient immediate and long-term need, prescribes a planned regimen of medical care which covers those applicable patient requirements, such as indicated medications, treatments, restorative services, diet, special procedures recommended for the health and safety of the patient, activities and plans for continuing care and discharge.

(b) The medical evaluation of the patient shall be based on a physical examination to be done within 72 hours of admission unless such examination was performed within 5 days prior to admission. The patient shall submit evidence of a chest x-ray or a negative tuberculin skin test done within 90 days prior to admission. The physician shall complete the history and physical examination record and certify in writing that the patient has been examined and is free of communicable disease. It shall be the duty of the administrator to notify the physician and arrange for the physical examination.

1. An annual examination shall be given to all patients and recorded on the patient record. Where a patient is under the regular care of a physician and, as a minimum, is seen quarterly and the patient record so reflects, an annual physical examination will not be required, except that a chest x-ray or tuberculin skin test shall be required annually.

2. At the time of admission, and at least annually thereafter, an evaluation of the level of care required for the patient shall be done by the registered nurse using the guidelines for level of care evaluation as developed by the department. This evaluation shall be reviewed by the patient attending physician and cosigned and dated.

(c) The charge nurse and/or other appropriate personnel involved in the care of the patient shall assist in planning the total program of care.

(d) The total program of patient care shall be reviewed and revised at intervals appropriate to need. Attention is given to special needs of patients such as foot, sight, speech and hearing problems.

(e) Orders concerning medications and treatments shall be in effect for the specified number of days indicated by the physician but in no case shall exceed a period of 30 days unless recorded in writing by the physician.

(f) Telephone orders shall be accepted only when necessary and only by licensed personnel pertinent to the order given. Telephone orders are written into the appropriate clinical record by the nurse receiving them and shall be countersigned by the physician within 72 hours and filed in the chart within 10 days.

(g) Patients in need of skilled nursing care shall be seen by a physician at least once every 30 days, and all other patients at least quarterly, unless justified otherwise and documented by the attending physician. There shall be evidence in the clinical record of the physician's visit to the patient at appropriate intervals.

(h) There shall be evidence in the clinical record that, in the absence of the physician, arrangements have been made for the medical care of the patient.

(i) Each patient, his family, guardian, or sponsor shall designate a personal physician of their choice.

(3) AVAILABILITY OF PHYSICIANS FOR EMERGENCY CARE. (a) The

nursing home shall provide for having one or more physicians available to furnish necessary medical care in case of emergency if the physician responsible for the care of the patient is not immediately available.

(b) A schedule listing the names and telephone numbers of these physicians shall be posted in each nursing station.

(c) There shall be established procedures to be followed in an emergency which cover immediate care of the patient, persons to be notified and reports to be prepared.

(4) PHYSICIAN ORDERS; MEDICATIONS AND TREATMENTS. (a) There shall be a written order on a physician order sheet for all medicines, treatments, physical therapy and types of diets.

(b) Medicines received by prescription or furnished by the physician shall be plainly labeled with the name and dosage of the medicine, patient name, the date of issue and renewals, directions for taking the medicine, pharmacy and/or physician name. This information is to be copied on the physician order sheet in the patient clinical record and countersigned by the physician on his next visit.

History: Cr. Register, November, 1974, No. 227, eff. 12–1–74.

NURSING SERVICES

H 32.08 Nursing services. The nursing home shall provide 24-hour nursing service which is sufficient to meet the nursing needs of all patients.

(1) FULL-TIME NURSE. In skilled care and intermediate care homes, there shall be one registered professional nurse employed full time. If there is only one registered professional nurse, the nurse shall serve as director of the nursing service, work full time during the day, and devote full time to the nursing service of the nursing home. The director of nursing service shall be trained or experienced in areas such as nursing service administration, restorative nursing, psychiatric nursing or geriatric nursing.

(2) QUALIFICATIONS. The director of nursing shall:

(a) Be a professional nurse currently registered as a registered nurse in Wisconsin.

(3) RESPONSIBILITIES. The director of nursing shall:

(a) Develop and maintain nursing service objectives, standards of nursing practice, nursing procedure manuals, written job descriptions for each level of nursing personnel and a written organizational plan of the nursing service that delineates the functional structure of the nursing service and the lines of communication. This plan shall be made known to all members of the nursing staff and to appropriate personnel in other units of the nursing home.

(b) Recommend to the administrator the number and levels of nursing personnel to be employed, participate in their recruitment and selection and recommend termination of employment when necessary.

(c) Ensure that the total nursing needs of patients are met by assigning a sufficient number of nursing personnel for each tour of duty.

(d) Participate in planning and budgeting for nursing services.

(e) Participate in the planning, development and implementation of written patient care policies, and recommend changes in policy when indicated.

(f) Maintain effective working relationships with the nursing home administration and coordinate nursing service with other patient care services.

(g) Be responsible for planning and/or conducting orientation and nursing staff development programs for all nursing personnel.

(h) Participate in the selection of prospective patients in terms of their nursing needs and the nursing competencies available.

(i) Ensure, in conjunction with all professional services involved in the patient care, that a patient care plan is initiated and implemented for each patient, and that the plan is reviewed and modified as necessary.

(j) Be accountable to the administrator, with appropriate delegation of responsibility and requisite authority in writing, for the provision, direction, and supervision of nursing care.

(k) Maintain a procedure to ensure that nursing personnel for whom licensure is required have valid and current licenses in Wisconsin.

(l) Be responsible for review of nursing personnel records and references.

(m) Ensure that the qualifications of private duty personnel are verified prior to assignment, observe the quality of nursing care they render and ensure that they abide by the appropriate policies and procedures of the nursing home and its nursing service.

(n) Review each admission to the nursing home and assist the attending physician in planning for the continuing care of each patient.

(o) Ensure that meetings of the nursing staff are held at least monthly.

(p) Ensure that nursing notes are informative and descriptive of the nursing care rendered.

(q) Ensure that the duties of nursing personnel shall be clearly defined and assigned to staff members consistent with the level of education, preparation, experience and licensing of each.

(4) SUPERVISING NURSE. (a) Nursing care shall be provided by or under the supervision of a full-time registered professional nurse currently licensed to practice in the state. This supervision may be performed by the director of nursing. At its option, the facility licensed under these rules may designate one or more nurses as supervising nurse(s), who shall be accountable to the director of nursing for the supervision of portions of the nursing staff.

1. If a nurse has been designated as a supervising nurse by the director of nursing service for each tour of duty and is responsible for the total nursing care activities in the nursing home during each tour of duty, this supervising nurse shall be a registered professional nurse who is trained or has experience in areas such as nursing service administration, restorative nursing, psychiatric nursing or geriatric nursing.

(b) The supervisory nurse shall:

1. Be a professional nurse currently registered as a registered nurse in Wisconsin.

2. Be experienced in areas such as nursing service administration, restorative nursing, psychiatric nursing or geriatric nursing, or acquire such preparation through staff development programs.

3. Have the ability to recognize significant changes in the condition of patients and take necessary action.

(c) The supervisory nurse shall have the following responsibilities:

1. Direct supervision of the total nursing care of all patients during the assigned tour of duty.

2. To make daily rounds to all nursing units under assigned supervision and perform such functions as visiting each patient, review clinical records, medication cards, patient care plans and staff assignments and, to the extent possible, accompany physicians when they visit patients.

3. To notify the attending physician when stop order policies would prohibit the additional administration of medications to individual patients so there may be a decision if the order is to be renewed.

4. To review each patient medication order with the prescribing physician.

(5) CHARGE NURSE. (a) A registered nurse or a licensed practical nurse, who is a graduate of a state-approved school of practical nursing or equivalent as determined by the licensing authority for nurses, shall be designated as charge nurse by the director of nursing service for each tour of duty and shall be responsible for the total nursing care activities in the nursing home during each tour of duty.

(b) The charge nurse shall:

1. Be experienced in areas such as nursing service administration, restorative nursing, psychiatric nursing or geriatric nursing, or acquire such preparation through staff development programs.

2. Have the ability to recognize significant changes in the condition of patients and take necessary action.

3. Make daily rounds of all nursing units under assigned supervision and perform such functions as visiting each patient; review clinical records, medication cards, patient care plans and staff assignments and, to the extent possible, accompany physicians when they visit patients.

(6) 24-HOUR NURSING SERVICE. There shall be 24-hour nursing service with a sufficient number of nursing personnel on duty at all times to meet the total needs of patients.

(a) Nursing personnel include registered professional nurses, licensed practical nurses, aides and orderlies.

(b) The amount of nursing time available for patient care is exclusive of non-nursing duties.

(c) Sufficient nursing time is available to assure that each patient:

1. Receives treatments, medications and diet as prescribed;

2. Receives proper care to prevent decubiti and is kept comfortable, clean and well-groomed;

3. Is protected from accident and injury by the adoption of indicated safety measures;

4. Is encouraged to perform out-of-bed activities as permitted;
5. Receives assistance to maintain optimal physical and mental function.

(d) Licensed practical nurses, nurse aides and orderlies are to be assigned duties consistent with their training and experience.

(7) QUALIFICATIONS AND IDENTIFICATION OF NURSING PERSONNEL. (a) The registered professional nurses shall be currently registered in the state of Wisconsin.

(b) The trained practical nurse shall be currently licensed in the state of Wisconsin.

(c) Qualified nursing staff shall be employed and assigned exclusively to patient care for the minimum number of hours specified in H 32.09. If nursing staff is assigned both nursing and non-nursing tasks, the licensed facility shall maintain such records as required by the department to demonstrate that the required minimum nursing hours devoted exclusively to nursing care is met.

(d) The nursing assistant shall be trained or receive training before being assigned duties. This training may be inservice training given by a registered nurse, or under the auspices of a hospital or an official health agency, or in an approved program in the vocational school or the American Red Cross course for nursing assistants in nursing homes. Evidence of training shall be incorporated in the employe personnel record and kept on file.

(e) Employes shall wear a badge or tag which identifies their employment status.

(f) Time schedules shall be planned at least 2 weeks in advance, posted, dated, and indicative of the number and classification of nursing personnel, including relief personnel, working on each unit for each tour of duty.

(g) Staffing patterns shall show consideration for the goals and standards of the patient load and the kinds of nursing skills needed to provide care to the patients.

(h) There shall be one employe on duty status up and dressed in the home 24 hours per day capable by education and/or training of providing care as required by the patients in the home and of acting in an emergency.

(i) Multi-story homes which house more than 15 patients on any floor shall have a capable person as defined in paragraph (h) on duty 24 hours per day on such floor.

History: Cr. Register, November, 1974, No. 227, eff. 12-1-74.

MINIMUM NURSING STAFF REQUIREMENTS

H 32.09 Minimum nursing staff requirements. Each nursing home shall elect its classification and meet the minimum staff requirements of this section for its classification, and shall not admit or retain patients evaluated as requiring a higher level of care for which the nursing home is classified to provide. Numbers and categories of personnel shall be provided as determined by the number of all patients in the facility and their particular levels of patient care requirements. The department may waive the pertinent staffing requirements specified in this section for limited and reasonable periods of time, in order to permit noncomplying facilities to either

acquire required personnel, or to reduce patient censuses to conform to available personnel. Level of patient care is defined as the care required by the patient as determined by the "Guidelines for Nursing Needs Evaluation and Levels of Care, Form #340", as revised by the department and implemented no later than the effective date of these rules. The "Guidelines Form #340" shall be completed by the registered nurse in the home and countersigned by the physician attending the patient.

(1) HOMES FOR SKILLED CARE. (a) Nursing services shall be under the supervision of a director of nursing service who is a registered nurse employed full time by the nursing home, devotes full time to supervising nursing service and is on duty during the day shift. The director of nursing service or registered nurse designee shall be on call at all times.

(b) The minimum hours of nursing service personnel required for patients needing skilled nursing care shall be 2.25 hours per patient day, computed on a seven-day week, and a minimum of 20 per cent of such time shall be provided by registered nurses and/or licensed practical nurses.

(c) The minimum hours of nursing service personnel required for patients needing intermediate care in a skilled care home shall be 2.00 hours per patient per day, computed on a seven-day week, and a minimum of 20 per cent of such time shall be provided by registered nurses and/or licensed practical nurses.

(d) The minimum hours of nursing service personnel required for patients needing limited nursing care in a skilled care home shall be 1.25 hours per patient per day, computed on a seven-day week, and a minimum of 20 per cent of such time shall be provided by registered nurses and/or licensed practical nurses.

(e) There shall be on duty at all times, on all tours and in charge of nursing activities at least one registered nurse or licensed practical nurse who is a graduate of an approved school of practical nursing, based on the following requirements:

1. In a skilled care home with less than 50 skilled care patients, the director of nursing services may fill the position of supervisor during the hours while on duty. In any case there shall be a registered nurse on the day tour of duty 7 days a week.

2. In a skilled care home with 50 to 74 skilled care patients, in addition to the director of nursing, there shall be a registered nurse on the day tour of duty, 7 days per week to act as charge nurse.

3. In a skilled care home with 75 to 99 skilled care patients, in addition to the full-time director of nurses, there shall be a registered nurse on 2 tours of duty 7 days per week to act as charge nurse.

4. In a skilled care home with 100 or more skilled care patients, in addition to the full-time director of nurses, there shall be a registered nurse on duty 24 hours per day, 7 days per week to act as charge nurse.

5. The department may give special consideration where a facility has demonstrated an effort to comply with the above requirements in paragraph (e)[1] and, because of unique or unusual circumstances, is unable to do so.

(f) The minimum hours of nursing personnel coverage for patients needing personal care in a skilled care home shall be one-half

hour per patient day computed on a seven-day week.

(g) The hours per week that the director of nursing service and her relief nurse along with all other licensed nurses employed in the home shall be included in computing the 20 per cent requirement.

(2) HOMES FOR INTERMEDIATE CARE. (a) Nursing services shall be under the supervision of a director of nursing service who is a registered nurse employed full time by the nursing home, devotes full time to supervising the nursing service and is on duty during the day shift. The director of nurses or a registered nurse designee shall be on call at all times.

(b) In addition, there shall be a registered nurse or licensed practical nurse, graduate of an approved school of practical nursing, employed on the day shift when the director of nurses is not on duty; except in homes with more than 50 patients, there shall be a registered nurse employed on the day shift seven days per week.

(c) The minimum hours of patient care personnel required for patients needing intermediate nursing care shall be 2.00 hours per patient per day, computed on a seven-day week and a minimum of 20 per cent of such time shall be provided by registered nurses and/or licensed practical nurses.

(d) The minimum hours of patient care service personnel required for patients needing limited nursing care in an intermediate care home shall be 1.25 hours per patient per day, computed on a seven-day week and a minimum of 20 per cent of such time shall be provided by registered nurses and/or licensed practical nurses.

(e) The hours per week that the director of nursing service and her relief nurse, as well as all other licensed nurses employed in the home, shall be included in computing the 20 per cent requirement.

(f) The minimum hours of patient care personnel coverage for patients needing personal care in an intermediate care home shall be one-half hour per patient per day, computed on a seven-day week.

(3) EXISTING LIMITED CARE HOMES. (a) Six months after the effective date of these rules, the department shall cease issuing limited care nursing home licenses as defined in Wisconsin Administrative Code H 32, effective July 1, 1964. All existing limited care nursing homes will then be issued licenses based on the ability of the home to meet the minimum staff requirements of H 32.09 (1) or H 32.09 (2) or H 32.09 (4).

(b) Until 6 months after the effective date of these rules, nursing services shall be under the supervision of a full-time licensed T.P.N. who shall be on duty 40 hours per week and shall be on call at all times.

(c) The total hours of nursing personnel required for patients needing limited care shall be 1.25 hours per patient per day, computed on a seven-day week and a minimum of 20 per cent of such time shall be provided by registered nurses and/or licensed practical nurses.

(4) HOMES FOR PERSONAL CARE. (a) If the nursing home does not have a registered nurse on the staff, there shall be a contractual

agreement with a registered nurse to provide consultative and advisory services for general patient care based on the following requirements:

1. Homes with 3–50 patients shall require a minimum of 4 hours each week;

2. Homes with 51–100 patients shall require a minimum of 8 hours each week;

3. Homes over 100 or more patients shall require a minimum of 16 hours each week.

4. The registered nurse shall assist with development of policies, methods and procedures such as those relating to the medical program, medications and inservice on these medications in addition to inservice training on all aspects of personal care.

(b) Adequate staff shall be provided for the personal care needs of the patients.

(c) The minimum hours of patient care personnel coverage for patients needing personal care shall be one-half hour per patient per day, computed on a seven-day week.

History: Cr. Register, November, 1974, No. 227, eff. 12–1–74.

PATIENT CARE

H 32.10 Patient care. (1) NURSING CARE. Every patient shall receive nursing care and supervision based on individual needs. Each patient shall show evidence of good personal hygiene.

(a) Patients shall be assisted daily with oral hygiene to keep mouth, teeth or dentures clean. Measures shall be used to prevent dry, cracked lips.

(b) The patient hair shall be shampooed at least every 2 weeks and kept neat and well-groomed.

(c) When articles for hair such as combs, brushes and metal instruments are used for more than one patient, they shall be disinfected between each use.

(d) The fingernails and toenails of patients shall be kept clean and trimmed.

(e) Men shall be shaved or assisted with shaving at least twice weekly or as necessary to keep them clean and well-groomed.

(f) When shaving equipment is used for more than one patient, it shall be thoroughly disinfected between each patient use.

(g) Patients shall receive considerate care and treatment at all times and shall not be abused in any way.

(h) Every home shall take necessary precautions to assure safety to patients at all times, such as nonslip wax on floors, safe patient equipment such as side rails on beds, nontip footstools and proper use of safety devices.

(i) Adequate equipment and supplies for first aid shall be readily available at all times.

(j) Patients shall not be expected to care for one another.

(k) Patients shall not be put in charge of the home during the absence of the administrator.

(l) Patients shall be encouraged to be dressed in their own clothing.

(2) PATIENT CARE PROCEDURES. (a) There shall be written nursing procedure manuals available at each nurse station which includes restorative care.

(b) The procedure manual may be a printed or published book containing acceptable nursing procedures, but there shall be indications that the procedures, where applicable, have been revised to meet the needs of the nursing home and shall be reviewed at least annually.

(c) The nursing procedure manual shall cover procedures used by all levels of nursing personnel and each member of the nursing staff shall be familiar with them.

(3) TREATMENTS AND ORDERS. (a) Treatments shall be performed and continued only upon the written order of the physician.

(b) Verbal physician orders are given only to a licensed nurse or, in case of restorative services, therapy orders may be given to a qualified therapist, written on the physician order sheet immediately, dated and signed by the nurse or qualified therapist and countersigned by the physician within 72 hours and filed in the chart within 10 days.

(4) PHYSICAL RESTRAINTS. (a) A physical restraint is any article, device or garment which interferes with the free movement of the patient and which the patient is unable to remove easily.

(b) There shall be a written administrative policy and nursing procedure covering the use of physical restraints.

1. Physical restraints shall be applied only on the written order of a physician which shall indicate the patient name, the type of restraint, the reason and the period during which the restraint is to be applied.

2. In an emergency a restraint may be applied temporarily and the physician notified immediately.

3. Patients in physical restraints shall have their position changed and personal needs met every 2 hours or more often if necessary.

4. A comment shall be made in the clinical record during the period physical restraints are applied, dated and signed by the person caring for the patient on each tour of duty.

(c) Restraints shall be of a type which can be removed promptly in the event of a fire or other emergency.

(5) USE OF OXYGEN. (a) Oxygen shall not be used in a nursing home unless there is a capable person in attendance trained in the administration and use of oxygen. Use shall be ordered by the attending physician.

(b) The following precautions shall be taken:

1. Post signs indicating "no smoking" in the room and at the entrance of the room when oxygen is in use.

2. Prior to use of oxygen, all smoking material, matches and the like shall be removed from the room.

3. No oil or grease shall be used on oxygen equipment.

4. When placed at the patient bedside, oxygen tanks shall be securely fastened to a tip-proof carrier or base.

5. Oxygen regulators shall not be stored with solution left in the attached humidifier bottle.

6. When in use at the patient beside, face masks, cannulas, hoses

and humidifier bottles shall be changed and sterilized daily. The above items may be autoclaved or gas sterilized or cleaned with 70 per cent isopropyl alcohol with friction and immersion for 20 minutes to prevent bacteria from multiplying and reinfecting.

7. If disposable inhalation equipment is supplied, it shall be presterilized and kept in contamination-proof containers until used. When disposable inhalation equipment is used, it shall be replaced daily.

8. Other inhalation equipment such as intermittent positive pressure breathing shall be handled in the same manner.

(6) PATIENT CARE PLAN. There shall be a written patient care plan for each patient based on the nature of illness, treatment prescribed, long- and short-term goals and other pertinent information.

(a) The patient care plan shall be a written personalized daily plan for the individual patient, indicating the care to be given, how it can best be accomplished, how the patient likes things done, what methods and approaches are most successful and what modifications are necessary to insure the best methods for the patient. Long-term and short-term goals shall be identified.

(b) Patient care plans shall be available for use by all personnel involved in the care of the patient.

(c) Patient care plans shall be reviewed and evaluated periodically and kept current by the professional health personnel involved in the care of the patient.

(d) In the interest of continuity of care, relevant information from the patient care plan shall be made available with other information that is transmitted when the patient is transferred to another institution or agency.

(e) Patient care plans shall incorporate nursing needs, restorative needs, rehabilitative needs, dietary needs, social needs and any other pertinent needs.

History: Cr. Register, November, 1974, No. 227, eff. 12–1–74.

RESTORATIVE NURSING CARE

H 32.11 Restorative nursing care. (1) ACTIVE PROGRAM. There shall be an active program of restorative nursing care directed toward assisting each patient to achieve and maintain the highest level of self-care and independence.

(a) Restorative nursing care initiated in the hospital shall be continued immediately upon admission to the nursing home.

(b) At a minimum, restorative nursing care designed to maintain function or improve the patient ability to carry out activities of daily living shall be provided.

(c) Each patient shall be up and out of bed as much as possible unless written physician orders direct that the patient is to remain in bed.

(d) Nursing personnel shall be taught restorative nursing measures and shall practice them in their daily care of patients. These measures include:

1. Maintaining good body alignment and proper positioning of patients;

2. Encouraging and assisting patients to change positions at least every 2 hours day and night to stimulate circulation and prevent decubiti and deformities;

3. Make every effort to keep patients active and out of bed for reasonable periods of time, except when contraindicated by physician orders, and encouraging patients to achieve independence in activities of daily living by helping the patient carry out self-care activities, transfer and ambulation activities;

4. Assisting patients to adjust to their disabilities, to use their prosthetic devices and to redirect their interests if necessary;

5. Assisting patients to carry out prescribed physical therapy exercises between visits of the physical therapist.

(e) Consultation and instruction in restorative nursing available from state or local agencies are to be utilized if not available in the facility.

(f) There shall be identifiable documentation in the patient care record and patient care plan that restorative nursing measures are provided where applicable.

(2) DIETARY SUPERVISION. Nursing personnel are to be aware of the dietary needs and food and fluid intake of patients.

(a) Nursing personnel shall observe that patients are served diets as prescribed.

(b) Patients needing assistance in eating shall be helped promptly upon receipt of trays.

(c) Adaptive self-help devices shall be provided and patients given training in their use to contribute to the independence of patients in eating.

(d) Food and fluid intake of patients shall be observed and recorded as necessary. Deviations from normal are reported to the supervising nurse and the physician, and appropriate notations are made in the patient medical record.

(e) The director of nursing service or consultant registered nurse shall report to the supervisor of the food service those dietetic problems observed by nursing personnel, secure the assistance of the food service supervisor or consultant dietitian in resolving such problems and review diet orders with the food service supervisor.

(f) Nursing personnel who participate in providing food service to patients shall observe strict hygienic practices.

History: Cr. Register, November, 1974, No. 227, eff. 12–1–74.

FURNITURE, EQUIPMENT AND SUPPLIES

H 32.12 Furniture, equipment and supplies. (1) FURNISHINGS—PATIENT CARE AREAS.

(a) *Beds.* 1. Each patient shall be provided with a bed which is at least a standard 36-inch-wide bed with a headboard of sturdy construction and in good repair.

2. Each bed shall be equipped with springs in good repair and a clean, firm mattress of appropriate size for the bed. Gatch springs and footboards shall be provided when needed to meet the needs of the patient.

3. Roll-away beds, day beds, cots, double or folding beds shall not be used for patients.

(b) *Bedside stand.* Each patient shall be provided with a bedside stand containing one drawer for personal items and a drawer or compartment for nursing equipment such as wash basin, bedpan, urinal and emesis basin.

(c) *Pillows.* 1. Each patient shall have at least one clean, comfortable pillow.

2. Extra pillows shall be provided to meet patient need and comfort.

(d) *Chairs.* 1. There shall be at least one chair available in the room for each bed. A folding chair shall not be used.

2. An additional chair with arms shall be available to meet patient need and comfort.

(e) *Reading light.* There shall be a reading light, properly shaded, over or at the bed, provided for all patients.

(f) *Dresser or drawer space.* There shall be adequate compartment or drawer space within the patient room or convenient thereto.

(g) *Table.* An individual, sturdy and not easily tippable table that can be placed over the bed or armchair shall be provided for every patient who does not eat in the dining area.

(h) *Rails.* Side rails shall be available for both sides of the bed when the patient condition warrants it.

(i) *Linen and bedding.* 1. Mattress and pillow covers. A moisture-proof mattress cover and rubber or plastic sheeting shall be provided to keep mattresses and pillows clean and dry.

2. Mattress pads shall be provided for all beds.

3. Sheets and pillow cases. A sufficient supply shall be available so that beds may be changed as often as necessary to keep beds clean, dry and free of odors. At least 2 sheets and 2 pillow cases shall be furnished each patient each week.

4. Draw sheets. Beds for bed patients and incontinent patients shall be provided with draw sheets.

5. Blankets. Lightweight blankets shall be provided to assure warmth for each patient and shall be available and laundered as often as necessary to assure cleanliness and freedom from odors.

6. Bedspreads. Each bed shall have a washable bedspread and a replacement when being laundered.

7. Towels and washcloths. Clean towels and washcloths shall be provided as needed.

a. Common towels shall not be used.

b. Provision shall be made for an individual towel rack at each patient bedside.

c. Single-service towels, preferably paper, shall be provided at each lavatory.

8. Bedpan and urinal covers shall be used and shall not be interchangeable.

(j) *Cubicle curtains and/or screens.* Flame retardant cubicle curtains or screens shall be in the room and used as needed to shield the patients from each other and the doorway in all bedrooms where the physical room arrangement does not provide privacy.

(k) *Window coverings.* Every window shall be supplied with flame retardant shades, draw drapes or other devices or material which when properly used and maintained, shall afford privacy and light control for the patient.

(2) EQUIPMENT—PATIENT CARE AREAS. (a) Equipment required to give patient care, depending upon the type and needs of patients, shall be provided in sufficient supply such as:

1. Individual mouthwash cups, wash basins, soap dishes, bedpans, emesis basins and standard urinals which shall be stored in the patient bedside stands and shall not be interchanged between patients.

2. There shall be patient care aides such as wheelchairs with brakes, footstools, commodes, foot cradles, footboards, under-the-mattress bedboards, walkers, trapeze frames, transfer boards, parallel bars and reciprocal pulleys.

3. There shall be a supply of thermometers, both oral and rectal, to allow for proper cleansing and sterilization between use.

4. There shall be provision for obtaining other specialized equipment such as suction machines, patient lifts, Stryker or Foster frames as needed.

(b) There shall be first aid supplies at each nursing unit such as bandages, sterile gauze dressings, bandage scissors, tape, sling, tourniquet and any other supplies deemed necessary by the advisory physician or the medical advisory committee.

(c) All furnishings and equipment shall be maintained in a usable, safe, sanitary condition.

(3) STERILIZATION OF SUPPLIES AND EQUIPMENT. (a) Each facility shall provide a method of sterilizing equipment and supplies such as needles, syringes, catheters and dressings.

(b) There shall be an autoclave available, located in a central sterilization area or clean utility area, for sterilizing this type of equipment and supplies.

(c) An autoclave will not be required in a facility when other acceptable arrangements have been made such as:

1. Use of disposable, individually wrapped, sterile dressings, syringes, needles, catheters, gloves, etc.

2. Formal plan with another facility for the sterilization of equipment and supplies.

3. Other alternative methods when approved on an individual basis in writing from the department.

(d) Upon death or discharge of patient, appropriate equipment shall be thoroughly cleansed and sterilized.

(4) SANITIZATION OF UTENSILS. (a) Utensils such as individual bedpans, urinals, wash basins, shall be sanitized in a utensil sanitizer at least once a week on a routine schedule. This procedure shall be done in a soiled utility room.

(b) Other alternative methods of sanitizing may be used as approved by the department on an individual basis.

History: Cr. Register, November, 1974, No. 227, eff. 12–1–74.

INSERVICE EDUCATIONAL PROGRAM

H 32.13 Inservice educational program. (1) PROGRAM. There shall be continuing inservice educational program in effect for all nursing personnel in addition to a thorough job orientation for new personnel. Skill training for nonprofessional nursing personnel shall begin during the orientation period.

(a) Planned inservice programs shall be conducted at regular intervals for all nursing personnel.

(b) Planned educational programs for each level of nursing service shall be provided in writing. A dated record shall be available describing content of program provided, instructor and list of participants.

(c) All patient care personnel shall be instructed and supervised in the care of emotionally disturbed and confused patients, and helped to understand the social aspects of patient care.

(d) Skill training shall include demonstration, practice and supervision of simple nursing procedures applicable in the individual nursing home. It also shall include simple restorative nursing procedures.

(2) ORIENTATION. (a) Each new nursing service employe shall receive an orientation appropriate to the employe job description prior to working with patients which shall include:

1. Orientation to the facility, its philosophy, purpose and physical environment;

2. Review of the procedures to be followed in emergencies;

3. Orientation to policies, procedures, disaster plan and skill training in the areas in which the employe will be working.

(3) STAFF RELATIONSHIPS. (a) Opportunities shall be provided for nursing personnel to attend training courses in restorative nursing and other educational programs related to the care of long-term patients.

(b) Continuing education programs shall provide nursing personnel opportunities for attendance at appropriate educational sessions designed to keep nursing practice current.

(c) Personnel records shall reflect evidence of attendance of educational workshops and continuing programs in their fields of endeavor.

(d) Space shall be designated for conducting inservice education programs.

(e) As a minimum, inservice educational programs shall be held monthly for all nursing personnel.

(f) Inservice education for all the staff which shall include, but not be limited to, the following: training in and familiarity with patient care policies and procedures; confidentiality of patient information, with special emphasis on interpersonal relationships; fire safety; infection control and accident prevention.

History: Cr. Register, November, 1974, No. 227, eff. 12–1–74.

DIETARY SERVICES

H 32.14 Dietary services. The dietary service shall be directed by a qualified individual and shall meet the daily dietary needs of patients. A nursing home which has a contract with an outside food management company may be found in compliance provided the company has a dietitian who serves, as required by the scope and complexity of the service, on a full-time, part-time or consultant basis to the nursing home, and provided the company maintains standards as listed herein and provides for continuing liaison with the medical and nursing staff of the nursing home for recommendations on dietetic policies affecting patient care.

(1) DIETARY SUPERVISION. A person designated by the administrator shall be responsible for the total food service of the nursing home. If this person is not a professional dietitian, regularly scheduled consultation of 8 or more hours per month from a professional dietitian or other person with suitable training shall be obtained.

(a) A person shall be employed by the home to supervise all food services and menu planning who shall meet one of the following qualifications:

1. A dietitian who meets the American dietetic association's standards for qualification as a dietitian; or

2. A university graduate holding at least a bachelor's degree with a major in food and nutrition; or

3. One of the following, any of whom must have frequent and regularly scheduled consultation by 1. or 2. above:

a. A trained food service supervisor. If this person has not had formal training, there shall be an agreement by the administrator that the person be presently enrolled in a training course in food service supervision at a state vocational school or an equivalent training course approved by the department.

b. An associate degree dietary technician.

c. A professional registered nurse.

(b) The person in charge of the dietary service shall participate in regular conferences with the administrator and other supervisors of patient services.

(c) This person shall make recommendations concerning the quantity, quality and variety of food purchased.

(d) This person is responsible for the orientation, training and supervision of food service employes and participates in their selection and in the formulation of pertinent personnel policies.

(e) Consultation obtained from self-employed dietitians or dietitians employed in voluntary or official agencies is acceptable if provided on a frequent and regularly scheduled basis.

(2) POLICIES AND PROCEDURES. There shall be written policies and procedures for food storage, preparation and services reviewed by a qualified dietitian. The written policies and procedures shall be up to date and in effect.

(3) INSERVICE TRAINING. There shall be an inservice training program for dietary employes which shall include, but not be limited to, the proper handling of food and personal grooming.

(4) STAFF MEETINGS. The person responsible for food services shall attend and participate in meetings of the nursing home staff and shall advise in the planning and preparation of budget estimates for food services.

(5) RECORDS. All weekly time schedule and weekly dated menus shall be kept on file for a period of one year.

(6) ADEQUACY OF DIET STAFF. A sufficient number of food service personnel shall be employed, and their working hours shall be scheduled to meet the dietary needs of the patients.

(a) Food service employes shall be trained to perform assigned duties and participate in selected inservice education programs.

(b) In the event food service employes are assigned duties outside the dietary department, these duties shall not interfere with the sanitation, safety or time required for dietary work assignments.

(c) Work assignments and duty schedules shall be posted.

(7) HYGIENE OF DIET STAFF. Food service personnel shall be in good health and practice hygienic food handling techniques.

(a) Food service personnel shall wear clean washable garments, hair nets or clean caps and shall keep their hands and fingernails clean at all times.

(b) Employes shall maintain a high degree of personal cleanliness; keeping hands clean at all times while engaged in handling food, drink, utensils or equipment.

(c) Employes shall maintain clean, safe work habits in the food preparation and food service area.

(d) Where food handler permits are required, they shall be current.

(e) Personnel having symptoms of communicable diseases or open infected wounds shall not be permitted to work.

(f) Employes shall refrain from using tobacco while on duty in food preparation or storage rooms or while serving.

History: Cr. Register, November, 1974, No. 227, eff. 12–1–74.

H 32.15 Adequacy of diet. (1) FOOD AND NUTRITIONAL NEEDS OF PATIENTS. The food and nutritional needs of patients shall be met in accordance with physician orders and, to the extent medically possible, shall meet the dietary allowances of the food and nutrition board of the national research council adjusted for age, sex and activity.

(2) PATIENT NEEDS. There shall be reasonable adjustment to the food likes, habits, customs, condition and appetite of individual residents. Special attention shall be given to the preparation and service of food to patients with problems such as inability to cut food, to chew, to swallow.

(3) POOR APPETITES. Patients continuously rejecting most of their food shall be brought to the attention of the physician.

History: Cr. Register, November, 1974, No. 227, eff. 12–1–74.

H 32.16 Therapeutic diet. (1) DIET ORDERS. Therapeutic diets, including supplemental feedings, shall be prepared and served as prescribed by the attending physician.

(a) Therapeutic diet orders shall be planned, prepared and served with supervision or consultation from a qualified dietitian and their acceptance by the patient shall be observed and recorded in the patient clinical record.

(b) A current diet manual recommended by the state licensure agency shall be available to food service personnel and supervisors of nursing service. Diets served to patients shall be in compliance with principles established in the manual.

(c) Persons responsible for therapeutic diets shall have sufficient knowledge of food values to make appropriate substitutions when necessary.

(d) Vitamin and mineral supplements shall be given only on the written prescription of the patient physician.

(e) Therapeutic diets shall be reviewed at least monthly with the patient physician except where the physician has indicated in writing that the patient condition does not require monthly review. In any case, as a minimum, the patient therapeutic diet shall be reviewed semiannually.

(f) Substitutions or variations in the meal actually served, and the patients to whom the diets were actually served shall be identified in the dietary records.

History: Cr. Register, November, 1974, No. 227, eff. 12–1–74.

H 32.17 Quality of food. (1) MEAL SCHEDULE. At least 3 meals or their equivalent shall be served daily, not more than 5 hours apart, with not more than a 14-hour span between a substantial evening meal and breakfast. Between-meal or bedtime snacks of nourishing quality shall be offered for patients who are able to eat only small quantities at mealtime. If the four- or five-meal-a-day plan is in effect, meals and snacks shall provide nutritional value equivalent to the daily food guide previously described.

(2) ASSISTING PATIENTS. Patients who require assistance with eating shall be given help promptly upon receipt of a tray. Patients who are unable to feed themselves shall be fed with attention to safety and comfort. There shall be ample time allowed for unhurried meal service.

(3) DRINKING WATER. Each bed patient shall be provided with a covered pitcher of drinking water and a glass. The water shall be changed frequently during the day. Pitchers and glasses shall be sanitized daily. Single-service disposable pitchers and glasses may be used. Common drinking vessels shall not be used.

(4) IDENTIFICATION OF TRAYS. Trays shall be properly identified with name, type of diet, and location or room number for assembly and delivery.

(5) RE-SERVING OF FOOD. Food items served to a patient shall not be re-served.

(6) PLANNING OF MENUS. (a) Menus shall be planned in advance and food sufficient to meet the nutritional needs of patients shall be prepared as planned for each meal. When changes in the menu are necessary, substitutions shall provide equal nutritive value.

1. Menus shall be written at least 3 weeks in advance. Menus shall be different for the same days of each week and shall be adjusted for seasonal changes.

2. Menus shall provide a sufficient variety of foods served in adequate amounts at each meal. The current weekly menu shall be in one or more accessible places in the dietary department for use by workers purchasing, preparing, and serving foods.

3. Records of menus as served shall be filed and maintained for 12 months.

(b) Supplies of staple foods for a minimum of a one-week period and of perishable foods for a minimum of a two-day period shall be maintained on the premises.

1. A reasonable variety of protein foods, fruits, vegetables, dairy products, breads and cereals shall be provided.

2. Records of food purchased for preparation shall be on file.

(7) PREPARATION AND SERVING OF FOOD. (a) Foods shall be prepared by methods that conserve nutritive value, flavor and appearance, and shall be served attractively at the proper temperatures and shall be in a form to meet individual needs.

1. A file of tested recipes, adjusted to appropriate yield, shall be maintained.

2. Food shall be cut, chopped or ground to meet individual needs.

3. If a patient refuses food served, substitutes shall be offered.

4. Effective equipment shall be provided and procedures shall be established to maintain food at proper temperature during serving.

5. Table service shall be provided for all who can and will eat at a table including wheelchair patients.

6. Trays provided bedfast patients shall rest on firm supports such as overbed tables. Sturdy tray stands of proper height shall be provided patients able to be out of bed.

History: Cr. Register, November, 1974, No. 227, eff. 12–1–74.

H 32.18 Sanitary conditions of dietary services. (1) SANITATION. Sanitary conditions shall be maintained in the storage, preparation and distribution of food.

(2) CLEANING PROCEDURES AND SANITATION PRINCIPLES. Effective procedures for cleaning all equipment and work areas shall be followed consistently.

(a) All cases, counters, shelves, tables, cutting blocks, refrigeration equipment, sinks, cooking and baking equipment, mechanical dishwashing equipment and other equipment used in the preparation, storage or serving of food shall be so constructed as to be easily cleaned and shall be kept in good repair.

(b) Any equipment or utensils used in the preparation, storage or serving of food for the nursing home that meets the criteria of the National Sanitation Foundation may be used upon the approval of the department.

(c) Equipment or utensils in use at the time of adoption of this regulation which does not fully meet the above requirements may be continued in use if it is in good repair, capable of being maintained in a sanitary condition and the food contact surfaces are nontoxic.

(d) Equipment not suitable for use or not capable of being maintained in a sanitary condition shall be removed from the nursing home.

(e) All multi-use utensils, cutlery, glassware, dishes and silverware shall be so constructed as to be easily cleaned. Single-service food containers shall not be reused.

(f) Utensils shall be stored in a clean, dry place protected from contamination, and wherever practicable utensils shall be covered or inverted.

(g) The floors of all rooms in which food or drink is stored or prepared or in which utensils are washed and the floors of toilet rooms shall be maintained clean, shall be smooth and shall be kept in good repair at all times.

(h) Walls and ceilings of all rooms where food is prepared or utensils are washed shall have a smooth, nonabsorbent, light-colored, washable, damage-resistant surface.

(i) All outside doors shall be self-closing and when used for ventilation purposes shall be properly screened.

(j) All rooms in which food or drink is stored or prepared or in which utensils are washed shall be well-lighted.

(k) All rooms in which food is stored, prepared or served, or in which utensils are washed shall be well-ventilated. Refrigerated storage rooms shall not be ventilated.

(l) The floors, walls and ceilings of all rooms in which food or drink is stored, prepared or served, or in which utensils are washed, and all toilet rooms and lavatories shall be maintained in a clean and sanitary condition.

(m) All equipment, including furniture, display cases, counters, shelves, tables, cutting blocks, refrigeration equipment, sinks, cooking and baking equipment, mechanical dishwashing equipment and other equipment used in connection with the operation of the dietary department shall be maintained in a clean and sanitary condition. Grease filters and other grease extraction equipment shall be kept clean at all times.

(n) All multi-use utensils, cutlery, glassware, dishes and silverware shall be maintained in a clean and sanitary condition and, if cracked or chipped or with open seams, shall be discarded.

(o) All linens, napkins, tablecloths and underpads shall be clean. Soiled linens shall be kept in containers used for such purpose exclusively.

(p) All washing aids, such as brushes, dish mops, dishcloths and other hand aids used in dishwashing shall be effectively washed and maintained in a clean condition.

(q) All drapes, curtains, rugs and upholstered furniture shall be kept clean and free of odor.

(3) HANDLING AND REFRIGERATION OF FOODS. (a) All readily perishable food and drink except when being prepared or served shall be kept in a refrigerator which shall have a temperature maintained at or below 40 degrees Fahrenheit. This shall include all custard-filled and cream-filled pastries; milk and milk products; meat, fish, shellfish, gravy, poultry, stuffing and sauces; dressings; salads containing meat, fish, eggs, milk or milk products; and any other food or food products liable to food spoilage.

(b) All ice used for cooling drinks or food by direct contact shall be made from water from a public water supply or from water, the source of which has been approved by the department as safe and free from contamination. All refrigeration units shall be provided with thermometers.

(4) HAND DISHWASHING AND SANITIZING PROCEDURES. Procedures and techniques shall be developed, understood and carried out in compliance with these rules and local health codes.

(a) Prewashing of dishes shall be an integral part of manual utensil washing operations.

(b) After prewashing, the utensils shall be washed in hot water

at a temperature of 100 degrees Fahrenheit or above containing an adequate amount of an effective soap or detergent. Water shall be kept clean by changing it frequently. Following washing, all utensils shall be rinsed in clean water to remove soap and detergent.

(c) Following hand washing, all utensils shall be sanitized by either of the following 2 methods:

1. Submerge all utensils for 30 seconds in clean water maintained at a temperature of 170 degrees Fahrenheit or more, or

2. Submerge all utensils for at least 2 minutes in a hypochlorite solution with a chlorine concentration continuously maintained at 100 parts per million, or other approved sanitizing solutions which may be used at the concentration at which tested and approved by the department. All sanitizing solutions shall be prepared fresh prior to their use in sanitizing the dishes used at each main meal period, and at least twice each day if only glassware is sanitized. Soaps, water softeners, washing compounds and detergents shall not be added to sanitizing solutions. Utensils should be racked in baskets so that all surfaces will be reached by the sanitizing solution while submerged, and after sanitizing, be placed on a rack or drainboard to air dry.

(d) A suitable thermometer shall be provided for frequent determination of the temperature of the water used for sanitizing, washing and rinsing utensils.

(5) MECHANICAL DISHWASHING AND SANITIZING PROCEDURES. (a) Utensils shall be stacked in racks or trays so as to avoid overcrowding and in such manner as to assure complete washing contact with all surfaces of each article.

(b) The wash water temperature of the utensil washing machine shall be held at from 130 degrees to 150 degrees Fahrenheit. The utensils shall be in the washing section for at least 20 seconds.

(c) A detergent shall be used in all utensil washing machines and it is recommended that they be equipped with automatic detergent dispensers so that the maximum efficiency of the machines can be obtained.

(d) For sanitizing in a spray type machine, dishes shall be subjected to a rinse period of 10 seconds or more at a temperature in the supply line of the machine of at least 180 degrees Fahrenheit.

(e) For sanitizing in an immersion-tank type machine, dishes shall be submerged for 30 seconds or more with water at a temperature of 170 degrees Fahrenheit or more. There shall be a constant change of water through the inlet and overflow.

(f) Home type dishwashers are not permitted.

(g) Thermometers shall be located in both the wash compartment and rinse water line at the machine so as to be readily visible. Thermostatic control of the temperature of the wash and rinse water shall be provided in the new equipment and is recommended for existing equipment. Temperature gauges shall be readily visible, fast acting and accurate to 2 plus or minus 2 degrees Fahrenheit.

(h) The pressure of the water used in spray washing and rinsing shall be 15 to 25 pounds per square inch at the machine nozzles.

(i) All utensils shall be air dried in racks or baskets or on drainboards.

(6) SINK REQUIREMENTS. (a) A two-compartment sink for manual dishwashing is permitted for existing nursing homes only.

(b) A three-compartment sink for washing, rinsing and sanitizing utensils, with adequate drainboards at each end, is required for all new installations and at the time of replacing sinks in existing nursing homes. In addition, a single-compartment sink located adjacent to the soiled utensil drainboard is required for prewashing. The additional sink may also be used for liquid waste disposal. The size of each sink compartment shall be adequate to permit immersion of at least 50 percent of the largest utensil used. In lieu of the additional sink for prewashing, a well type garbage disposal with overhead spray wash may be provided.

(7) Any written reports of inspection by local health authorities shall be on file at the nursing home and a copy sent to the department with notation made of action taken by the nursing home to comply with any recommendations.

(8) WASTE FOOD. Waste which is not disposed of by mechanical means shall be kept in leakproof, nonabsorbent containers with close-fitting covers and shall be disposed of daily in a manner that will prevent transmission of disease, a nuisance, a breeding place for flies or a feeding place for rodents. Containers shall be thoroughly cleaned inside and out each time emptied.

(9) WASTE WATER. No waste water, including dishwater, shall be discharged on or near the premises so as to create a nuisance. Separate fly-tight containers must be provided for cans, bottles and similar rubbish.

(10) DRAINAGE OF REFRIGERATORS. Drains from refrigerators must be connected in accordance with the plumbing code of the department.

(11) STORAGE OF FOOD. Dry or staple food items shall be stored off the floor in a ventilated room not subject to sewage or waste water backflow or contamination by condensation, leakage, rodents or vermin.

(a) Food products shall not be stored in any basement, room or receptacle that is subject to sewage or waste water backflow or to contamination by condensation or leakage, nor in any place where rodents or vermin may gain access.

(b) Food products when stored in a basement shall be stored at least 12 inches above the floor.

(c) Food products stored in other areas shall be stored at least 8 inches above the floor or on easily movable dollies.

(d) Staple foods shall be stored in rigid, impervious containers with tight-fitting covers once the original bag is opened.

(12) DISPLAY FOODS. (a) All foods when displayed must be protected from flies, insects, rodents, dust, sneeze or cough spray and from handling by other than food service personnel.

(b) Food shall not be placed on the table for service until immediately prior to being consumed.

(c) Food on delivery carts shall be properly covered while in transit and until delivered to the recipient.

(13) SINGLE-SERVICE UTENSILS. Single-service utensils shall be

stored in the original wrapper until used. Such items shall not be made of toxic material and shall not be reused.

(14) HARBORING OF ANIMALS. The harboring of birds, reptiles, cats, dogs or other animals is not permitted in rooms in which food is prepared, served or stored or where utensils are washed or stored.

(15) RESTRICTION ON USE. Rooms in which food is prepared or stored or dishes are washed shall not be used for sleeping purposes.

(16) HANDLING, PREPARATION AND SERVING OF FOOD. All foods shall be handled, prepared and served under clean and sanitary conditions. The use of tainted or spoiled foods is prohibited. All foods, including vegetables served raw, shall be thoroughly washed in clean water from an approved source.

(17) MILK. (a) Only fluid milk which meets the Grade A milk standards of the Wisconsin department of agriculture and certified to by the department shall be used for beverage purposes. Any powdered milk used for cooking purposes shall meet Grade A standards.

(b) All milk shall be kept in the original containers in which delivered and under refrigeration until served or used. Dipping of milk is not permitted.

(c) Bulk milk dispensers which have been approved by the department as to design and construction may be used provided that:

1. No surfaces with which milk comes in contact other than the delivery orifice shall be accessible to manual contact, droplets, dust or flies.

2. The dispensing tubes are kept in the refrigeration unit until the container is ready to be used and the tube when cut shall be cut on an angle of approximately 45 degrees and shall not extend more than 1½ inches beyond the dispensing valve.

3. The dispensing valve shall be removed, cleaned and sanitized each time the container is changed.

(18) CREAM. Cream shall be kept in the original container in which delivered and under refrigeration until served or used.

(19) DELIVERY VEHICLES. Vehicles used in the transportation of a meal or lunch shall be equipped with clean containers or cabinets to store the food while in transit. The container or cabinet shall be so constructed as to prevent food contamination by dust, insects, animals, vermin or infection. If the meal or lunch is readily perishable, the container or cabinet shall be capable of maintaining a temperature at or below 40 degrees Fahrenheit or a temperature at or above 150 degrees Fahrenheit until the food is delivered to the patient.

(20) DONATED FOODS. Donations of home-canned foods, salad mixtures, custards, cream-filled pastries and other potentially hazardous foods shall not be accepted.

(21) MEAT. All purchased meats and poultry shall be from sources under federal inspection or state inspection. All animals used for meat shall be slaughtered in a licensed slaughter house or under the antemortem and postmortem inspection of a licensed veterinarian.

(22) HANDWASHING FACILITIES. Handwashing facilities including hot and cold water, soap and individual towels, preferably paper

towels, shall be provided in kitchen areas. (See physical environment for specific requirements.)

History: Cr. Register, November, 1974, No. 227, eff. 12–1–74.

RESTORATIVE SERVICES

H 32.19 Restorative services. Restorative services shall be provided upon written order of the physician.

(1) PLAN OF CARE. Restorative services shall be provided under a written plan of care, initiated by the attending physician and developed in consultation with appropriate therapist(s) and the nursing service. Therapy shall be provided only upon written orders of the attending physician. A report of patient progress shall be communicated to the attending physician within 2 weeks of the initiation of specialized restorative services. The patient progress shall be thereafter reviewed regularly, and the plan of restorative care reevaluated as necessary, but at least every 30 days, by the physician and the therapist(s).

(2) MAINTENANCE OF PATIENT FUNCTIONS. At a minimum, restorative nursing care designed to maintain function or improve the patient ability to carry out the activities of daily living shall be provided.

(3) THERAPY SERVICES. When ordered by a physician restorative services beyond restorative nursing care shall be given. These services shall be given or supervised by therapists meeting the qualifications below. When supervision is less than full time, it shall be provided on a planned basis and shall be frequent enough to assure sufficient review of individual treatment plans and progress.

(a) Physical therapy shall be given or supervised by a therapist who meets the following qualification:

1. Shall be a graduate from a physical therapy curriculum, professionally educated and certified by licensure by the Wisconsin state board of medical examiners.

(b) Physical therapy shall include such services as:

1. Assisting the physician in his evaluation of patients by applying muscle, nerve, joint and functional ability tests;

2. Treating patients to relieve pain, develop or restore function and maintain maximum performance, using physical means such as exercise, massage, heat, water, light and electricity.

(c) Speech and/or hearing rehabilitation shall be given or supervised by a therapist who meets the following requirements:

1. Shall have the education and experience requirements for a Certificate of Clinical Competence in the appropriate area (speech pathology or audiology) granted by the American Speech and Hearing Association; or

2. Shall have the educational requirements for certification, and is in the process of accumulating the supervised experience required for certification.

(d) Speech and/or hearing rehabilitation service in speech pathology or audiology, and shall include:

1. Cooperation in the evaluation of patients with speech, hearing or language disorders;

2. Determination and recommendation of appropriate speech and hearing services;

3. Provision of necessary rehabilitative services for patients with speech, hearing and language disabilities.

4. Conducting inservice training of nursing staff pertaining to patient communication problems.

(e) Occupational therapy shall be given or supervised by a therapist who is currently registered by the American occupational therapy association; or is eligible for the national registration examination of that association, and is in the process of such registration.

(f) Occupational therapy shall include duties such as:

1. Assisting the physician in his evaluation of the patient level of function by applying diagnostic and prognostic tests;

2. Guiding the patient in his use of therapeutic creative and self-care activities for improving function.

(g) Other personnel providing restorative services shall have had special training and work under professional supervision in accordance with accepted professional practices.

(h) The therapists shall collaborate with the nursing home medical and nursing staff in developing the total plan of patient care.

(i) The therapists and staff personnel shall participate in the nursing home inservice education programs.

(j) The therapists and staff personnel shall maintain current records of treatment, progress and evaluation in the patient clinical record.

(4) THERAPEUTIC EQUIPMENT. Therapeutic equipment necessary for services offered shall be available for use in the nursing home.

History: Cr. Register, November, 1974, No. 227, eff. 12–1–74.

PHARMACEUTICAL SERVICES

H 32.20 Pharmaceutical services. (1) PHARMACEUTICAL SERVICES. Whether medications and biologicals are generally procured from community or institutional pharmacy or stocked by the nursing home, the nursing home shall have methods and procedures for its pharmaceutical services that are in accord with accepted professional practices.

(2) PROCEDURES FOR ADMINISTRATION OF PHARMACEUTICAL SERVICES. The nursing home shall provide appropriate methods and procedures for the obtaining, dispensing and administering of medications and biologicals, developed with the advice of a staff pharmacist, a consultant pharmacist, or a pharmacy and therapeutics committee which includes one or more licensed pharmacists.

(a) The consultant pharmacist shall have a written agreement with the nursing home.

(b) The consultant pharmacist shall visit the nursing home at least monthly to assure compliance with regard to pharmacy services and submit a written report to the home, except in a personal care home where a pharmacist consultant is not required.

(c) In a personal care home the registered nurse consultant shall assure compliance of the nursing home with control of medications

and biologicals and submit at least monthly a written report to the home.

(d) If the nursing home has on premise a licensed pharmacy department, a licensed pharmacist shall be employed to administer the pharmacy department in accordance with 450.04 (2) (a) Wisconsin Statutes.

(e) If the nursing home does not have a licensed pharmacy, it shall have provision for promptly and conveniently obtaining prescribed medications and biologicals from community or institutional pharmacies.

(f) If the nursing home does not have a licensed pharmacy:

1. The consultant pharmacist shall be responsible for the procedures of all bulk medications and maintenance of records for their receipt and disposition.

2. The pharmacist, in dispensing prescription medications, shall label them properly and shall make them available to appropriate licensed nursing personnel. Whenever possible, the pharmacist in dispensing drugs shall work from the original prescription order or a direct copy.

3. Provision shall be made for obtaining medication in an emergency.

(g) An emergency medication kit, as approved by the nursing home pharmacy and therapeutic committee, shall be kept readily available except in a personal care home with no consultant pharmacist.

1. The kit shall be sealed and stored in a locked area.

2. The consultant pharmacist shall be responsible for control and inspection of the kit on a regular basis.

3. The kit shall be available only to licensed persons in charge of administering medications.

4. The pharmacist shall make replacements to the emergency kit.

(h) Each pharmacist shall maintain, in the pharmacy, a drug profile for each patient they service, containing the patient's name, known drug sensitivities, drug names, doses, route of administration and frequency.

(3) CONFORMANCE WITH PHYSICIAN ORDERS. (a) All medications administered to patients shall be ordered in writing by the patient physician. Verbal orders shall be given only to a licensed nurse, immediately reduced to writing in the patient clinical record, signed by the nurse and countersigned by the physician within 72 hours and filed in the chart within 10 days.

(b) If the home does not have nurse coverage, the order shall be telephoned to a registered pharmacist by the physician. When the medication is received by the home, the administrator or designee shall copy into the patient clinical record the information from the prescription label, sign and this shall be countersigned by the physician.

(c) Medications not specifically limited as to time or number of doses, when ordered, are automatically stopped in accordance with written policy approved by the physician or physicians responsible for advising the nursing home on its medical administrative policies.

1. The charge nurse or consultant registered nurse and the prescribing physician review monthly each patient medication.

2. The patient attending physician is notified of stop order policies and contacted promptly for renewal of such orders so that continuity of the patient therapeutic regimen is not interrupted.

3. Medications are released to patients on leave or discharge on the written authorization of the physician only or if verbal orders, they shall be given only to a licensed nurse, immediately reduced to writing in the patient clincal record, signed by the nurse and countersigned by the physician within 72 hours and filed in the chart within 10 days.

4. When medications or treatments are to be discontinued or modified, the physician shall so state in writing in the clinical record. Verbal orders shall be countersigned by the physician within 72 hours and filed in the chart within 10 days.

(4) ADMINISTRATION OF MEDICATIONS. (a) All medications shall be administered by licensed physicians or licensed nursing personnel in skilled care homes. Each dose administered shall be properly recorded in the clinical record.

(b) In intermediate care homes and personal care homes, the registered nurse shall determine the personnel who shall administer medications. Personnel so designated shall have specific training in drug administration.

(c) Medications shall be given only on a physician written order and exactly as ordered by the physician. Written procedures for administration of medications shall include at least the following:

1. That the label shall be read at least 3 times; before removing the medication from storage, before pouring or removing medication and after returning the container to storage.

2. That the patient for whom medication has been ordered is identified with the medication being administered.

3. It is verified that the patient has actually taken the medication.

4. That each dose administered shall be properly recorded in the clinical record by the person administering medications.

(d) The same person shall be assigned and held responsible for preparing, administering and recording medication, except under single unit dose package distribution systems.

(e) The nursing station shall have readily available items necessary for the proper administration of medications.

(f) In administering medications, medication cards or other department approved systems shall be used and checked against the physician orders.

(g) Medications prescribed for one patient shall not be administered to any other patient.

(h) Self-administration of medications by patients shall not be permitted except for emergency drugs on special order of the patient physician or in a predischarge program under the supervision of a registered nurse or designee.

(i) Medication errors and possible drug reactions shall be reported immediately to the patient physician and an entry thereof made in the patient clinical record as well as on an incident report.

(j) Up-to-date medication reference texts and sources of information shall be provided, such as the American Hospital Formulary Service of the American Society of Hospital Pharmacists or other suitable references.

(5) LABELING AND STORING MEDICATIONS. Patient medications shall be properly labeled and stored in a locked cabinet at or near the nurse station.

(a) The label of each individual medication container for a patient shall clearly indicate the patient full name, physician name, prescription number, name and strength of medication, directions for use, date of issue, expiration date of all time-dated medication, and name, address and telephone number of pharmacy or physician issuing the medication. It is advisable that the manufacturer name and the lot or control number of the medication also appear on the label.

1. The prescription label shall be permanently attached to the outside of the medication container.

(b) Medication containers having soiled, damaged, incomplete, illegible or makeshift labels shall be returned to the issuing pharmacist or pharmacy for relabeling. Containers having no labels shall be destroyed in accordance with state and federal laws.

1. Directions for use on labels of medications shall be changed only by a physician or pharmacist acting on instructions from a physician.

(c) The medications of each patient shall be kept and stored in their original containers and transferring between containers shall be forbidden unless transferred by a licensed physician or pharmacist and properly labeled.

(d) Separately locked, securely fastened boxes (or drawers), or permanently affixed compartments, within the locked medication area shall be provided for storage of narcotics and dangerous drugs subject to the Controlled Substances Act of October 27, 1970. Schedule II, III, IV and V, U. S. Government, Public Law 91-513 and Wisconsin's Uniform Controlled Substance Act of 1972.

(e) Medication shall be stored in a locked cabinet, closet or storage room and accessible only to the registered nurse or designee. In homes where no registered nurse is required, the medications shall be accessible only to administrator or designee. The key shall be in the possession of the person on duty responsible and assigned to administer the medications.

1. Cabinets shall be well lighted and of sufficient size to permit storage without crowding.

2. A medication cabinet, closet or storeroom shall be sufficient size for the storage of all medications. It shall be conveniently located and provided with illumination adequate for easy reading of labels. The temperature of the room shall not exceed 85 degrees Fahrenheit.

3. Each patient medication shall be kept physically separated within the cabinet, closet or storeroom, with trays or compartments.

(f) Medications requiring refrigeration shall be kept in a separate covered container and locked unless refrigeration is available in a locked drug room.

(g) Poisons and medications for "external use only" shall be kept in a locked cabinet and separate from other medications.

(h) Medications expired or no longer in use shall be disposed of or destroyed in accordance with federal and state laws and regulations.

1. All patient medication shall be destroyed when the physician orders that its use be discontinued or when the patient has been discharged or is deceased. The physician shall write an order if he wishes the medication to be sent home, transferred with the patient, held until the patient returns to the home or held for other reasons not to exceed 30 days.

2. The destruction shall occur in the nursing home witnessed, signed and dated by 2 or more licensed personnel in the health field and records of this destruction shall be kept.

3. Any residual controlled substances shall be inventoried on a BND-41 form and the inventory sent to bureau of narcotics and dangerous drugs regional office. This bureau will advise the nursing home of the method of destruction. BND-41 forms are available at the above office or from the Wisconsin pharmacy examining board. Records shall be kept for a period of 2 years.

(6) CONTROL OF MEDICATIONS. (a) Medications furnished by the physician or by a pharmacist on prescription shall be delivered to the registered nurse or designee. In homes where a registered nurse is not required, the medications shall be delivered to the administrator or designee. If there is not an on-premise pharmacy, the delivery package shall be sealed and signed for upon receipt by the registered nurse or designee. In homes where a registered nurse is not required, the administrator or designee shall sign for receipt of the medications.

(b) There shall be an automatic stop order for drugs on schedule II so that they are discontinued after 72 hours unless the original order is written to clearly specify a definite period of time not to exceed 30 days or stop order.

(c) Drugs in schedules II, III, IV and V of Controlled Substances Act shall be accessible only to the registered nurse or designee. In homes where a registered nurse is not required, these medications shall be accessible only to the administrator or designee. The key to the narcotic cabinet shall be kept on their person.

(7) CONTROLLED SUBSTANCES. The nursing home shall comply with all federal and state laws and regulations relating to the procurement, storage, dispensing, administration and disposal of those drugs subject to the Controlled Substances Act of 1970, and other legend drugs. A proof-of-use record is maintained which lists on separate proof-of-use sheets for each type and strength of schedule II drugs, the following information:

(a) Date, time administered, name of patient, dose, physician name, signature of person administering dose and balance.

(b) These records shall be audited daily by the registered nurse or designee.

(c) Where a registered nurse is not required, the administrator or designee shall perform the audit.

(d) When the medication is received by the home, the person completing the control record will sign the record indicating the amount received.

(8) UNIT DOSE SYSTEM. (a) General procedures. When a unit dose drug delivery system is used, the following requirements shall apply:

1. The pharmacist in dispensing medications, shall work from an original prescription or prescriber original order or a direct copy.

2. The pharmacist shall maintain a drug profile for each patient containing the patient name, room number, known drug sensitivities, drug names, doses, route of administration, frequency and, if feasible, the charge for each dose.

3. The individual medication shall be labeled with the drug name, strength, expiration date, if applicable, and lot or control number.

4. Patient medication tray or drawer shall be labeled with at least the following: patient name, room number.

5. Packaging shall insure stability of each drug. Each medication shall be dispensed separately in single unit dose packaging exactly as ordered by the physician.

6. An individual patient supply of drugs shall be placed in a separate, individually labeled container and transferred to the nursing station and placed in a locked cabinet or cart. This supply shall not exceed 3 days for any one patient.

7. The pharmacist or agent shall be responsible for the safe delivery of unit dose drugs by transporting such drugs in locked containers.

8. Prior to administering the individual dose of medication to the patient, the nurse shall check the drug, strength, dosage, route of administration and time with the medication card, Cardex or medicine sheet of the individual patient to assure accuracy.

9. The individual medication shall remain in the identifiable unit dose package until directly administered to the patient. Transferring between containers is prohibited.

10. Each patient medication shall be charted immediately after administration by the person administering the medication. Each dose shall be accounted for.

11. An "unadministered dose" slip with an explanation for omission of dose of routine medication for any reason whatever shall be placed in the individual patient medication container and noted in the patient clinical record.

12. Unit dose carts or cassettes when not in use shall be kept in a locked area.

(b) PRN (when necessary) Medications. 1. Medications specifically ordered for an individual patient for PRN use shall be dispensed, stored in and administered from the individual patient container.

2. If the PRN medications on schedule II of the Controlled Substances Act of 1970 are dispensed for an individual patient at one time, a proof-of-use record shall be maintained.

(c) Limited floor stock medication supply. 1. A small floor stock of the most frequently ordered supply of limited (stat) medications may be dispensed to one nursing unit in the nursing home and shall be kept locked.

2. The stat medication cabinet may only be used for new orders, changed medication orders and replacement medication for regularly scheduled drugs which are unable to be administered.

3. Only one cabinet per nursing home is to be maintained for storage of non-refrigerated medications for the above purposes. That portion of the stat medication supply which requires refrigeration

may be stored, in amounts not to exceed 6 of any one strength, in an unsealed covered box in the refrigerator, clearly marked in a distinctive fashion to distinguish it from emergency kit drugs, also requiring refrigeration.

4. The number of different drugs and strengths of a single drug to be placed in the stat medication cabinet is to be determined by the pharmacy and therapeutics committee of the home and justified by filing minutes of the meeting at which this subject is discussed and approved by the above committee.

5. The amount of floor stock shall be determined by studying the frequency of need of such medications and the list of floor stock shall be prepared by the nursing home pharmacy and therapeutic committee.

6. The stocked amount of any specific drug shall not exceed 6 doses.

7. Unless controlled by a "proof-of-use" record, a copy of the order shall be placed in the cabinet when a medication is removed.

8. When drugs are needed which are not stocked, an order shall be telephoned to the pharmacist who will fill the order and release the medication in return for the physician written order or copy.

9. Controlled substances so stocked shall be separated from the other drugs. Schedule II Controlled Substances shall be double locked and accompanied by a "proof-of-use" record.

(d) Temporary patient absences. 1. Patients absent for one day or less will be given their medication directly from the patient individual medication container by the nurse. Medication required for patients absent for more than one day shall be ordered from the pharmacy. Labeling will be in accordance with the procedure employed for dispensing outpatient medication.

(e) Refrigerated Medications. 1. Patient individual medication container shall indicate that the particular medication is kept in the refrigerator.

2. Each patient medication stored in the refrigerator shall be labeled with patient name, room number and physician.

3. All unit dose medications requiring refrigeration shall be kept in covered container.

History: Cr. Register, November, 1974, No. 227, eff. 12–1–74.

DIAGNOSTIC SERVICES

H 32.21 Diagnostic services. The nursing home shall have provision for obtaining required clinical laboratory, x-ray and other diagnostic services.

(1) PROVISIONS FOR SERVICE. The nursing home shall have provision for promptly and conveniently obtaining required clinical laboratory, x-ray and other diagnostic services. Such services shall be obtained from a physician office, a laboratory which is part of an approved hospital or a laboratory which is approved to provide these services as an independent laboratory. If the facility provides its own diagnostic services, these shall meet the applicable conditions established for hospitals.

(a) All diagnostic services shall be provided only on the request of a physician.

(b) The physician shall be notified promptly of the test results.

(c) Arrangements shall be made for the transportation of patients, if necessary, to and from the source of service.

(d) Simple tests, such as those customarily done by nursing personnel for diabetic patients, may be done in the facility.

(e) All reports shall be included in the clinical record.

History: Cr. Register, November, 1974, No. 227, eff. 12–1–74.

DENTAL SERVICES

H 32.22 Dental services. (1) PROVISIONS FOR DENTAL CARE. Patients shall be assisted to obtain regular and emergency dental care. Requirement for advisory dentists specified in this section may be waived under the same provisions for waiver of staffing requirements found in H 32.09, for limited and reasonable periods of time.

(a) An advisory dentist shall provide consultation, participate in inservice education, recommend policies concerning oral hygiene and be available in case of emergency.

(b) An advisory dentist shall be appointed by each nursing home to assist the administrator in the overall coordination of the dental program.

(c) Patients or their families, guardians or the sponsoring agencies responsible for them, shall select a dentist of their choice for dental supervision.

(d) The nursing home, when necessary, shall arrange for the patient to be transported to the dentist office.

(e) Nursing personnel shall assist the patient to carry out the dentist recommendations.

(2) ORAL EXAMINATION OF PATIENTS. (a) Every patient shall have an oral examination by a licensed dentist or physician within 6 months after admission unless an acceptable oral examination has been performed within 6 months prior to admission.

(b) An annual oral examination shall be provided by the licensed dentist or physician for all patients and recorded on the patient record. If a dental record indicates that the patient has been under the care of a dentist within the past year, the annual oral examination will not be required for that year.

(3) EMERGENCY DENTAL CARE. The administrator of the nursing home shall arrange for emergency dental care when a patient attending dentist is unavailable.

(4) DENTIST ORDERS, MEDICATIONS AND TREATMENTS. (a) Provision shall be made for supervision of medication, postoperative treatment and oral hygiene procedures by the administrator if so ordered on record by the attending dentist or physician.

(5) PERSONAL ORAL HYGIENE. (a) Provision shall be made for the daily cleansing of the oral cavity and for the daily care of oral appliances according to the patient ability.

(6) RECORDS. (a) A dental and oral examination record, filed with the clinical records, shall be maintained.

(7) INSERVICE TRAINING. (a) An inservice training program recommended by the dental advisor shall be provided on a yearly basis

for the patient care personnel. Such sessions should review the oral hygiene needs of the residents, the means for meeting these needs and practical methods of detecting and reporting dental problems of the residents.

History: Cr. Register, November, 1974, No. 227, eff. 12–1–74.

SOCIAL SERVICES

H 32.23 Social services. The home shall have satisfactory arrangements for identifying the health related psycho-social needs of patients and shall provide services for the identified needs.

(1) PROVISION FOR HEALTH RELATED PSYCHO-SOCIAL NEEDS. The social services program shall meet the following requirements:

(a) Preadmission and/or admission interviews with residents and/or family members and evaluations with recording of relevant information regarding the needs of each resident, the plan for providing needed care and the probable duration of the need for care;

(b) Referral to appropriate agencies where there are indications that financial, psychiatric, restorative or social service help will be needed that the nursing home cannot provide;

(c) Assistance with resident adjustment to the nursing home and availability of continuing social services to residents of the facility, including the availability of contact with family members to keep them involved;

(d) Assistance to the staff of the nursing home and resident in discharge planning and its implementation;

(e) Assistance in providing inservice training to nursing home personnel directed toward understanding emotional problems and social needs of aged and ill persons, and recognition of social problems of residents and assistance in solving these problems.

(2) STAFF MEMBERS RESPONSIBLE FOR SOCIAL SERVICES. There shall be a designated member of the staff of the nursing home who will be available when medically related social problems are recognized to initiate action to resolve them.

(a) There shall be a full-time or part-time staff member employed by the nursing home who shall be suited by training and/or experience in social work or related fields, and who has the ability to relate effectively with the residents, their families and other staff members. Where this staff member is not a qualified social worker, there shall be an effective arrangement for regular monthly consultation with a recognized agency or qualified social worker, to provide social services consultation.

(b) A qualified social worker is a graduate (bachelor degree) in social work, sociology, or psychology who meets the national association of social workers standards of membership and has one year of social work experience or a person who has a degree (M.S.W.) from a graduate school of social work accredited by the council on social work education.

(3) RECORDS AND REPORTS. Records regarding pertinent psycho-social information and of action taken to meet psycho-social needs of residents shall be maintained. There shall also be records indicat-

ing the social service activities in the home, including time spent in inservice training and development within the facility.

(4) Facilities for social services shall be provided which are adequate for personnel, accessible to patients, families and staff, and which assure privacy for interviews.

History: Cr. Register, November, 1974, No. 227, eff. 12-1-74.

PATIENT ACTIVITIES

H 32.24 Patient activities. Activities suited to the needs and interests of patients shall be provided as an important adjunct to the active treatment program to encourage restoration to self-care and resumption of normal activities.

(1) PROVISION FOR PATIENT ACTIVITY. There shall be a specific planned program of group and individual activities suited to the individual patient needs.

(a) There shall be an equivalent of 2 hours of activity staff time per patient per month provided. (See (c) and (d) for mentally retarded patients that require intermediate or personal care.)

(b) There shall be a staff member designated as being in charge of patient activities. This individual shall have experience and/or training in directing group activity. If the activity director does not have experience and/or training in direction group activity, consultation shall be provided by a registered occupational therapist, qualified recreational therapist or qualified social worker. Any consultative recommendations shall be documented and kept on file in the nursing home.

(c) In lieu of (a), for mentally retarded patients placed in skilled or intermediate care homes and needing intermediate nursing care, there shall be 0.5 hours per patient per day, computed on a seven-day week, provided by physical therapists, occupational therapists, activity therapists, recreational therapists, social workers, vocational rehabilitation personnel, teachers or psychologists and their assistants. These requirements could be fulfilled by community activities approved by the department.

(d) In lieu of (a), for mentally retarded patients requiring personal care, there shall be one hour per patient per day, computed on a seven-day week, provided by activity therapists, social workers or vocational rehabilitation personnel and their assistants. These requirements could be fulfilled by community activities approved by the department

(e) There shall be written permission in the patient clinical record, with any contraindications stated, given by the patient attending physician for the patient to participate in the activity program.

(f) The activity leader shall use, to the fullest possible extent, community, social and recreational opportunities.

(g) Patients shall be encouraged, but not forced, to participate in such activities. Suitable activities shall be provided for patients unable to leave their rooms.

(h) The nursing home shall make available a variety of supplies and equipment adequate to satisfy the individual interests of patients

and to provide an adequate continuing activity program not to rely on sale of items produced in the program.

(i) Documentation of programming and patient participation shall be maintained and shall include attendance records, progress notes and program goals.

(2) RELIGIOUS SERVICES. Patients who are able and who wish to do so shall be encouraged to attend religious services.

(a) Patient requests to be seen by clergymen shall be honored and space shall be provided for privacy during visits.

CLINICAL RECORDS

H 32.25 Clinical records. (1) RECORD FOR EACH PATIENT. A clinical record shall be maintained for each patient admitted in accordance with accepted professional principles.

(2) CLINICAL RECORD POLICIES. These shall be written and contain definitions and controls for at least: the unit record (all clinical information shall be centralized in the record for the benefit of all staff involved in the care of the patient), content, maintenance, retention, confidentiality and staff responsibility for records. The policies shall be reviewed at least annually with the advisory physician.

(3) MAINTENANCE OF CLINICAL RECORD. The nursing home shall maintain a separate clinical record for each patient admitted, with all entries kept current, dated and signed. The record shall include:

(a) Identification and summary sheet(s) including patient name, social security number, marital status, age, date of birth, sex, home address, religion; name and telephone number of minister, priest or rabbi; names, addresses and telephone numbers of referral agency (including hospital from which admitted); name and telephone number of personal physician, dentist and next of kin or other responsible person; admitting diagnosis; final diagnosis; condition on discharge; date and time of admission, transfer and discharge or death, to be completed when indicated and the person or funeral director to whom the body is to be released on death.

(b) Initial medical evaluation shall include medical history, physical examination, diagnosis and estimation of restoration potential. The medical evaluation shall include the level of care and a statement that the patient is free of communicable disease, including active tuberculosis, signed and dated by the physician.

(c) Authentication of hospital diagnoses, in the form of a hospital summary discharge sheet, a report from the physican who attended the patient in the hospital, or a transfer form used under a transfer agreement.

(d) Physician orders, including all medications; treatments; diets, special and modified; restorative services; limitation of activities of the patient and special medical procedures required for the safety and well-being of the patient shall be dated and signed by the attending physician.

(e) Physician progress notes, describing significant changes in the patient condition, written at the time of each visit.

(f) Nurse notes containing observations made by the nursing personnel.

1. Frequency. a. Skilled nursing care patients shall have a nursing note written at least daily, and more often as patient condition warrants.

b. Patients requiring other than skilled nursing care shall have a nursing note written at least every week, and more often as patient condition warrants.

2. Content. a. Date, time and condition of patient on admission shall be recorded.

b. Entries on the patient chart shall be recorded as frequently and in as much detail as the condition warrants. All entries shall be written in ink and signed by the person giving the care.

c. Notations shall describe the general condition of the patient, any unusual symptoms or actions, refusal to take medicine, appetite, mental attitude, behavior changes, sleeping changes, sleeping habits, etc.

d. All incidents or accidents involving the patient, including time, place, details of incident or accident, action taken and follow-up care, shall be recorded.

e. If the patient leaves the home, the condition at time of discharge and to whom released shall be noted. In case of death, time, physician called and to whom body was released shall be noted.

(g) Medication and treatment record, including all medications, treatments and special procedures required for the safety and well-being of the patient.

1. The temperature, pulse and respiration of patients shall be recorded on admission and as often thereafter as indicated.

(h) Laboratory and X-ray Reports.

(i) Consultation, physical therapy and occupational therapy reports shall be included.

(j) Dental Reports.

(k) Social Service Notes. Signed social service notes shall be entered promptly in the patient clinical record for the benefit of all staff involved in the care of the patient.

(l) Patient care referral reports for the continuity of care of the patient when transferred to or from the nursing home.

(m) Signature of person to whom the body is released on death of the patient.

(4) RETENTION OF RECORDS. All clinical records of discharged patients shall be completed promptly and filed and retained a minimum of 5 years.

(a) The nursing home shall have policies providing for the retention and safekeeping of patient clinical records by the governing body for the required period of time in the event that the nursing home discontinues operation.

(b) If the patient is transferred to another health care facility, a copy of the patient clinical record or an abstract thereof shall accompany the patient.

(5) CONFIDENTIALITY OF RECORDS. All information contained in the clinical record shall be treated as confidential and disclosed only to authorized persons.

(6) STAFF RESPONSIBILITY FOR RECORDS. If the nursing home does not have a full- or part-time medical record administrator or tech-

nician, an employe of the nursing home shall be assigned the responsibility for assuring that records are maintained, completed and preserved. In skilled care homes the designated individual shall be trained by and receive regular consultation from a registered record administrator (RRA) or accredited record technician (ART).

(a) At the time of each visit, the consultant shall file a report with the administrator. This report shall include a resume of activities and recommendations.

(b) In an intermediate care and personal care home where a medical record consultant is not required, the registered nurse shall assure compliance of the nursing home with regard to clinical records and submit at least monthly a written report to the home.

History: Cr. Register, November, 1974, No. 227, eff. 12–1–74.

TRANSFER AGREEMENT

H 32.26 Transfer agreement. (1) PATIENT TRANSFER AGREEMENT The nursing home shall have in effect a transfer agreement with one or more hospitals. If the nursing home provides only intermediate levels of care (I.C.F.), it shall also have a transfer agreement with a skilled nursing home (S.N.F.).

(a) The written transfer agreement shall provide a basis for effective working arrangements under which inpatient hospital care or more specialized nursing care is available promptly to the nursing home patients whenever such transfer is medically appropriate as determined by the physician.

(b) The agreement shall be with a facility close enough to the nursing home to make the transfer of patients feasible.

(c) The transfer agreement shall facilitate continuity of patient care and shall expedite appropriate care for the patient.

(d) The transfer agreement shall include as a minimum:

1. Procedures for transfer ensuring timely admission of acutely ill patients to the hospital or to an S.N.F. in case of an I.C.F., as ordered by the physician.

2. Provisions for continuity in the care of the patient and for the transfer of pertinent medical and other information between the skilled nursing home and the facility.

(e) The transfer agreement may be made on a one-to-one basis or on a community-wide basis. The latter arrangement could provide for a master agreement to be signed by each hospital and nursing home.

(f) When the transfer agreement is on a community-wide basis, it shall reflect the mutual planning and agreement of hospitals, nursing homes and other related agencies.

(g) In the transfer agreement, the institutions shall provide to each other information about their resources sufficient to determine whether the care needed by a patient is available.

(h) The written transfer agreement shall contain provisions for the prompt availability of diagnostic and other medical services.

(2) INTERCHANGES OF INFORMATION. The transfer agreement shall provide reasonable assurance that there will be interchange of medical and other information necessary or useful in the care and treatment