Kansas Administrative Regulations

Department of Health and Environment

Article 34.—Hospitals—Part 1. General.

28-34-29a. Long-term care unit.

(a) General provisions. If the hospital provides a long-term care service, such service shall be provided in a manner that meets the medical, rehabilitative, and social needs of the patient.

(b) Scope of services.

(1) The long-term service shall have a written program of restorative nursing care. This program shall be an integral part of nursing services and shall be directed toward assisting the patient to achieve and maintain an optimum level of self-care and independence.

(2) In addition to restorative services, the unit shall provide or arrange for specialized rehabilitation services by qualified personnel as needed by patients to improve and maintain functioning. Services shall include physical therapy, speech pathology, audiology, and occupational therapy and shall be provided by qualified personnel.

(3) A written, overall care plan shall be developed for each long-term care patient from an interdisciplinary assessment of the patient. The interdisciplinary assessment shall consist of medical, nursing, dietary, activities, and psychosocial diagnoses or evaluations.

(c) Medical direction. A member of the medical staff shall be assigned responsibility for the medical direction of the service. The director shall be responsible for the overall coordination of medical care in the unit and shall participate in the development of policies and procedures for patient care, including the delineation of responsibilities of attending physicians.

(d) Nursing services.

(1) The nursing services director shall have the overall responsibility of providing nursing services. The immediate supervisor of nursing personnel assigned to long-term care services shall be a registered nurse employed on the day shift and whose

responsibilities shall be limited to the long-term care unit. Licensed nursing personnel shall be in the building at all times to be available as needed to provide services in the long-term care unit.

(2) Nursing personnel shall be assigned duties consistent with their education and experience. Each nurse aide shall be trained and examined in accordance with K.A.R. 28-39-79 and K.A.R. 28-39-80. Each nurse aide trainee who provides direct, individual care to patients shall be under the direct, onsite supervision of a licensed nurse. Each nurse aide trainee shall complete requirements for and obtain certification as a nurse aide within six months of employment.

(3) Each patient shall receive direct, individual patient care at a minimum weekly average of 2.0 hours per 24 hours, and a daily average of not fewer than 1.85 hours during any 24-hour period. Only care provided by personnel exclusively assigned to the long-term care service, including nursing personnel, the activities director, and the social services designee, shall be considered in meeting the care requirements.

(e) Restraints. A signed physician's order shall be required for any restraint. The order shall include justification, type of restraint, and duration of application. A patient shall not be restrained unless, in the written opinion of the attending physician, restraints are required to prevent injury to the patient or to others.

(f) Patient care and hygiene. The long-term care service shall provide supportive services to maintain the patients' comfort and hygiene as follows:

(1) Patients confined to bed shall receive a complete bath every other day or more often as needed.

(2) Incontinent patients shall be checked at least every two hours and shall be given partial baths and clean linens promptly when the bed or clothing is soiled.

(3) Pads shall be used to keep the patients dry and comfortable.

(4) Rubber, plastic, or other types of protectors shall be kept clean, completely covered, and not in direct contact with the patients.

(5) Soiled linen and clothing shall be removed immediately from the patients' rooms to prevent odors.

(6) Fresh water shall be available for each patient. For each non-ambulatory patient, fresh water or other fluids shall be available at the bedside at all times unless fluids are restricted by physician's order.

(7) Each patient shall be assisted with oral hygiene to keep mouth, teeth, or dentures clean. Measures shall be taken to prevent dry, cracked lips.

(8) A written, ongoing program for skin care shall be implemented as follows:

(A) Bony prominences and weight-bearing parts, such as heels, elbows, and back, shall be bathed and given care frequently to prevent discomfort and the development of pressure sores.

(B) Treatment for pressure sores shall be given according to written physician's orders.

(C) The position of each patient confined to bed shall be changed at least every two hours during the day and night.

(D) Each patient shall be positioned in good body alignment.

(E) Precautions shall be taken to prevent foot drop in bed patients.

(g) Restorative nursing care. Each nursing personnel shall receive regular staff development training sessions in restorative techniques. Documentation of such training shall be maintained.

(h) Specialized rehabilitative services.

(1) Rehabilitation needs shall be met either through services provided directly by the hospital or through arrangements with qualified outside resources.

(2) Commensurate with the services offered, adequate space and equipment shall be available.

(3) Each rehabilitative service performed shall be recorded in the patient's record and shall be signed and dated by the person providing the service.

(4) Written policies and procedures shall be developed for specialized rehabilitative services with input from qualified therapists and representatives of the medical, administrative, and nursing staffs.

(5) A written plan of care, initiated by the attending physician and developed in consultation with the therapist or therapists involved and with nursing services, shall be developed for each patient receiving rehabilitative services. A report of the patient's

progress shall be communicated to the attending physician within two weeks of the initiation of the service. Thereafter, the patient's progress shall be reviewed and revised on not less than a quarterly basis.

(i) Social services. The long-term care service shall have methods for identifying the medically-related, psychosocial needs of each patient. Needs shall be met by qualified staff of the hospital or by referral to an outside resource through established procedures.

(Authorized by and implementing K.S.A. 65-431; effective May 1, 1986.)

***** Authenticated Kansas Administrative Regulation *****