

date of this act and to each member of the facility staff. The rights, responsibilities and rules shall be posted in a prominent place in each facility. Each facility shall prepare a written plan and provide appropriate staff training to implement the rights of each resident established under this section.

(4) Rights established under this section shall not, except as determined by the department, be applicable to any resident who is in the legal custody of the department and is a correctional client in such facility.

(a) Each facility shall establish a system of reviewing complaints and allegations of violations of resident rights established under this section. The facility shall designate a specific individual who, for the purposes of effectuating this section, shall report to the administrator.

(b) Allegations of violations of such rights by persons licensed, certified or registered under chapters 441: division of nurses; 446: chiropractic examining board; 447: dentistry examining board; 448: medical examining board; 449: optometry examining board; 450: pharmacy examining board; 455: psychology examining board; and 456: nursing home administrator examining board, Wis. Stats., shall be promptly reported by the facility to the appropriate licensing or examining board or to the person against whom the allegation has been made. Any employe of the facility or any person licensed, certified or registered under chapters 441, 446 to 450, 455 and 456 of the statutes may also report such allegations to the board.

(c) No person who files a report as required in paragraph (b) or who participates in good faith, in the review system established under paragraph (a) shall be liable for civil damages for such acts.

(d) The facility shall attach a statement, which summarizes complaints or allegations of violations of rights established under this section, to an application for a new license or a renewal of its license. Such statement shall contain the date of the complaint or allegation, the name of the persons involved, the disposition of the matter and the date of disposition. The department shall consider such statement in reviewing the application.

History: Cr. Register, February, 1977, No. 254, eff. 3-1-77.

**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

(o) Resident's rights

(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