

**TITLE 22, DIVISION 6, CHAPTER 8.5****Article 7. PHYSICAL ENVIRONMENT****87886 ALTERATIONS TO EXISTING BUILDINGS OR NEW FACILITIES**

- (a) Prior to construction or alterations, all licensees shall notify the Department of the proposed change.
- (b) The Department shall have the authority to require that the licensee have a building inspection by a local building inspector if the Department suspects that a hazard to the residents' health and safety exists.

NOTE: Authority cited: Section 1568.072, Health and Safety Code. Reference: Section 1568.072, Health and Safety Code.

**87887 BUILDINGS AND GROUNDS**

- (a) The facility shall be clean, safe, sanitary and in good repair at all times for the safety and well-being of residents, employees, volunteers and visitors.
  - (1) The licensee shall take measures to keep the facility free of flies and other insects.
  - (2) The licensee shall provide for the safe disposal of water and other chemicals used for cleaning purposes.
- (b) All residents shall be protected against hazards within the facility through provision of the following:
  - (1) Protective devices including but not limited to nonslip material on rugs.
- (c) All outdoor and indoor passageways, stairways, inclines, ramps, open porches and other areas of potential hazard shall be kept free of obstruction.
- (d) Bedrooms shall meet, at a minimum, the following requirements;
  - (1) Not more than two residents shall sleep in a bedroom.
  - (2) Securable storage space for personal items.

**87887 BUILDINGS AND GROUNDS (Continued)**

- (e) General permanent or portable storage space shall be available for storage of facility equipment and supplies.
  - (1) Facility equipment and supplies shall be stored in this space and shall not be stored in space used to meet other requirements specified in this chapter.
- (f) All licensees serving residents who have physical handicaps, mental disorders, or developmental disabilities shall ensure the inaccessibility of swimming pools, wading pools, fish ponds or similar bodies of water through fencing, covering or other means when not in use.
  - (1) Licensees serving residents as specified in (f) above shall have at least a five-foot fence around swimming pools or shall have a pool covering inspected and approved by the Department. Fencing shall be so constructed that it does not obscure the pool from view, and is self-latching at the top of the gate.
  - (2) Above ground pools shall be made inaccessible when not in use by removing or making the ladder inaccessible or erecting a barricade to prevent access to decking.
- (g) All in-ground pools, and above-ground pools which cannot be emptied after each use shall have an operative pump and filtering system.
- (h) Disinfectants, cleaning solutions, poisons, firearms and other items which could pose a danger if readily available to residents shall be stored where inaccessible to residents.
  - (1) Storage areas for poisons, and firearms and other dangerous weapons shall be locked.
  - (2) In lieu of locked storage of firearms, the licensee may use trigger locks or remove the firing pins.
    - (A) Firing pins shall be stored and locked separately from firearms.
  - (3) Ammunition shall be stored and locked separately from firearms.
- (i) Medications shall be stored as specified in Sections 87915 and 87920.
- (j) The items specified in Subsection (h) above shall not be stored in food storage areas or in storage areas used by or for residents.

NOTE: Authority cited: Section 1568.072, Health and Safety Code. Reference: Section 1568.02 and 1568.072, Health and Safety Code.

**87888            FIXTURES, FURNITURE, EQUIPMENT AND SUPPLIES**

- (a) A comfortable temperature for residents shall be maintained at all times.
  - (1) The licensee shall maintain the temperature in rooms that residents occupy between a minimum of 68 degrees F (20 degrees C) and a maximum of 85 degrees F (30 degrees C).
    - (A) In areas of extreme heat the maximum shall be 30 degrees F (16.6 degrees C) less than the outside temperature.
  - (2) Nothing in this section shall prohibit residents from adjusting individual thermostatic controls.
- (b) All window screens shall be in good repair and be free of insects, dirt and other debris.
- (c) Fireplaces and open-faced heaters shall be made inaccessible to residents to ensure protection of the residents' safety.
- (d) The licensee shall provide lamps or lights as necessary in all rooms and other areas to ensure the comfort and safety of all persons in the facility.
- (e) Faucets used by residents for personal care such as shaving and grooming shall deliver hot water.
  - (1) Hot water temperature controls shall be maintained to automatically regulate temperature of hot water delivered to plumbing fixtures used by residents to attain a hot water temperature of not less than 105 degrees F (40.5 degrees C) and not more than 120 degrees F (48.8 degrees C).
  - (2) Taps delivering water at 125 degrees F (51.6 degrees C) or above shall be prominently identified by warning signs.
  - (3) All toilets, handwashing and bathing facilities shall be maintained in safe and sanitary operating condition. Additional equipment, aids, and/or conveniences shall be provided in facilities accommodating physically handicapped residents who need such items.

**87888            FIXTURES, FURNITURE, EQUIPMENT AND SUPPLIES (Continued)**

- (f) Toilet, washbasin, bath and shower fixtures shall at a minimum meet the following requirements:
- (1) At least one toilet and washbasin shall be provided for each six persons residing in the facility, including residents, family and personnel.
  - (2) At least one bathtub or shower shall be provided for each ten persons residing in the facility, including residents, family and facility personnel.
  - (3) Toilets and bathrooms shall be located near residents' bedrooms.
  - (4) Individual privacy shall be provided in all toilet, bath and shower areas.
- (g) Solid waste shall be stored, located and disposed of in a manner that will not transmit communicable diseases or odors, create a nuisance, or provide a breeding place or food source for insects or rodents.
- (1) All containers, including movable bins, used for storage of solid wastes shall have tight-fitting covers kept on the containers; shall be in good repair, shall be leakproof and rodent-proof.
  - (2) Solid waste containers, including movable bins shall be emptied at least once per week or more often if necessary to comply with subsection (f) above.
  - (3) Each movable bin shall provide for suitable access and a drainage device to allow complete cleaning at the storage area.
- (h) The licensee shall ensure provision to each resident of the following furniture, equipment and supplies necessary for personal care and maintenance of personal hygiene.
- (1) An individual bed, except that couples shall be allowed to share one double or larger sized bed, maintained in good repair, and equipped with good bed springs, a clean mattress and pillow(s).
    - (A) Filling and covers for mattresses and pillows shall be flame retardant.

**87888            FIXTURES, FURNITURE, EQUIPMENT AND SUPPLIES (Continued)**

- (B)    No Residential Care Facility for the Chronically Ill shall have more beds for resident use than required for the maximum capacity approved by the Department.
- (2)    Bedroom furniture including, in addition to (1) above, for each resident, a chair, a night stand, and a lamp or lights necessary for reading.
  - (A)    Two residents sharing a bedroom shall be permitted to share one night stand.
- (3)    Portable or permanent closets and drawer space in each bedroom to accommodate the resident's clothing and personal belongings.
  - (A)    A minimum of two drawers or eight cubic feet (.2264 cubic meters) of drawer space, whichever is greater, shall be provided for each resident.
- (4)    Feminine napkins, nonmedicated soap, toilet paper, toothbrush, toothpaste, and comb.
- (i)    The licensee shall provide clean linen in good repair, including lightweight, warm blankets and bedspreads; top and bottom bed sheets; pillow cases; mattress pads; and bath towels, hand towels and washcloths.
  - (1)    The use of common towels and washcloths shall be prohibited.
  - (2)    All bed linens must be changed every four days or more frequently as needed.
    - (A)    The quantity of linens shall be a minimum of 3 sets per bed to allow for frequent changing of beds.
    - (B)    All beds shall have mattress covers when necessary.
    - (C)    All bed pillows shall be washable and protected by covers.

**87888            FIXTURES, FURNITURE, EQUIPMENT AND SUPPLIES (Continued)**

- (3) The licensee shall ensure that:
  - (A) Bleach and/or other disinfectants are available in sufficient supply and used for general cleaning and laundry.
  - (B) Disposable plastic gloves are available and used by staff for general cleaning to prevent the spread of communicable illnesses.
  
- (j) If the facility operates its own laundry, necessary supplies shall be available and equipment shall be maintained in good repair.
  - (1) Residents who are able, and who so desire, shall be allowed to use at least one washing machine and iron for their personal laundry, provided that the equipment is of a type and in a location which can be safely used by the residents.
    - (A) If that washing machine is coin operated, residents on SSI/SSP shall be provided with coins or tokens and laundry supplies.
    - (B) The licensee shall be permitted to designate a safe location or locations, and/or times in which residents shall be permitted to iron.
  
- (k) Emergency lighting, which shall include at a minimum working flashlights or other battery-powered lighting, shall be maintained and readily available in areas accessible to residents and staff.
  - (1) An open-flame type of light shall not be used.
  - (2) Night lights shall be maintained in hallways and passages to nonprivate bathrooms.
  
- (l) Facilities shall meet the following signal system requirements:
  - (1) In all facilities with a licensed capacity of 16 or more residents, and all facilities having separate floors or separate buildings without full-time staff there shall be a signal system which has the ability to meet the following requirements:
    - (A) Operation from each resident's living unit.

**87888            FIXTURES, FURNITURE, EQUIPMENT AND SUPPLIES (Continued)**

- (B)    Transmission of a visual and/or auditory signal to a central location, or production of an auditory signal at the resident's living unit which is loud enough to summon staff.
  - (C)    Identification of the specific resident's living unit from which the signal originates.
- (2)    Facilities having more than one wing, floor or building shall be allowed to have a separate signal system in each component provided that each such system meets the criteria specified in (1)(A) through (C) above.
- (m)    The licensee shall provide and maintain necessary equipment and supplies.
- (1)    Such supplies shall include daily newspapers, current magazines and a variety of reading materials.
  - (2)    Special equipment and supplies necessary to accommodate physically handicapped residents or other residents with special needs shall be provided.
  - (3)    Recreational equipment and supplies shall be stored where they do not create a hazard to residents when not in use.

NOTE: Authority cited: Section 1568.072, Health and Safety Code. Reference: Sections 1568.02 and 1568.072, Health and Safety Code.

**87889 SAFETY AND SANITATION**

- (a) Contaminated and hazardous waste, such as soiled diapers, used needles and syringes, soiled surgical dressings, disposable wipes, gloves and other items and/or equipment used for the hygienic care and treatment of residents shall be disposed of by a hazardous waste company.
- (1) Needles and syringes shall be disposed of in a "container for sharps" provided by the hazardous waste company.
  - (2) The collection of the waste shall occur at least twice a month or more often if needed.
  - (3) Contaminated and hazardous waste shall be double bagged and stored in a locked bin/shed or other area.
  - (4) The exterior of the storage bins/sheds or other area designated for storing the contaminated waste shall be clearly labeled "contaminated".

NOTE: Authority cited: Section 1568.072, Health and Safety Code. Reference: Sections 1568.02 and 1568.072, Health and Safety Code.

**87889.1 ANIMALS AND PETS IN FACILITIES**

- (a) Animals and pets shall be permitted in the facility under the following conditions:
- (1) Litter boxes shall not be kept in residents' bedrooms or bathrooms, kitchens or dining rooms.
  - (2) Litter boxes shall be cleaned daily.
  - (3) Residents shall not be allowed to clean the litter boxes.

NOTE: Authority cited: Section 1568.072, Health and Safety Code. Reference: Sections 1568.02 and 1568.072, Health and Safety Code.



**Title 22, Division 6, Chapter 8.5****Article 8. MEDICAL AND HEALTH RELATED CARE****87890 ALLOWABLE CONDITIONS**

- (a) A licensee may accept or retain the following residents whose condition has been diagnosed as chronic and life threatening and who require different levels of care, except those conditions as specified in Section 87891:
- (1) Residents whose illness is in a state of remission.
  - (2) Residents whose illness is intensifying and causing a deterioration in their condition, provided they do not require inpatient care in an Acute Care Hospital or a skilled nursing facility as determined by the resident's physician.
  - (3) Residents whose condition has deteriorated to a point where death is imminent.
  - (4) Residents who have in addition to (a) above, other medical conditions or needs or require the use of medical equipment including the following:
    - (A) Diabetes
    - (B) Colostomy
    - (C) Ileostomy
    - (D) Tracheotomy
    - (E) Gastrostomy
    - (F) Total Parenteral Nourishment
    - (G) Intermittent Intravenous Therapy
    - (H) Wounds
    - (I) Dermal Ulcers
    - (J) Nasal Gastric Tube Feeding
    - (K) Indwelling Catheters
    - (L) Intermittent Catheterization
    - (M) External Catheters

**87890 ALLOWABLE CONDITIONS (Continued)**

- (N) Incontinence
- (O) Oxygen Administration
- (P) Dementia
- (Q) Other medical conditions which may confine the residents to bed.
- (R) Noncommunicable Tuberculosis

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1. The Department of Health Services, Tuberculosis Control Unit, recommends that all the criteria listed below, be met to ensure that a person does not have communicable tuberculosis:

Any person diagnosed with active pulmonary tuberculosis should have negative sputum smears on three separate days, have been on tuberculosis medications for at least 2 weeks, be under close medical supervision, have shown symptomatic improvement, and be taking his/her tuberculosis medications as prescribed.

2. The Department of Health Services, Tuberculosis Control Unit specifies that any person who meets any one of the criteria listed below, may have communicable tuberculosis:

Persons diagnosed with active pulmonary tuberculosis may be infectious if their sputum smears on 3 separate days are not negative, they have been on tuberculosis medications for less than 2 weeks, they are not under close medical supervision, they have not shown symptomatic improvement, or they are not taking their tuberculosis medications as prescribed.

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- (5) The license shall request an approval to accept or retain residents who have medical conditions or needs or require use of medical equipment not specified in (4) above.

NOTE: Authority cited: Section 1568.072, Health and Safety Code. Reference: Sections 1568.01, 1568.03 and 1568.072, Health and Safety Code.

**87891 PROHIBITED CONDITIONS**

- (a) The licensee shall not accept or retain a resident who:
- (1) Requires in-patient care in an acute hospital.
  - (2) Requires treatment and/or observation by the appropriately skilled professionals for more than eight hours per day in the facility.
  - (3) Has communicable tuberculosis or any other reportable disease as specified in Title 17, California Code of Regulations, Sections 2500, 2502, and 2503.
- (A) This requirement is not applicable to AIDS.

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- (B) The Department of Health Services, Tuberculosis Control Unit, recommends that all the criteria listed below, be met to ensure that a person does not have communicable tuberculosis:

Any person diagnosed with active pulmonary tuberculosis should have negative sputum smears on three separate days, have been on tuberculosis medications for at least 2 weeks, be under close medical supervision, have shown symptomatic improvement, and be taking his/her tuberculosis medications as prescribed.

The Department of Health Services, Tuberculosis Control Unit specifies that any person who meets any one of the criteria listed below, may have communicable tuberculosis:

Persons diagnosed with active pulmonary tuberculosis may be infectious if their sputum smears on 3 separate days are not negative, they have been on tuberculosis medications for less than 2 weeks, they are not under close medical supervision, they have not shown symptomatic improvement, or they are not taking their tuberculosis medications as prescribed.

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- (4) Requires 24-hour intravenous therapy.
- (5) Has a psychiatric condition(s) and is exhibiting behaviors which could present a danger to self or others.
- (6) Has a stage III or greater decubitus ulcer.
- (7) Requires renal dialysis treatment in the facility.

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**87891 PROHIBITED CONDITIONS (Continued)**

- (8) Requires life support systems, including, but not limited to, ventilators and respirators.
- (9) Has a diagnosis that does not include one denoting a chronic life-threatening illness.
- (10) Has a primary diagnosis of Alzheimers.
- (11) Has a primary diagnosis of Parkinson's Disease.

NOTE: Authority cited: Section 1568.072, Health and Safety Code. Reference: Sections 1568.01, 1568.03 and 1568.072, Health and Safety Code.

**87893 GENERAL REQUIREMENTS FOR ALLOWABLE CONDITIONS**

- (a) The licensee shall complete and maintain a current, written record of the medical care for each resident that includes, but is not limited to, the following:
  - (1) Documentation from the physician of the following:
    - (A) Condition(s) which requires medical services;
    - (B) Treatment ordered;
    - (C) Resident's ability to perform the required medical procedure; and
    - (D) The classification of the appropriately skilled professional who will perform the medical procedure, if the resident needs assistance.
  - (2) Name, address and telephone number of vendors and appropriately skilled professionals providing services.
  - (3) Emergency contacts.
- (b) The medical record specified in (a) above shall be available to the facility personnel who are involved in the care of the resident.

**87893 GENERAL REQUIREMENTS FOR ALLOWABLE CONDITIONS (Continued)**

- (c) In addition to Section 87865 (g), the facility personnel shall have knowledge and the ability to recognize and respond to problems and shall contact the physician, appropriately skilled professional, and/or vendor as necessary.
- (d) In addition to Section 87865 (g), the facility personnel shall monitor the ability of the resident to provide self-care for the allowable health condition and document any change in that ability.
- (e) The licensee shall ensure that services are delivered and that the Registered Nurse Case Manager is notified of any service delivery problems.
- (f) Disposable plastic gloves and other protective garments shall be available to and be used by facility personnel when providing hands-on care to residents, handling contaminated waste and cleaning residential units.
  - (1) These disposable items shall be discarded after each use, as specified in Section 87889 (a).
- (g) Bleach and/or other disinfecting agents recommended by the county health department or the Department of Health Services, Office of AIDS shall be available and used to sanitize beds, bedding, equipment, toilets and floors.
- (h) The duties established by this section shall not infringe on the right of a resident to receive or reject medical care or services as allowed in Section 87872.

NOTE: Authority cited: Section 1568.072, Health and Safety Code. Reference: Sections 1568.02, 1568.072 and 1568.08, Health and Safety Code.

**87894 RESIDENT MEDICAL ASSESSMENTS**

- (a) Prior to or within 30 days of the acceptance of a resident, the licensee shall obtain a written medical assessment of the resident which enables the licensee to determine his/her ability to provide the necessary health-related services required by to the resident's medical condition.
- (1) Such assessment shall be performed by, or under the supervision of, a licensed physician, and shall not be more than three months old when obtained.
- (b) The medical assessment shall provide the following:
- (1) A record of any infectious or contagious disease which would preclude care of the person by the licensee.
- (2) A test for tuberculosis by:
- (A) Chest X-ray which was obtained no more than three months prior to placement; or,
- (B) Mantoux tuberculin skin test recorded in millimeters which was performed no more than three months prior to placement.
- (C) A person who has had a previously positive reaction shall not be required to obtain a Mantoux tuberculin skin test but shall only be required to obtain the chest x-ray results and a physician's statement that he/she does not have communicable tuberculosis.
- (3) A record of all prescriptions and over-the-counter medications being taken by the resident.
- (4) Identification of the resident's special medical problems.
- (5) Ambulatory status of the resident.
- (c) If the facility is unable to obtain the resident's medical assessment prior to placement, the licensee shall ensure that a Registered Nurse Case Manager completes the following before the person is placed:
- (1) A review of the person's health history to determine his/her ambulatory status.

**87894 RESIDENT MEDICAL ASSESSMENTS (Continued)**

- (2) A determination as to whether the person requires immediate health care which would preclude placement.
  - (A) If it is determined that the person requires immediate health care, the licensee shall ensure that the person is referred to the appropriate health facility and that a medical assessment is performed.
- (3) For each person, obtain the results of a chest x-ray and Mantoux tuberculin skin test recorded in millimeters.
  - (A) The chest x-ray and the Mantoux tuberculin skin test shall be obtained no more than three months prior to placement.
  - (B) A person who has had a previously positive reaction shall not be required to obtain a Mantoux tuberculin skin test but shall only be required to obtain the chest x-ray results and a physician's statement that he/she does not have communicable tuberculosis.
- (d) The Mantoux tuberculin skin test shall be updated once per year, except for residents who have had a previously positive reaction.
  - (1) If the resident's Mantoux tuberculin skin test results are positive, in order to remain in placement, the licensee shall ensure that the resident is examined by his/her physician and obtain a statement from the physician that he/she does not have communicable tuberculosis.
  - (2) A resident who has had a previously positive reaction shall not be required to obtain a Mantoux tuberculin test but shall only be required to obtain the chest x-ray results and a physician's statement that he/she does not have communicable tuberculosis.
- (e) The Department shall have the authority to require the licensee to obtain a current written medical assessment, if such an assessment is necessary to verify the appropriateness of a resident's placement.
- (f) The licensee shall ensure that a current log is maintained for all residents which includes the dates and results of Mantoux tuberculin skin tests measured in millimeters and chest x-rays and the physician's statement verifying that the resident does not have communicable tuberculosis.

NOTE: Authority cited: Section 1568.072, Health and Safety Code. Reference: Sections 1568.072 and 1568.08, Health and Safety Code.



**87895           FUNCTIONAL CAPABILITIES**

- (a) The licensee shall ensure that an assessment of the person's functional capabilities is completed, including activities of daily living, which include, but are not limited to the following:
- (1) Bathing, including need for assistance:
    - (A) In getting in and out of the bath/shower.
    - (B) In bathing one or more parts of his/her body.
  - (2) Dressing and grooming, including the need for partial or complete assistance.
  - (3) Toileting, including the need for:
    - (A) Assistive devices.
    - (B) Assistance of another person.
  - (4) Transferring, including the need for assistance in moving in and out of a bed or chair.
  - (5) Continence, including:
    - (A) Bowel and bladder control.
    - (B) Whether assistive devices such as a catheter are used.
  - (6) Eating, including the need for:
    - (A) Adaptive devices.
    - (B) Assistance from another person.

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**87895            FUNCTIONAL CAPABILITIES (Continued)**

- (7) Physical condition, including:
  - (A) Visual impairment.
  - (B) Hearing impairment.
  - (C) Speech impairment.
  - (D) Walking with or without equipment or other assistance.
  - (E) Dietary limitations.
  - (F) Medical history and problems.
  - (G) Need for prescribed medications.
  
- (8) Mental condition, including:
  - (A) Potential for violence.
  - (B) Potential for wandering.
  - (C) Level of confusion, if any.
  - (D) Ability to manage his/her own cash resources.
  - (E) Suicidal risk.
  - (F) Depression.
  
- (9) Substance abuse history.
  
- (b) The licensee shall ensure that the:
  - (1) Determinations of a resident's functional capabilities will be completed by the Individual Services Team.
  
  - (2) Services are provided to residents, as required.

NOTE: Authority cited: Section 1568.072, Health and Safety Code. Reference: Sections 1568.072 and 1568.08, Health and Safety Code.

**87896 RESIDENT INDIVIDUAL SERVICES PLAN/TEAM**

- (a) The licensee shall ensure that there is an Individual Services Plan for each resident, developed by the Individual Services Team, as specified in Subsection (b).
- (1) The licensee shall ensure that there shall be a Registered Nurse Case Manager who is responsible for the coordination and/or the provisions of the services specified in the Individual Services Plan.
- (b) In addition to the Registered Nurse Case Manager, the following persons shall constitute the Individual Services Team and shall be involved in the development and updating of the resident's Individual Services Plan.
- (1) The resident and/or his/her authorized representative.
- (2) The resident's physician.
- (3) Facility administrator/designee.
- (4) Facility house manager.
- (5) Direct care personnel.
- (6) Social worker/placement worker.
- (7) Pharmacist, if needed.
- (8) For each unemancipated minor, the child's parent or guardian and the person who will assume legal custody and control of the child upon the hospitalization, incapacitation, or death of the parent or guardian.
- (9) Others, as deemed necessary.
- (c) The plan shall include, but not be limited to:
- (1) Current health status.
- (2) Current mental status.
- (3) Current functional limitations.
- (4) Current medications.
- (5) Medical treatment/therapy.

**87896 RESIDENT INDIVIDUAL SERVICES PLAN/TEAM (Continued)**

- (6) Specific services needed.
- (7) Intermittent home health care required.
- (8) Agencies or persons assigned to carry out services.
- (9) "DO NOT Resuscitate Order", if applicable.
- (10) For each unemancipated minor, the specific legal means of ensuring continuous care and custody when the parent or guardian is hospitalized, relocates, becomes unable to meet the child's needs, or dies.
  - (A) The interdisciplinary team shall develop a relocation plan for each unemancipated minor in anticipation of one or more of the events in Section 87896(c)(10).
  - (B) The interdisciplinary team shall immediately initiate the relocation plan following one or more of the events in Section 87896(c)(10).
  - (C) No unemancipated minor shall remain in the facility more than 24 hours after one or more of the events in Section 87896(c)(10).
  - (D) An immediate referral shall be made to a local child welfare services agency for case management services, if an unemancipated minor cannot be relocated within 24 hours of one or more of the events in Section 87896(c)(10) or if no person has been appointed to take legal custody and control of the child.
- (d) The plan shall be updated every three months or more frequently as the resident's condition warrants.
- (e) The Registered Nurse Case Manager shall document all contacts made with the Individual Services Team members pertaining to a resident.
  - (1) This documentation shall be maintained in the resident file and shall be made available to the Department upon request.

NOTE: Authority cited: Section 1568.072, Health and Safety Code. Reference: Sections 1568.02, 1568.072, and 1568.08, Health and Safety Code.

**87896.1 RESIDENT SERVICES**

- (a) The licensee shall ensure that, in addition to the services required in the Resident's Individual Services Plan, each resident's weight shall be taken and documented in the resident's record, as specified in Section 87870.

**87896.1 RESIDENT SERVICES (Continued)**

- (b) The licensee shall ensure that any resident who has to be transferred to an acute hospital or transported to the emergency room of an acute hospital is either:
- (1) Accompanied by a facility staff person, who can either provide information verbally or written documentation which will ensure continuity of care to the resident.
- OR
- (2) If the resident is not accompanied by a facility staff person, the licensee must ensure that written documentation is sent with him/her which will ensure continuity of care.
- (c) For a resident who is incapable of identifying his/her needs or responding to relevant questions pertaining to his/her health care needs, the resident shall either be taken by a health care agency or accompanied by an individual capable of providing the information.
- (d) In addition to Subsection (b) (2) above, written documentation shall be sent with the resident to all medical, dental, therapeutic appointments and hospital transfers to ensure continuity of care.

NOTE: Authority cited: Section 1568.072, Health and Safety Code. Reference: Sections 1568.02 and 1568.072, Health and Safety Code.

**87897 OXYGEN ADMINISTRATION**

- (a) The licensee shall be permitted to accept or retain a resident who requires the use of oxygen administration, under the following circumstances:
- (1) The resident is mentally and physically capable of operating the equipment, is able to determine his/her need for oxygen, and is able to administer it him/herself.
- OR
- (2) The administration of the oxygen is under the supervision of an appropriately skilled professional.
- (b) In addition to Section 87878, the licensee shall be responsible for the following:
- (1) Monitoring the resident's ongoing ability to operate the equipment in accordance with the physician's orders.
  - (2) Ensuring that oxygen administration is under the supervision of an appropriately skilled professional, if the resident requires assistance.

**87897 OXYGEN ADMINISTRATION (Continued)**

- (3) Ensuring that the use of oxygen equipment meets the following requirements:
- (A) A report shall be made in writing to the local fire jurisdiction that oxygen is in use at the facility.
  - (B) "No Smoking-Oxygen in Use" signs shall be posted in the appropriate areas.
  - (C) Smoking shall be prohibited where oxygen is in use.
  - (D) All electrical equipment shall be checked for defects which may cause sparks.
  - (E) Oxygen tanks shall be secured in a stand or to the wall.
  - (F) Oxygen from a portable source shall be used by residents when they are outside of their rooms.
  - (G) Oxygen equipment shall be operable.
  - (H) Oxygen equipment shall be removed from the facility when the physician has ordered the discontinuance of its use by the resident.
  - (I) A determination shall be made that the room size can safely accommodate oxygen equipment.
  - (J) Facility personnel shall have knowledge of and the ability to operate the oxygen equipment.

- (c) The appropriately skilled professional shall document in the resident's file all aspects of care performed.

NOTE: Authority cited: Section 1568.072, Health and Safety Code. Reference: Sections 1568.03 and 1568.072, Health and Safety Code.

**87898 COLOSTOMY/ILEOSTOMY**

- (a) The licensee shall be permitted to accept or retain a resident who has a colostomy or ileostomy under the following circumstances:
- (1) The resident is mentally and physically capable of providing all routine care for his/her ostomy, and the physician/surgeon has documented that the ostomy is completely healed.

OR

- (2) Assistance in the care of the ostomy is provided by an appropriately skilled professional.

**87898 COLOSTOMY/ILEOSTOMY (Continued)**

- (b) In addition, the licensee shall be responsible for the following:
- (1) Ensuring that ostomy checking is supervised by an appropriately skilled professional.
    - A. The ostomy and adhesive may be changed by direct care staff who have been instructed by an appropriately skilled professional.
    - B. There shall be written documentation by the appropriately skilled professional outlining the instructions of the procedures specified in (A) above and the names of the direct care staff receiving the instruction.
    - C. The appropriately skilled professional shall review the procedures with direct care staff no less than twice a month.
  - (2) Ensuring that used bags are discarded as specified in Section 87889.
  - (3) Ensuring that privacy is afforded when ostomy care is being provided.
- (c) The appropriately skilled professional shall document in the resident's file all aspects of care performed.

NOTE: Authority cited: Section 1568.072, Health and Safety Code. Reference: Sections 1568.03 and 1568.072, Health and Safety Code.

**87899 ENEMA AND/OR SUPPOSITORY AND FECAL IMPACTION REMOVAL**

- (a) The licensee shall be permitted to accept or retain a resident who requires manual fecal impaction removal, enemas, or use of suppositories under the following circumstances:
- (1) The resident is capable of self-care.
  - (2) Manual fecal impaction, enemas, and/or suppositories shall be permitted if administered according to physician's orders by either the resident or an appropriately skilled professional.
- (b) In addition to Section 87878, the licensee shall be responsible for ensuring that:
- (1) The administration of enemas or suppositories or manual fecal impaction removal is performed by an appropriately skilled professional, if the resident requires assistance.
  - (2) Privacy is afforded when care is being provided.



**87899 ENEMA AND/OR SUPPOSITORY AND FECAL IMPACTION REMOVAL  
(Continued)**

- (c) The appropriately skilled professional shall document in the resident's file all aspects of care performed.

NOTE: Authority cited: Section 1568.072, Health and Safety Code. Reference: Sections 1568.03 and 1568.072, Health and Safety Code.

**87900 INDWELLING URINARY CATHETER/CATHETER  
PROCEDURE/INTERMITTENT CATHETERIZATION**

- (a) The licensee shall be permitted to accept or retain a resident who requires the use of an indwelling catheter and/or intermittent catheterization under the following circumstances:

- (1) The resident is physically and mentally capable of caring for all aspects of the condition except insertion and irrigation.

OR

- (2) The care is performed by the appropriately skilled professional.

(A) Irrigation shall only be performed by the appropriately skilled professional in accordance with the physician's orders.

(B) A catheter shall only be inserted and removed by an appropriately skilled professional in accordance with physician's orders.

- (b) In addition to Section 87878, the licensee shall be responsible for ensuring that:

(1) Insertion and irrigation of the catheter are performed by an appropriately skilled professional.

(2) The bag and tubing are changed by an appropriately skilled professional, if the resident requires assistance.

(A) The bag may be emptied by facility staff who receive supervision and instruction from the appropriately skilled professional.

(B) There shall be written documentation by the appropriately skilled professional outlining the instruction of the procedures to facility staff.

(3) Waste materials shall be disposed of as specified in Section 87889.

(4) Privacy is afforded when care is provided.

**87900            INDWELLING URINARY CATHETER/CATHETER  
                         PROCEDURE/INTERMITTENT CATHETERIZATION (Continued)**

- (c) The appropriately skilled professional shall document in the resident's file all aspects of care performed.

NOTE: Authority cited: Section 1568.072, Health and Safety Code. Reference: Sections 1568.03 and 1568.072, Health and Safety Code.

**87901            EXTERNAL CATHETERS**

- (a) The licensee shall be permitted to accept or retain a resident who requires the use of an external catheter under the following circumstances:

(1) The resident is physically and mentally capable of self care.

OR

(2) The direct care staff have been instructed by the appropriately skilled professional in the application and care of the appliance.

- (b) In addition to Section 87878, the licensee shall be responsible for ensuring that:

(1) Waste materials are disposed of as specified in Section 87889.

(2) Privacy is afforded when care is provided.

- (c) The appropriately skilled professional shall document in the resident's file all aspects of care performed.

NOTE: Authority cited: Section 1568.072, Health and Safety Code. Reference: Sections 1568.03 and 1568.072, Health and Safety Code.

**87902            MANAGED BOWEL AND/OR BLADDER INCONTINENCE**

- (a) The licensee shall be permitted to accept or retain a resident who has a manageable bowel and/or bladder incontinence condition if the condition can be managed by:
- (1) Self-care by the resident.
  - (2) A program of scheduled toileting at regular intervals.
  - (3) The use of incontinent care products to keep the resident clean and dry at all times.
- (b) In addition, the licensee shall be responsible for ensuring that:
- (1) Residents who can benefit from scheduled toileting are assisted or reminded to go to the bathroom at regular intervals rather than being diapered.
  - (2) Incontinent residents are checked during those periods of time when they are known to be incontinent, including during the night.
  - (3) Incontinent residents are kept clean and dry.
  - (4) Privacy is afforded when care is being provided.
  - (5) Fluids are not withheld to control incontinence.
- (c) The direct care staff shall document all aspects of care given to the resident in the resident's file.

NOTE: Authority cited: Section 1568.072, Health and Safety Code. Reference: Sections 1568.03 and 1568.072, Health and Safety Code.

**87903            DIABETES**

- (a) The licensee shall be permitted to accept or retain a resident who has diabetes under the following circumstances:
- (1) The resident is physically and mentally capable of self-care, which includes:
    - (A) The ability to perform his/her own glucose testing of blood or urine specimens; and
    - (B) The ability to administer his/her own medication, orally or by injection.
- OR
- (2) All of the procedures specified in (1) above are performed by the appropriately skilled professional.
- (b) In addition, the licensee shall be responsible for the following:
- (1) Assisting residents with self-administered medication as specified in Section 87916.
  - (2) Ensuring that sufficient amounts of medicines, testing equipment, syringes, needles and other supplies are maintained and stored in the facility, as specified in Section 87915.
  - (3) Ensuring that syringes and needles are disposed of, as specified in Section 87889.
  - (4) Providing modified diets as prescribed by the resident's physician, as specified in Section 87876 (a) (6). Substitutions shall be made by the facility Nutritionist or in accordance with the recognized food exchange recommendations contained in the current publication "Exchange Lists For Meal Planning", published by the American Diabetes Association, Inc. and the American Dietetic Association.
- (c) The appropriately skilled professional shall document in the resident's file all aspects of care performed.

NOTE: Authority cited: Section 1568.072, Health and Safety Code. Reference: Sections 1568.03 and 1568.072, Health and Safety Code.

**87904 INJECTIONS**

- (a) The licensee shall be permitted to accept or retain a resident who requires intravenous, intramuscular, subcutaneous, or intradermal injections under the following circumstances:
  - (1) The resident is physically and mentally capable of administering his/her own injections; or
  - (2) The resident's injections are administered by the appropriately skilled professional.
- (b) In addition, licensees who admit or retain residents who require injections shall be responsible for ensuring that:
  - (1) Injections are administered by the appropriately skilled professional, if the resident requires assistance.
  - (2) Sufficient amounts of medicines, test equipment, syringes, needles and other supplies are maintained in the facility and are stored properly.
  - (3) Syringes and needles are disposed of as specified in Section 87889.
- (c) The appropriately skilled professional shall document in the resident's file all aspects of care performed.

NOTE: Authority cited: Section 1568.072, Health and Safety Code. Reference: Sections 1568.03 and 1568.072, Health and Safety Code.

**87905            WOUNDS**

- (a) The licensee shall be permitted to accept or retain a resident who has a wound under the following circumstances:
- (1) When care is performed by or under the supervision of the appropriately skilled professional.
  - (2) If the wound becomes infected, all aspects of care must be performed by the appropriately skilled professional.
  - (3) For residents with Stage I or II decubitus ulcer, the condition must be diagnosed by a physician and care for the decubitus ulcer must be given by the appropriately skilled professional.
- (b) The appropriately skilled professional shall document in the resident's file all aspects of care performed.
- (c) All used dressing shall be disposed of as specified in Section 87889.

NOTE: Authority cited: Section 1568.072, Health and Safety Code. Reference: Sections 1568.03 and 1568.072, Health and Safety Code.

**87906            TRANSFER DEPENDENCY**

- (a) The licensee shall be permitted to accept or retain a resident who cannot independently transfer to and from bed and/or chair, under the following circumstances:
- (1) An appropriate fire clearance is obtained.
  - (2) Sufficient direct care staff are available to meet the special needs of the resident.
  - (3) The local fire department is notified by the licensee and the dates and times of these contacts are documented.

NOTE: Authority cited: Section 1568.072, Health and Safety Code. Reference: Section 1568.03 and 1568.072, Health and Safety Code.

**87907            DEMENTIA**

- (a) The licensee shall be permitted to accept or retain a resident who has been diagnosed as having "dementia", under the following circumstances:
  - (1) The resident does not present a danger to him/herself.
  - (2) The resident's behavior does not pose a threat or danger to other residents or the facility staff.
- (b) The licensee shall ensure that direct care staff who are giving care to these residents have knowledge of the signs, symptoms and effects of dementia upon the resident's behavior.
- (c) The appropriately skilled professional shall document in the resident's file all aspects of care performed.

NOTE: Authority cited: Section 1568.072, Health and Safety Code. Reference: Sections 1568.03 and 1568.072, Health and Safety Code.

**87908            TRACHEOSTOMY**

- (a) The licensee shall be permitted to accept or retain a resident who has had a tracheostomy tube inserted if the resident is physically and mentally able to perform all aspects of care or all aspects of care of the tracheostomy, including suctioning, are performed by an appropriately skilled professional as defined in Section 87801(a)(6).
- (b) The appropriately skilled professional shall document in the resident's file all aspects of care performed.

NOTE: Authority cited: Section 1568.072, Health and Safety Code. Reference: Sections 1568.03 and 1568.072, Health and Safety Code.

**87909 TOTAL PARENTERAL NOURISHMENT**

(a) The licensee shall be permitted to accept or retain a resident who receives nourishment through a Hickman Tube (or equivalent), under the following circumstances:

(1) The resident is physically and mentally able to perform all aspects of the procedure him/herself.

OR

(2) All aspects of the feeding and tube care are performed by the appropriately skilled professional.

(A) The appropriately skilled professional shall document in the resident's file all aspects of care performed.

(b) The facility's Nutritionist shall document the diet ordered by the physician and the instructions given to the facility personnel and the Nutritionist's impressions of the resident's condition.

NOTE: Authority cited: Section 1568.072, Health and Safety Code. Reference: Sections 1568.03 and 1568.072, Health and Safety Code.

**87910 GASTROSTOMY TUBE FEEDING**

(a) The licensee shall be permitted to accept or retain a resident who requires feeding through a gastrostomy tube, under the following circumstances:

(1) The resident is physically and mentally able to perform all aspects of the procedure him/herself.

OR

(2) All aspects of the feeding and tube care are performed by the appropriately skilled professional.

(A) The appropriately skilled professional shall document in the resident's file all aspects of care performed.

(b) The facility's Nutritionist shall document the diet ordered by the physician and the instructions given to the facility personnel.

NOTE: Authority cited: Section 1568.072, Health and Safety Code. Reference: Sections 1568.03 and 1568.072, Health and Safety Code.



**87911 NASO-GASTRIC TUBE FEEDING**

- (a) The licensee shall be permitted to accept or retain a resident who requires feeding through a naso gastric tube, under the following circumstances:
- (1) The resident is physically and mentally able to perform all aspects of the procedure him/herself.
- OR
- (2) All aspects of the feeding and tube care are performed by the appropriately skilled professional.
    - (A) The appropriately skilled professional shall document in the resident's file all aspects of care performed.
- (b) The facility's Nutritionist shall document the diet ordered by the physician and the instructions given to the facility personnel.

NOTE: Authority cited: Section 1568.072, Health and Safety Code. Reference: Sections 1568.03 and 1568.072, Health and Safety Code.

**87912 CARE OF RESIDENTS CONFINED TO BED**

- (a) The licensee shall be permitted to accept or retain a resident who is confined to bed, if the requirements of (a)(1) and (2) below are met.
- (1) All licensees shall ensure that the equipment and appliances are available to assist and protect the residents who are confined to bed.
  - (2) The equipment and appliances shall include, but not be limited to:
    - (A) An egg-crate mattress (or equivalent to relieve pressure).
    - (B) Heel and elbow protectors.
    - (C) Partial bed rails.
    - (D) Screens and/or curtains to ensure privacy if the resident shares a room with another resident.

**87912 CARE OF RESIDENTS CONFINED TO BED (Continued)**

- (E) Over-bed table.
- (F) Bedside commode.
- (G) Urinal.
- (H) Bed Pan.
- (I) Wheelchair.

NOTE: Authority cited: Section 1568.072, Health and Safety Code. Reference: Sections 1568.03 and 1568.072, Health and Safety Code.

**87913 SMOKING**

- (a) The licensee shall prohibit smoking in the facility, except in a designated area.
  - (1) This prohibition shall be applicable to both residents and facility personnel.

NOTE: Authority cited: Section 1568.072, Health and Safety Code. Reference: Sections 1568.03 and 1568.072, Health and Safety Code.

**87914 MEDICATIONS**

- (a) In facilities which accept or retain residents who require assistance with the taking of medications, the following shall apply.
- (b) Assistance with medications shall be given by:
  - (1) The licensee, if he/she has the qualifications specified in Section 87865.
  - (2) The administrator, if he/she has the qualifications specified in Section 87865.
  - (3) The facility house manager.
  - (4) Paid direct care staff.

**87914 MEDICATIONS (Continued)**

- (c) Administration of medications shall only be performed by an appropriately skilled professional.
- (d) Direct care staff shall be allowed to assist the resident with self-administered medications.
  - (1) Direct care staff who provide such assistance shall have knowledge of the medications and possible side effects and on-the-job training in the facility's medications practices as specified in Section 87865(g)(4).
- (e) A current medication reference shall be maintained at the facility which describes resident's medications and their side effects.
  - (1) This reference shall be made available for use by direct care staff.
- (f) The licensee may arrange with the pharmacy to have the medication prepackaged under the following conditions:
  - (1) There is a written contract with the pharmacy to accept the responsibility for prepackaging the medications.
  - (2) The unit or multi-dose containers display all the information as required in Section 87915(a)(5).
  - (3) There is written information from the pharmacy outlining the plan for filling after hours prescriptions, handling of new prescriptions, PRN medications and delivery times.
  - (4) The pharmacy gives training to direct care staff as required.
  - (5) The resident has the right to use the pharmacy of his/her choice.

NOTE: Authority cited: Section 1568.072, Health and Safety Code. Reference: Sections 1568.03 and 1568.072, Health and Safety Code.

**87915 STORAGE OF MEDICATIONS**

- (a) The following requirements shall apply to medications which are centrally stored:
- (1) Medications shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for the supervision of the centrally stored medication.
    - (A) Keys used to secure the medications shall not be accessible to residents.
    - (B) Medications which require refrigeration shall be stored in a locked container.
  - (2) All medications shall be labeled and maintained in compliance with label instructions and state and federal laws.
  - (3) No person other than the dispensing pharmacist shall alter a prescription label.
  - (4) Each resident's medication shall be stored in its originally received container.
  - (5) The licensee shall ensure that each medication container includes the following information and shall maintain for each resident a record of centrally stored prescription medications which are to be retained for at least three years:
    - (A) Name and address of pharmacy.
    - (B) Prescribing physician's name.
    - (C) Prescription number.
    - (D) Resident's name.
    - (E) Date prescription was dispensed.
    - (F) Drug name (generic and manufacturer).
    - (G) Strength and number of pills dispensed.
    - (H) Directions for taking.
    - (I) Refill number.

**87915 STORAGE OF MEDICATIONS (Continued)**

- (J) Expiration date.
- (K) Dietary warnings or special instructions.
- (b) Sample medications, if given by the prescribing physician, may be used, providing there is a label which contains the information as required in (6) above, excluding items (A), (C), (I), and (J).
- (c) A new label shall be prepared by the dispensing pharmacist when there is a change in the originally prescribed medication.
- (d) Stock bottles of over-the-counter medications shall be used under the following conditions:
  - (1) There is a written physician's order for the medication indicating:
    - (A) The name of the resident.
    - (B) The dose to be given.
    - (C) The number of dosages allowed in a 24-hour period.
    - (D) The reason for the medication.
    - (E) The manufacturer's label is included on the stock bottle.
  - (2) This documentation shall be made available to facility personnel who assist with the medications.
  - (3) The physician's order shall be maintained in the resident's file.
- (e) Medications discontinued by the physician for a period of time not to exceed three months, may be held by the facility and shall be centrally stored under the following conditions:
  - (1) There is a written order from the physician to HOLD the medications.
  - (2) The written order is noted in the Resident's Individual Services Plan.
  - (3) A piece of adhesive tape is placed around and over the top of the medication container and is marked with the word "HOLD" and the date of the "HOLD" order.

NOTE: Authority cited: Section 1568.072, Health and Safety Code. Reference: Sections 1568.03 and 1568.072, Health and Safety Code.

**87916 SELF-ADMINISTERED MEDICATIONS**

- (a) Residents who are physically and mentally able to be responsible for their own medications shall be permitted to do so under the following circumstances:
- (1) All members of the Individual Services Team are in agreement.
  - (2) The resident's Individual Services Plan includes a statement that the resident is capable of self administration of medication.
  - (3) The licensee provides the resident with a locked container in which to store the medications.
  - (4) There is more than one key to the container. One key shall be given to the resident and the others kept by direct care staff.
- (b) The licensee shall consider the safety of all residents in the facility when making a decision regarding self-administered medications.
- (c) There shall be a written agreement between the licensee and the resident that he/she will self-administer the medication. A copy of this agreement shall be kept in the resident's file.
- (1) The agreement shall state who will be responsible for the reordering of such medications.
  - (2) Direct care staff shall notify the physician and the Registered Nurse Case Manager of any change in the resident's capability to self-administer medications.

NOTE: Authority cited: Section 1568.072, Health and Safety Code. Reference: Sections 1568.03 and 1568.072, Health and Safety Code.

**87918 MEDICATION PROCEDURES**

- (a) The appropriately skilled professional shall not pre-pour medication which has not been prepackaged pursuant to Section 87914(f) more than 12 hours prior to being taken by the resident.
- (b) Pre-poured medications shall be stored in a locked area.
- (c) The name of the resident shall be on each medication cup and/or other utensil used in the distribution of medications.

**87918 MEDICATION PROCEDURES (Continued)**

- (d) Direct care staff shall observe the taking of the medication by the resident.
- (e) No resident shall be forced to take any medication.
- (f) Medication shall not be disguised in food or liquid without the resident's knowledge and permission.
- (g) The appropriately skilled professional shall not give more medication than prescribed or make any decisions to withhold medications without consultation with the physician.
  - (1) When the resident refuses medication, it shall be documented on the resident's medication record and the prescribing physician and the Registered Nurse Case Manager shall be contacted.
- (h) All medication side effects observed by the facility personnel or reported to the personnel by residents, their authorized representative, significant other, relative, or friend shall be reported to the physician immediately.
  - (1) There shall be documentation of the date and time the report is made to the physician.
  - (2) There shall be documentation of the side effects noted.
  - (3) There shall be documentation reflecting the continued monitoring of the resident's condition until stabilized.

NOTE: Authority cited: Section 1568.072, Health and Safety Code. Reference: Sections 1568.03 and 1568.072, Health and Safety Code.

**87919 MEDICATION DOCUMENTATION**

- (a) The licensee shall ensure the maintenance, for each resident, of a record of centrally stored medications other than scheduled and controlled drugs/medications which is retained for at least three years and includes the following:
- (1) The name of the resident for whom the medication is prescribed.
  - (2) The name of the prescribing physician.
  - (3) The medication name, strength and quantity.
  - (4) The date filled.
  - (5) The prescription number and the name of the issuing pharmacy.
  - (6) Expiration date.
  - (7) Number of refills.
- (b) A separate medication record shall be maintained in the facility for each resident for a period of three years. This record shall contain, but not be limited to, the following information:
- (1) Resident's name.
  - (2) Medication name.
  - (3) Dose.
  - (4) Time and date medications are taken.
  - (5) Side effects noted.
  - (6) The names and initials of direct care staff assisting with medications.

NOTE: Authority cited: Section 1568.072, Health and Safety Code. Reference: Sections 1568.03 and 1568.072, Health and Safety Code.



**87920 SCHEDULED AND CONTROLLED DRUGS/MEDICATIONS**

- (a) For medications/drugs determined by the Drug Enforcement Administration to be in the categories of "Scheduled or Controlled", the following shall apply:
- (1) The licensee shall be responsible for obtaining a list from the pharmacist of the scheduled and/or controlled drugs in use in the facility.
  - (2) All such drugs/medications shall be centrally stored.
  - (3) All such drugs shall be kept in a locked container inside a safe locked place.
  - (4) There shall be one key only for the locked container which is held by the administrator or designated person who is on the premises at the time.
  - (5) At the change of shift the incoming staff person shall count the medications/drugs with the outgoing staff person and obtain the key for the locked medication.
  - (6) There shall be a separate medication record maintained regarding the giving of the medication/drug which shall contain:
    - (A) Name of the resident.
    - (B) Name of medication/drug, strength and dosage.
    - (C) Prescribing physician.
    - (D) Dispensing pharmacist.
    - (E) Number of pills dispensed.
    - (F) Time and date medication/drug was taken.
    - (G) Results of pain medication/drug.
    - (H) Side effects, if any.
- (b) Copies of all documents pertaining to scheduled and controlled drugs/medications shall be maintained in the resident's file for three years.

NOTE: Authority cited: Section 1568.072, Health and Safety Code. Reference: Sections 1568.03 and 1568.072, Health and Safety Code.

**87920.1 DISPOSAL OF SCHEDULED AND CONTROLLED DRUGS/MEDICATIONS**

- (a) There shall be written instructions regarding the disposition of scheduled and controlled drugs/medication under the following conditions:
- (1) The resident's physician orders that the resident discontinue taking the medications.
  - (2) The resident's facility placement is terminated.
- (b) The licensee shall have the disposal instructions reviewed and approved by the pharmacist.
- (c) The following instructions shall be carried out by the residents' Registered Nurse Case Manager and the facility administrator or facility manager.
- (1) Both parties shall sign the required form (LIC 622 (8/92)).
  - (2) Copies of all documents pertaining to the disposition of scheduled and controlled drugs/medications shall be maintained in the resident's file for three years.

OR

- (d) The Registered Nurse Case Manager, facility administrator or facility manager shall, under the direction of the pharmacy, send the drugs to the Drug Enforcement Administration.

NOTE: Authority cited: Section 1568.072, Health and Safety Code. Reference: Sections 1568.03 and 1568.072, Health and Safety Code.

**87921 PRN MEDICATIONS**

(a) The licensee shall be permitted to accept or retain a resident who requires PRN medications (as needed medications) including prescription or nonprescription medications under one of the following circumstances:

(1) The resident is able to determine his/her own need for the PRN medication.

OR

(2) There is a Registered Nurse or a Licensed Vocational Nurse on the facility premise and available to make the determination for the PRN medication if the resident cannot determine his/her own need prior to each dose being taken by the resident.

OR

(3) A physician is contacted to make the determination for the PRN medication if the resident cannot determine his/her own need prior to each dose being taken by the resident.

(b) There shall be written detailed instructions on the prescription label for all PRN medications, including the symptoms which might require the use of the medication, the exact dose, exact time frames between doses and the maximum dosage to be taken in a 24-hour period.

(c) In addition to Section 87878, if a resident cannot determine his/her own need for a PRN medication, the licensee shall be responsible for the following:

(1) Documenting date and time of the contacts with the physician.

(2) Maintaining a record that indicates the name of the PRN medication and the date and time the PRN medication was taken and the resident's response.

OR

(3) When the determination regarding the PRN medication is made by the Registered Nurse or Licensed Vocational Nurse who is on the premises, there shall be documentation by the registered nurse or licensed vocational nurse regarding:

(A) Date and time the medication was administered.

(B) Effects of medication.

NOTE: Authority cited: Section 1568.072, Health and Safety Code. Reference: Sections 1568.03 and 1568.072, Health and Safety Code.

**87922 DISPOSAL OF ROUTINE PRESCRIPTION MEDICATIONS**

- (a) Prescription medications which are not taken with the resident upon termination of placement, or which are not to be retained shall be destroyed by the facility administrator and the facility manager.
- (1) Both shall sign a record, to be retained for at least three years, which lists the following:
- (A) Name of the resident.
  - (B) The prescription number and the name of the pharmacy.
  - (C) The medication name, strength and quantity destroyed.
  - (D) The date of destruction.
  - (E) Method of destruction.
- (2) Signed documentation by the pharmacy shall be on file in the facility when prepackaged medication is returned by the facility.

NOTE: Authority cited: Section 1568.072, Health and Safety Code. Reference: Sections 1568.03 and 1568.072, Health and Safety Code.

**87923 FIRST AID REQUIREMENTS**

- (a) All direct care staff and the facility manager shall have first aid training from persons qualified by agencies including, but not limited to, the American Red Cross.
- (1) A copy of the current First Aid card shall be maintained in the personnel record.
- (b) First Aid supplies shall be maintained and be readily available for use by all staff.
- (c) First Aid supplies shall include, but not be limited to, the following:

**87923 FIRST AID REQUIREMENTS (Continued)**

- (1) A current edition of a first aid manual approved by the American Red Cross, the American Medical Association or a state or federal health agency.
- (2) Sterile first aid dressings.
- (3) Bandages or roller bandages.
- (4) Adhesive tape.
- (5) Scissors.
- (6) Tweezers.
- (7) Antiseptic Solution.

NOTE: Authority cited: Section 1568.072, Health and Safety Code. Reference: Sections 1568.03 and 1568.072, Health and Safety Code.

**87924 DO NOT RESUSCITATE ORDER**

- (a) A licensee shall not be required to accept or retain a resident who has or requests a Do Not Resuscitate Order.
- (b) All of the following conditions shall be met in order for a licensee to ensure that the Do Not Resuscitate Order is implemented:
  - (1) The resident or the individual who holds Durable Power of Attorney for Health Care of the resident has signed and dated a Do Not Resuscitate Directive.
    - (A) The resident or the individual who holds Durable Power of Attorney for Health Care of the resident shall have the right to rescind the Do Not Resuscitate Directive.
      1. The rescinding statement may be given either verbally or in writing. For verbal rescinding statements, the licensee shall ensure that the rescission is documented immediately in the resident's record.

**87924 DO NOT RESUSCITATE ORDER (Continued)**

2. Effective immediately upon the rescinding of the Do not Resuscitate Directive, the Do Not Resuscitate Order shall no longer be applicable.
  3. The licensee shall ensure that the resident's primary care physician is contacted immediately to rescind the Do Not Resuscitate Order and the contact is documented in the resident's record.
- (2) A standing Do Not Resuscitate Order is signed and dated by the resident's primary care physician.
  - (3) The appropriately skilled professional is present to carry out the Do Not Resuscitate Order.
    - (A) For the purpose of this subsection, the appropriately skilled professional is limited to an M.D., R.N., L.V.N., or Nurse Practitioner.
    - (B) The licensee shall ensure that the appropriately skilled professional documents all factual and medical aspects pertaining to the enactment of the Do Not Resuscitate Order.
  - (c) The licensee shall ensure that emergency medical care is summoned immediately when a resident stops breathing and any of the conditions specified in (b) above are not met.
  - (d) The licensee shall ensure that contacts with emergency medical care providers as specified in (c) above are documented in the resident's record.

NOTE: Authority cited: Section 1568.072, Health and Safety Code. Reference: Sections 1568.03 and 1568.072, Health and Safety Code.

**87925 AUTOMATED EXTERNAL DEFIBRILLATORS (AEDS)**

- (a) A licensee is permitted to maintain and operate an AED at the facility if all of the following requirements are met:
- (1) The licensee shall notify the licensing agency in writing that an AED is in the facility and will be used in accordance with all applicable federal and other state requirements.
  - (2) The AED shall be used in accordance with all applicable federal and other state requirements.
  - (3) The licensee shall maintain at the facility the following:
    - (A) A copy of the required physician's prescription for the AED.
    - (B) A training manual from an American Heart Association- or American Red Cross-recognized AED training class.
    - (C) A log of checks of operation of the AED containing the dates checked and the name of person checking.
    - (D) A copy of a valid AED operator's certificate for any employee(s) authorized by the licensee to operate the AED. The certificate shall indicate that the AED training course completed complies with the standards of the American Heart Association or the American Red Cross. If it does not, then other evidence indicating that the AED training course completed complies with the standards of the American Heart Association or the American Red Cross shall be available at the facility.
    - (E) A log of quarterly proficiency demonstrations for each holder of an AED operator's certificate who is authorized by the licensee to operate the AED. The log shall contain the dates of the demonstrations and the manner of demonstration.
  - (4) A supply kit shall be maintained at the facility and be readily available for use with the AED. The kit shall contain at least the following:
    - (A) A back-up battery set.
    - (B) An extra set of pads.

**87925 AUTOMATED EXTERNAL DEFIBRILLATORS (AEDS) (Continued)**

- (C) A safety razor for shaving chest hair when necessary to apply the pads.
  - (D) A cardiovascular pulmonary resuscitation barrier (a face shield or mask) for protection from transmission of infectious disease.
  - (E) Two pairs of unused medical examination gloves (latex or non-latex).
- (5) Any use of an AED shall be reported as specified in Section 87861(b).
- (6) Requests to Forego Resuscitative Measures, Advance Directives and Do-Not-Resuscitate Orders shall be observed as specified in Section 87924.

NOTE: Authority cited: Section 1568.072, Health and Safety Code. Reference: Sections 1568.02, 1568.072, and 1797.196, Health and Safety Code.