WV

64-13-12 Clinical Records

12.1.

Records Maintenance and Retention. 12.1.1. A nursing home shall maintain clinical records on each resident in accordance with accepted professional standards and practices that are: 12.1.1.a. Complete; 12.1.1.b. Accurately documented; 12.1.1.c. Readily accessible; and 12.1.1.d. Systematically organized. 12.1.2. All of a resident's clinical records shall be retained for the longer of the following time periods: 12.1.2.a. Five years from the date of discharge or death; or 12.1.2.b. For a minor, three years after a resident reaches 18 years of age. 12.1.3. A nursing home shall safeguard clinical record information against loss, destruction, or unauthorized use. 12.1.4. A nursing home shall ensure that each clinical record contains a photograph of the resident, unless the resident objects.

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12.2.

Confidentiality. A nursing home shall keep all information contained in the resident's clinical record confidential, unless the resident, or applicable legal representative, authorizes disclosure or when release is required by:12.2.1. Transfer to another health care institution; 12.2.2. Law; 12.2.3. Third party payment contract; or 12.2.4. The resident.

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Contents. The clinical record shall contain:12.3.1. Sufficient information to identify the resident; 12.3.2. All the resident's assessments; 12.3.3. The resident's plan of care and services provided; 12.3.4. The results of any pre-admission screening conducted by the state; 12.3.5. Progress notes; 12.3.6. Physician orders; and 12.3.7. Documents describing the authority of any legal representative.

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