DHS 132.60 Resident care

(1)

INDIVIDUAL CARE. Unless it is in conflict with the plan of care, each resident shall receive care based upon individual needs.(a) Hygiene. 1. Each resident shall be kept comfortably clean and well-groomed. (b) Decubiti prevention. Nursing personnel shall employ appropriate nursing management techniques to promote the maintenance of skin integrity and to prevent development of decubiti (bedsores). These techniques may include periodic position change, massage therapy and regular monitoring of skin integrity. (c) Basic nursing care. 2. Nursing personnel shall provide care designed to maintain current functioning and to improve the resident's ability to carry out activities of daily living, including assistance with maintaining good body alignment and proper positioning to prevent deformities. 3. Each resident shall be encouraged to be up and out of bed as much as possible, unless otherwise ordered by a physician. 4. Any significant changes in the condition of any resident shall be reported to the nurse in charge or on call, who shall take appropriate action including the notice provided for in sub. (3). 5. The nursing home shall provide appropriate assessment and treatment of pain for each resident suspected of or experiencing pain based on accepted standards of practice that includes all of the following: a. An initial assessment of pain intensity that shall include: the resident's self-report of pain, unless the resident is unable to communicate; quality and characteristics of the pain,

including the onset, duration and location of pain; what measures increase or decrease the pain; the resident's pain relief goal; and the effect of the pain on the resident's daily life and functioning. b. Regular and periodic reassessment of the pain after the initial assessment, including quarterly reviews, whenever the resident's medical condition changes, and at any time pain is suspected, including prompt reassessment when a change in pain is self-reported, suspected or observed. c. The delivery and evaluation of pain treatment interventions to assist the resident to be as free of pain as possible. d. Consideration and implementation, as appropriate, of nonpharmacological interventions to control pain. (d) Rehabilitative measures. Residents shall be assisted in carrying out rehabilitative measures initiated by a rehabilitative therapist or ordered by a physician, including assistance with adjusting to any disabilities and using any prosthetic devices. Note: See s. DHS 132.60(5) (a) 1 for treatments and orders.

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

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charge or on call, who shall take appropriate action including the notice provided for in sub. (3).

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The nursing home shall provide appropriate assessment and treatment of pain for each resident suspected of or experiencing pain based on accepted standards of practice that includes all of the following: a. An initial assessment of pain intensity that shall include: the resident's self-report of pain, unless the resident is unable to communicate; quality and characteristics of the pain, including the onset, duration and location of pain; what measures increase or decrease the pain; the resident's pain relief goal; and the effect of the pain on the resident's daily life and functioning. b. Regular and periodic reassessment of the pain after the initial assessment, including quarterly reviews, whenever the resident's medical condition changes, and at any time pain is suspected, including prompt reassessment when a change in pain is self-reported, suspected or observed. c. The delivery and evaluation of pain treatment interventions to assist the resident to be as free of pain as possible. d. Consideration and implementation, as appropriate, of nonpharmacological interventions to control pain.

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

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

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Consideration and implementation, as appropriate, of nonpharmacological interventions to control pain.

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Rehabilitative measures. Residents shall be assisted in carrying out rehabilitative measures initiated by a rehabilitative therapist or ordered by a physician, including assistance with adjusting to any disabilities and using any prosthetic devices. Note: See s. DHS 132.60(5) (a) 1 for treatments and orders.

(2)

NOURISHMENT. (a) Diets. Residents shall be served diets as prescribed. (b) Adaptive devices. Adaptive self-help devices, including dentures if available, shall be provided to residents, and residents shall be trained in their use to contribute to independence in eating. (d) Food and fluid intake and diet acceptance. A resident's food and fluid intake and acceptance of diet shall be observed, and significant deviations from normal eating patterns shall be reported to the nurse and either the resident's physician or dietitian as appropriate. Note: For other dietary requirements, see s. DHS 132.63.

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(3)

NOTIFICATION OF CHANGES IN CONDITION OR STATUS OF RESIDENT. (a) Changes in condition. A resident's physician, guardian, if any, and any other responsible person designated in writing by the resident or guardian to be notified shall be notified promptly of any significant accident, injury, or adverse change in the resident's condition. (b) Changes in status. A resident's guardian and any other person designated in writing by the resident or guardian shall be notified promptly of any significant non-medical change in the resident's status, including financial situation, any plan to discharge the resident, or any plan to transfer the resident within the facility or to another facility. Note: For responses to changes in medical condition, see s. DHS 132.60(1) (c) 4; for records, see s. DHS 132.45(5) (c) 4

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Changes in status. A resident's guardian and any other person designated in writing by the resident or guardian shall be notified promptly of any significant non-medical change in the resident's status, including financial situation, any plan to discharge the resident, or any plan to transfer the resident within the facility or to another facility.

Note: For responses to changes in medical condition, see s. DHS 132.60(1) (c) 4; for records, see s. DHS 132.45(5) (c) 4

(5)

TREATMENT AND ORDERS. (a) Orders. 1. `Restriction.' Medications, treatments and rehabilitative therapies shall be administered as ordered by an authorized prescriber subject to the resident's right to refuse them. No medication, treatment or changes in medication or treatment may be administered to a resident or a daycare client without an authorized prescriber's written order which shall be filed in the resident's or daycare client's clinical record. 2. `Oral orders.' Oral orders shall be immediately written, signed and dated by the nurse, pharmacist or therapist on the prescriber's order sheet, and shall be countersigned by the prescriber and filed in the resident's clinical record within 10 days of the order. (d) Administration of medications. 1. `Personnel who may administer medications.' In a nursing home, medication may be administered only by a nurse, a practitioner, as defined in s. 450.01(17), Stats., or a person who has completed training in a drug administration course approved by the department. 2. `Responsibility for administration.' Policies and procedures designed to provide safe and accurate acquisition, receipt, dispensing and administration of medications shall be developed by the facility and shall be followed by personnel assigned to prepare and administer medications and to record their administration. The same person shall prepare, administer, and immediately record in the resident's clinical record the administration of medications, except when a single unit dose package distribution system is used. 5. `Errors and reactions.' Medication errors and suspected or apparent drug reactions shall be reported to the nurse in charge or on call as soon as discovered and an entry made in the resident's clinical record. The nurse shall take appropriate action.

Note: See s. DHS 132.65, pharmaceutical services, for additional requirements.

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(6)

PHYSICAL AND CHEMICAL RESTRAINTS. (b) Orders required. Physical or chemical restraints shall be applied or administered only on the written order of a physician which shall indicate the resident's name, the reason for restraint, and the period during which the restraint is to be applied. (e) Type of restraints. Physical restraints shall be of a type which can be removed promptly in an emergency, and shall be the least restrictive type appropriate to the resident. (f) Periodic care. Nursing personnel shall check a physically restrained resident as necessary, but at least every 2 hours, to see that the resident's personal needs are met and to change the resident's position.

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(8)

RESIDENT CARE PLANNING. (a) Development and content of care plans. Except in the case of a person admitted for short-term care, within 4 weeks following admission a written care plan shall be developed, based on the resident's history and assessments from all appropriate disciplines and the physician's evaluation

and orders, as required by s. DHS 132.52. Note: For requirements upon admission, see s. DHS 132.52. For requirements for short-term care residents, see s. DHS 132.70(2). (b) Evaluations and updates. The care of each resident shall be reviewed by each of the services involved in the resident's care and the care plan evaluated and updated as needed. (c) Implementation. The care plans shall be substantially followed.

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