

3701-17-13

**Medical supervision.**

- (A) Each nursing home operator shall arrange for the services of a physician to serve as the home's medical director, the medical director shall:
- (1) In collaboration with the administrator, the nursing director, and other health professionals, develop formal resident care policies for the nursing home that:
    - (a) Provide for the total medical and psycho-social needs of the resident, including admissions, transfer, discharge planning, range of services available to the resident, emergency procedures and frequency of physician visits in accordance with resident needs and the applicable requirements of Chapter 3721. of the Revised Code and of rules 3701-17-01 to 3701-17-26 of the Administrative Code.
    - (b) Promote resident rights as enumerated in section 3721.13 of the Revised Code.
  - (2) Make available medical care for residents not under the care of their own physicians and to make available emergency medical care to all residents, provided their personal physicians are not readily available.
  - (3) Meet periodically with nursing and other professional staff to discuss clinical and administrative issues, including the need for additional staff, specific resident care problems and professional staff needs for education or consultants to assist in meeting special needs such as dentistry, podiatry, dermatology, and orthopedics, offer solutions to problems, and identify areas where policy should be developed. In carrying out this function, the medical director shall:
    - (a) Observe residents and facilities at least quarterly or more frequently as needed; and
    - (b) Review pharmacy reports, at least quarterly, including summaries of drug regimen reviews required by paragraph ~~(H)~~ (I) of rule 3701-17-17 of the Administrative Code and the quality assurance activities required by paragraph ~~(D)~~ (C) of rule 3701-17-06 of the Administrative Code, and take appropriate and timely action as needed to implement recommendations.
  - (4) Monitor the clinical practices of, and discuss identified problems with, attending physicians; act as a liaison between the attending physicians and other health professionals caring for residents and the residents' families; and intervene as

needed on behalf of residents or the home's administration.

- (5) Maintain surveillance of the health of the nursing home's staff.
  - (6) Assist the administrator and professional staff in ensuring a safe and sanitary environment for residents and staff by reviewing incidents and accidents, identifying hazards to health and safety, and advising about possible correction or improvement of the environment.
- (B) The nursing home shall not ~~give~~ administer any medication ~~or treatment~~ to any resident unless ordered by a physician or by other licensed health professionals; acting within ~~their~~ the applicable scope of practice. If orders are given by telephone, they shall be recorded with the licensed health professional's name and the date, and the order and signed by the person who accepted the order. All orders, including facsimile, telephone, or verbal orders, shall be ~~signed and dated by the physician or other licensed health professional working in collaboration with the physician who gave the order within fourteen days after the order was given accepted in accordance with United States drug enforcement administration and board of pharmacy of the state of Ohio requirements.~~
- ~~(1) Telephone orders shall not be accepted by a person other than a licensed nurse on duty, another physician or a pharmacist, except that a licensed physical, occupational or respiratory therapist, audiologist, speech pathologist, dietitian, or other licensed health professional may receive, document and date medication and treatment orders concerning his or her specific discipline for residents under their care, to the extent permitted by applicable licensing laws.~~
  - ~~(2) The nursing home may accept signed orders issued by a licensed health professional having prescriptive authority by facsimile transmission if the home has instituted procedural safeguards for authenticating and maintaining confidentiality of the facsimile order, and for handling it in an expedient and priority manner.~~
  - ~~(3) An entry that is an electronic record as defined in section 3701.75 of the Revised Code may be authenticated by an electronic signature in accordance with section 3701.75 of the Revised Code.~~
- (C) The nursing home shall not administer any treatment to any resident unless ordered by a physician or by other licensed health professionals acting within the applicable scope of practice. If orders are given by telephone, they shall be recorded with the licensed health professional's name, the date, the order and signed by the person who accepted the order. All orders, including facsimile, telephone, or verbal orders, shall be signed and dated by the physician or other licensed health professional working in collaboration with the physician who gave the order within fourteen

days after the order was given.

- (1) Telephone orders shall not be accepted by a person other than a licensed nurse on duty, another physician or a pharmacist, except that a licensed physical, occupational or respiratory therapist, audiologist, speech pathologist, dietitian, or other licensed health professional may receive, document and date treatment orders concerning that individual's specific discipline for residents under their care, to the extent permitted by applicable licensing laws.
- (2) The nursing home may accept signed orders issued by a licensed health professional by facsimile transmission if the home has instituted procedural safeguards for authenticating and maintaining confidentiality of the facsimile order, and for handling it in an expedient and priority manner.
- (3) An entry that is an electronic record as defined in section 3701.75 of the Revised Code may be authenticated by an electronic signature in accordance with section 3701.75 of the Revised Code, if allowed by law.

~~(C)~~(D) Each resident of a nursing home shall be under the supervision of a physician. Each resident of a nursing home shall be evaluated by a physician or other licensed health professionals acting within the applicable scope of practice, at least once every thirty days for the first ninety days after admission or three evaluations. After this period, each resident of a nursing home shall be evaluated by a physician or other licensed health professionals acting within the applicable scope of practice at least every sixty days, except that if the attending physician documents in the medical record why it is appropriate, the resident may be evaluated no less frequently than once every one hundred twenty days.

- (1) The evaluations required by this rule shall be made ~~by the physician personally in person except after the initial thirty day evaluation, at the option of the physician, evaluations may alternate between personal evaluations by the physician and personal evaluations performed by a licensed health professional, acting within their applicable scope of practice, who is working in collaboration with the physician.~~ In conducting the evaluation, the physician or licensed health professional shall solicit resident input to the extent of the resident's capabilities.
- (2) The physician or licensed health professional shall write a progress note after each evaluation depicting the current condition of the resident based upon consideration of the physical, mental and emotional status of the resident.
- (3) A physician or licensed health professional visit is considered timely if it occurs no later than ten calendar days after the date the visit was required.

(E) 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.

Effective:

R.C. 119.032 review dates: 10/27/2011

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Certification

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Date

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