

3701-17-10

Resident assessments; tuberculosis testing.

- (A) Each nursing home, in accordance with this rule, shall require written initial and periodic assessments of all residents. The different components of the assessment may be performed by different licensed health care professionals, consistent with the type of information required and the professional's scope of practice, as defined by applicable law, and shall be based on personal observation and judgment. This paragraph does not prohibit the licensed health professional from including in the assessment resident information obtained by or from unlicensed staff provided the evaluation of such information is performed by that licensed health professional in accordance with the applicable scope of practice. Additionally, each nursing home shall, on an annual basis, offer to each resident a vaccination against influenza and a vaccination against pneumococcal pneumonia as required by section 3721.041 of the Revised Code.
- (B) Prior to admission, the nursing home shall obtain from the prospective resident's physician, other appropriate licensed health professionals acting within their applicable scope of practice, or the transferring entity, the current medical history and physical of the prospective resident, including the discharge diagnosis, admission orders for immediate care, the physical and mental functional status of the prospective resident, and sufficient additional information to assure care needs of and preparation for the prospective resident can be met. This information shall have been updated no more than five days prior to admission.
- (C) Upon admission, the nursing home shall assess each resident in the following areas:
- (1) Cardiovascular, pulmonary, neurological status including auscultation of heart and lung sounds, pulses and vital signs; and
 - (2) Hydration and nutritional status; and
 - (3) Presenting physical, psycho-social and mental status.

The nursing home shall also review each resident's admission orders to determine if the orders are consistent with the resident's status upon admission as assessed by the nursing home and shall reconfirm, as applicable, the orders with the attending physician or other licensed health care professional acting within the applicable scope of practice. The nursing home shall obtain any special equipment, furniture or staffing that is needed to address the presenting needs of the resident. The nursing home shall provide services to meet the specific needs of each resident identified through this admission assessment until such time as the care plan required by rule 3701-17-14 of the Administrative Code is developed and implemented.

(D) The nursing home shall perform a comprehensive assessment meeting the requirements of paragraph (E) of this rule on each resident as follows:

- (1) For an individual beginning residence in the nursing home after the effective date of this rule, the comprehensive assessment shall be performed within fourteen days after the individual begins to reside in the facility.
- (2) For a resident living in the nursing home on the effective date of this rule, a comprehensive assessment shall be performed within ninety days of the effective date of this rule. If the resident had a comprehensive assessment meeting the requirements of paragraph (E) of this rule no more than three months before the effective date of this rule, the nursing home is not required to perform another comprehensive assessment;
- (3) Subsequent to the initial comprehensive assessment, a comprehensive assessment shall be performed at least annually thereafter. The annual comprehensive assessment shall be performed within thirty days of the anniversary date of the completion of the resident's last comprehensive assessment.

(E) The comprehensive assessment shall include documentation of the following:

- (1) Medical diagnoses;
- (2) Psychological, and mental retardation and developmental diagnoses and history, if applicable;
- (3) Health history and physical, including cognitive functioning, and sensory and physical impairments;
- (4) Psycho-social history and the preferences of the resident including hobbies, usual activities, food preferences, bathing preferences, sleeping patterns, and socialization and religious preferences;
- (5) Prescription and over-the-counter medications;
- (6) Nutritional requirements and need for assistance and supervision of meals;
- (7) Height and weight;

- (8) A functional assessment which evaluates the resident's ability to perform activities of daily living;
- (9) Vision, dental and hearing function; and
- (10) Any other alternative remedies and treatments the resident is taking or receiving.

The documentation required by this paragraph shall include the name and signature of the individual performing the assessment, or component of the assessment, and the date the assessment was completed.

- (F) Subsequent to the initial comprehensive assessment, the nursing home shall periodically reassess each resident, at minimum, every three months, unless a change in the resident's physical or mental health or cognitive abilities requires an assessment sooner. The nursing home shall update and revise the assessment to reflect the resident's current status. This periodic assessment shall include documentation of at least the following:
 - (1) Changes in medical diagnoses;
 - (2) Updated nutritional requirements and needs for assistance and supervision of meals;
 - (3) Height and weight;
 - (4) Prescription and over-the-counter medications;
 - (5) A functional assessment as described in paragraph (E)(8) of this rule;
 - (6) Any changes in the resident's psycho-social status or preferences as described in paragraph (E)(4) of this rule; and
 - (7) Any changes in cognitive, communicative or hearing abilities or mood and behavior patterns.
- (G) In addition to the requirements of this rule, except as permitted under paragraph (H) of this rule, prior to or within forty-eight hours after admission, residents who have not had previous known significant blood assay for M. tuberculosis (BAMT) or Mantoux tests and who do not have a record of a BAMT or of a two-step or single step Mantoux testing within the twelve months preceding admission, shall have a

single BAMT, or two-step Mantoux test using five tuberculin units of purified protein derivative. If the first step is nonsignificant, the second step shall be performed no less than seven or more than twenty-one days from the date of the first step. Only a single BAMT or Mantoux test is required if the resident has documentation of either a BAMT, a single Mantoux test, or a two-step Mantoux test within one year of admission. Each resident shall have a single BAMT or Mantoux test repeated annually within thirty days of the anniversary date of the most recent testing.

(1) The first step should be read within forty eight to seventy two hours following application. If the first step is nonsignificant for the Mantoux test, the second step shall be performed no less than seven or more than twenty-one days from the date of the first step

~~(1)~~(2) The nursing home shall assure that residents with significant BAMT or Mantoux tests are reviewed for history and symptoms by a physician, or other appropriate licensed health care professionals acting within their applicable scope of practice, and that they have had a chest x-ray within thirty days before, or within forty-eight hours after notification of significant test results. If appropriate, the physician or applicable health care professional shall order a repeat x-ray. Additional BAMT or Mantoux testing is not required after one medically documented significant test. The nursing home shall assure that a resident who exhibits signs and symptoms of tuberculosis is reassessed. A subsequent chest x-ray is not required unless the individual develops symptoms consistent with active tuberculosis.

~~(2)~~(3) Residents with nonsignificant BAMT or Mantoux tests shall receive a single BAMT or Mantoux test if they are exposed to a known case of tuberculosis and another BAMT or single Mantoux test performed ninety days after break of exposure. If the test reveals evidence of conversion, the resident shall have a chest x-ray unless the resident has had a chest x-ray no more than thirty days before the date of conversion and the physician or other appropriate licensed health professional determines another x-ray is not needed.

(a) If the chest x-ray does not reveal active pulmonary tuberculosis, the nursing home shall document that the resident has been evaluated and considered for preventive treatment. The nursing home shall assess the resident for signs and symptoms suggesting tuberculosis and shall annually document the presence or absence of symptoms in the resident's record.

(b) If the chest x-ray reveals active pulmonary tuberculosis, the nursing home shall manage the resident in accordance with the tuberculosis plan, required by paragraph (D) of rule 3701-17-11 of the Administrative

Code, until the appropriate local public health authority determines the resident is no longer infectious.

(4) Residents who have been transferred or discharged to a hospital or other health care facility and are again admitted to the nursing home from which they were transferred or discharged, are not required to have additional tuberculosis testing prior to the timeframe for annual testing in paragraph (G) of this rule, provided the nursing home:

(a) Has no reason to believe the resident has come into contact with or acquired tuberculosis; and

(b) Assesses the resident for signs and symptoms of tuberculosis.

~~(3)~~(5) The nursing home shall require participants of an adult day care program provided by and on the same site as the nursing home to comply with the requirements of paragraph (G) of this rule if the program is located or shares space within the same building as the nursing home, day care participants and residents of the home intermingle, or if there is a sharing of staff between the program and the home. If an adult day care participant is assessed as having active pulmonary tuberculosis, the nursing home shall not permit the participant to enter the nursing home until the appropriate local public health authority determines the participant is no longer infectious.

(H) Residents admitted to the nursing home for stays of less than ten days are exempted from the testing required by paragraph (G) of this rule if the nursing home:

(1) Assesses the resident upon admission for signs and symptoms of tuberculosis; and

(2) Ensures that a resident assessed as having signs and symptoms of tuberculosis has the chest x-ray and follow-up required by paragraph (G) of this rule.

(I) Nursing homes that conduct resident assessments in accordance with 42 C.F.R. 483.20, using the resident assessment instrument specified by rule 5101:3-3-40 of the Administrative Code, shall be considered in compliance with paragraphs (D), (E) and (F) of this rule.

Effective: 11/30/2009

R.C. 119.032 review dates: 08/26/2009 and 11/01/2014

CERTIFIED ELECTRONICALLY

Certification

11/20/2009

Date

Promulgated Under: 119.03
Statutory Authority: 3721.04
Rule Amplifies: 3721.01, 3721.04, 3721.041
Prior Effective Dates: 5/2/1966, 12/21/92, 10/20/01