

173-45-06.1

Information on services provided by facilities.

(A) Checklist items: ODA shall include a checklist in the guide that describes the services provided by, or in affiliation with, each facility listed in the guide.

(1) Services for nursing facility residents: A nursing facility may check any of the following boxes that describes a specialized service the nursing facility offers:

(a) Alzheimer's disease/dementia care (secured or unsecured): A nursing facility may check the "Alzheimer's disease/dementia care (secured or unsecured)" box if it specializes in providing specialized care for residents with Alzheimer's disease/dementia such as environmental features; dining and activities designed and delivered for those with dementia; care planning and delivery and staffing supports appropriate for memory impairments; staff trained in symptoms, symptom management, interventions, person-centered care, and emotional support.

(b) Behavioral health care, non-dementia related: A nursing facility may check the "behavioral health care, non-dementia related" box if it provides for, or contracts for, mental health supports for those who need mental health care and have a mental illness such as schizophrenia and need nursing home level of care.

(c) Bariatric care: A nursing facility may check the "bariatric care" box if it specializes in bariatric care that includes dietetic and counseling services; equipment, including wheelchairs, beds, commodes, and lifts; exercise and therapy services to treat residents' obesity.

(d) Dialysis on site:

(i) A nursing facility may check the "dialysis on site" box if it specializes in providing dialysis to residents of the nursing facility on site with minimal travel on the nursing facility's campus.

(ii) A nursing facility may check an additional box if it specializes in peritoneal dialysis.

(e) Hospice care:

(i) A facility may check the "hospice" box if it specializes in providing hospice care, whether the facility provides the hospice care or contracts with a hospice provider to provide the hospice care.

(ii) A facility may check an additional box if it offers additional end-of-life care so long as it describes the end-of-life care if offers.

(f) Intensive rehabilitation services:

- (i) A nursing facility may check the "intensive rehabilitation services" box if it specializes in providing services by occupational therapists, physical therapists, and speech therapists to assist in recovery from an accident, surgery, stroke, or other medical incident and if the service is provided by or coordinated by occupational therapists, physical therapists, or speech therapists.
- (ii) A nursing facility may check an additional box if its therapists who provide its intensive rehabilitation services are available seven days per week.
- (iii) A nursing facility may check an additional box if it consistently assigns residents to the same therapist.

(g) Respiratory care, including ventilator care:

- (i) A nursing facility may check the "respiratory care, including ventilator care" box if it specializes in providing chronic ventilator care, tracheal suctioning, and ventilator weaning. "Respiratory care, including ventilator care" may also include use of respirators/ventilators, oxygen, intermittent positive pressure breathing (IPPB), or other inhalation therapy, pulmonary care, humidifiers, and other methods to treat conditions of the respiratory tract.
- (ii) A nursing facility may check an additional box if it has a respiratory therapist on staff.

(h) Respiratory care, not including ventilator care:

- (i) A nursing facility may check the "respiratory care, not including ventilator care" box if it specializes in providing tracheal weaning and tracheal suctioning. "Respiratory care, not including ventilator care" may also include use of respirators, oxygen, intermittent positive pressure breathing (IPPB), or other inhalation therapy, pulmonary care, humidifiers, and other methods to treat conditions of the respiratory tract.
- (ii) A nursing facility may check an additional box if it has a respiratory therapist on staff.
- (i) Short-term stay for respite: A nursing facility may check the "short-term stay for respite" box if it specializes in providing respite services on short-term bases to individuals who are unable to care for themselves

on short-term bases because of absences, needs, or relief of those persons who normally provide care to the individuals.

(j) Skin and wound care:

(i) A nursing facility may check the "skin and wound care" box if it specializes in care for clinically complex or multiple wounds. The care may include negative pressure ("wound vac"), debridement, and care by wound specialists on staff or under contract.

(ii) A nursing facility may check an additional box if it has wound-management staff certified by the American Board of Wound Management.

(k) Spinal cord injury care: A nursing facility may check the "spinal cord injury care" box if it provides a special program for those with spinal cord injuries, including physical, speech, occupational, and vocational therapy; skin integrity management; pain management; and environmental accessibility.

(l) Traumatic brain injury care: A nursing facility may check the "traumatic brain injury care" box if it specializes in evaluating and treating brain injuries by providing care that includes physical, speech, occupational, and vocational therapy; behavioral and cognitive rehabilitation; pain management; and substance-abuse treatment.

(2) Services for residential care facility residents: A residential care facility may check any of the following boxes that describes a specialized service the residential facility offers that is beyond personal care:

(a) Twenty-four hour licensed nursing.

(b) Advanced skin care.

(c) Alzheimer's disease/dementia care (secured or unsecured).

(d) Assistance with self-administration of medication.

(e) Formalized wellness programs.

(f) Hospice care.

(g) Medication administration.

(h) Rehabilitative therapy (occupational, physical, speech).

(i) Short-term stay for respite.

(j) Special diets.

(k) Total incontinence care.

(l) Transfer assistance (e.g., bed to chair).

(m) Transportation (e.g., to appointments, outings).

(3) Services for nursing facility non-residents: A nursing facility may check any of the following boxes that describe a specialized service the residential care facility makes available to non-residents in affiliation with the nursing facility:

(a) Adult day care.

(b) Assisted living on site.

(c) Home-delivered meals.

(d) Home health care.

(e) Hospice services.

(f) Independent living housing on site.

(g) Outpatient therapy.

(h) Short-term stay for respite.

(i) Transportation (e.g., from homes to appointments).

(j) Any other community service the facility provides to non-residents that it specifically identifies.

(4) Services for residential care facility non-residents: A residential care facility may check any of the following boxes that describe a specialized service the residential care facility makes available to non-residents in affiliation with the residential care facility:

(a) Adult day care.

(b) Home health care.

(c) Hospice care.

(d) Independent living housing on site.

- (e) Outpatient therapies (occupational, physical, speech).
- (f) Short-term stay for respite.
- (g) Skilled nursing facility on site.
- (h) Transportation (e.g., from homes to appointments).
- (i) Any other community service the facility provides to non-residents that it specifically identifies.

(B) Check boxes, attestations, and disclaimer:

(1) Check boxes: For the facility services specified in paragraphs (A)(1) and (A)(2) of this rule, ODA shall include check boxes to indicate if a facility provides specific services, and if the facility provides the services within a specific unit of the facility.

(2) Attestations:

(a) A nursing facility shall attest that any box it checks to indicate that it provides the specific service accurately represents a service that it provides by checking the box on the electronic guide below the following statement: "This facility asserts that it offers the service in the manner described, as certified/attested/confirmed by [insert name, title] on [insert date]." The facility shall make this attestation as part of the update procedures provided by paragraph (B)(2) of rule 173-45-06 of the Administrative Code.

(b) Upon request from consumers, ombudsmen, or surveyors, a nursing facility shall provide documentation to demonstrate how any specialized service that it attested that it provides meets the description of the specialized service under paragraph (A)(1) of this rule. If the nursing facility does not demonstrate how it provides a specialized service, ODA may remove the specialized service from the facility's listing in the guide.

(3) Disclaimer: ODA shall publish this disclaimer in the guide: "This form is intended for consumers, ombudsmen, and other interested persons to use in comparing services offered at Ohio facilities listed on the Ohio Long-Term Care Consumer Guide. The state does not offer any guarantee that the described services are available to residents because they are listed here. Residents and interested persons may use this information to compare facilities' services and capabilities. This information is not intended to take the place of visiting the facility, talking with residents, family members, or meeting one-on-one with facility staff."

- (C) Updating content: ODA shall obtain information regarding the services listed in paragraph (A) of this rule from the facilities themselves and may also obtain information from publicly-available sources, in accordance with paragraph (B) of rule 173-45-06 of the Administrative Code. Each facility may supplement the information required under paragraphs (A)(1) and (A)(2) of this rule in order to ensure an accurate description of services provided through the special care unit.
- (D) Definition: As used in this rule, "affiliation" means a connection between a facility and a provider that are operated by the same entity, or that have entered into a contract whereby the provider provides services on the property of the facility or in close proximity to the facility.

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Certification

Date

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