

3701-17-58

**Resident health assessments.**

- (A) The residential care facility, in accordance with this rule shall require written initial and periodic health assessments of prospective and current residents. The different components of the health assessment may be performed by different licensed health professionals, consistent with the type of information required and the professional's scope of practice, as defined by applicable law. In conducting the assessment, the licensed health professional may use resident information obtained by or from unlicensed staff as long as the licensed health professional evaluates such information in accordance with their applicable scope of practice. The residential care facility shall ensure that all components of the assessments required by this rule are completed and that residents do not require accommodations or services beyond those that the residential care facility provides. Each residential care facility 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) Each resident shall be initially assessed within forty-eight hours of admission, except that paragraphs (C)(11) and (C)(12) of this rule shall be performed within fourteen days after admission. If the resident had an assessment meeting the requirements of paragraph (C) of this rule performed no more than ninety days before beginning to reside in the residential care facility, the resident is not required to obtain another initial assessment.
- (C) The initial health assessment shall include documentation of the following:
- (1) Medical diagnoses, if applicable;
  - (2) Psychological history, if applicable;
  - (3) Health history and physical, including cognitive functioning and sensory and physical impairments;
  - (4) Developmental diagnosis, if applicable;
  - (5) Prescription medications, over-the-counter medications, and dietary supplements;
  - (6) Dietary requirements, including any food allergies;
  - (7) Height and weight;
  - (8) A functional assessment which evaluates how the resident performs activities of

daily living and instrumental activities of daily living. For the purposes of this paragraph, "instrumental activities of daily living" means using the telephone, acquiring and using public and private transportation, shopping, preparing own meals, performing housework, laundering, ~~performing heavy chores, and managing legal and financial affairs, and doing yardwork or maintenance;~~

- (9) Type of care or services, including the amount, frequency, and duration of skilled nursing care the resident needs as determined by a licensed health professional in accordance with the resident's assessment under paragraph (C) of this rule;
- (10) A determination by a physician or other licensed healthcare professional working within their scope of practice, as to whether or not the resident is capable of self-administering medications. The documentation also shall specify what assistance with self-administration, as authorized by paragraph (F) of rule 3701-17-59 of the Administrative Code, if any, is needed or if the resident needs to have medications administered in accordance with paragraphs (G) and (H) of rule 3701-17-59 of the Administrative Code;
- (11) If skilled care is provided to the resident by staff members, a determination by a physician or ~~nurse~~ other licensed healthcare professional working within their scope of practice of:
  - (a) Whether the resident's personal care needs have been affected by the skilled nursing care needs, other than the administration of medication or supervision of special diets; and
  - (b) Whether any changes are required in the manner personal care services are provided. The individual conducting the assessment shall establish the extent, if any, of the changes required.
- (12) If skilled nursing care is provided to the resident by staff members, the resident's attending physician or other licensed healthcare professional working within their scope of practice, shall sign orders documenting the need for skilled nursing care, including the specific procedures and modalities to be used and the amount, frequency, and duration. This care shall be provided and reviewed pursuant to paragraph (B) of rule 3701-17-59.1 of the Administrative Code.
- (13) If the resident has been determined to have medical, psychological, or developmental or intellectual impairment, the assessment must include:
  - (a) A plan for addressing the assessed needs of the resident;

(b) The need for physical environment and design features to support the functioning of residents with assessed needs; and

(c) The need for increased supervision, due to decreased safety awareness or other assessed condition.

(D) Subsequent to the initial health assessment, the residential care facility shall require each resident's health to be assessed at least annually unless medically indicated sooner. The annual health assessment shall be performed within thirty days of the anniversary date of the resident's last health assessment. This health assessment shall include documentation of at least the following:

(1) Changes in medical diagnoses, if any;

(2) Updated dietary requirements, including any food allergies;

(3) ~~Weight~~Height and weight;

(4) Prescription medications, over-the-counter medications, and dietary supplements;

(5) A functional assessment as described in paragraph (C)(8) of this rule;

(6) If the resident has been determined to have medical, psychological, or developmental or intellectual impairment, an assessment as described in paragraph (C)(13) of this rule;

~~(6)~~(7) Type of care or services, including the amount, frequency, and duration of skilled nursing care, the resident needs as determined by a licensed health professional in accordance with paragraph (D) of this rule;

~~(7)~~(8) A determination by a physician or other licensed healthcare professional working within their scope of practice, as to whether or not the resident is capable of self-administering medications. The documentation also shall specify what assistance with self-administration, as authorized by paragraph (F) of rule 3701-17-59 of the Administrative Code, if any, is needed or if the resident needs to have medications administered in accordance with paragraphs (G) and (H) of rule 3701-17-59 of the Administrative Code; and

~~(8)~~(9) If skilled care is provided to the resident by staff members, a determination by a physician or nurse other licensed healthcare professional working within their scope of practice, of:

- (a) Whether the resident's personal care needs have been affected by the skilled nursing care needs, other than the administration of medication or supervision of special diets; and
  - (b) Whether any changes are required in the manner personal care services are provided. The individual conducting the assessment shall establish the extent, if any, of the changes required.
- (E) The residential care facility shall require each resident's health to be assessed if a change in condition or functional abilities warrants a change in services or equipment. The assessment shall include, as applicable, documentation of paragraphs (D)(1) to ~~(D)(8)~~ (D)(9) of this rule. The facility shall make a good faith effort to obtain information from residents about assessments independently obtained outside the facility.
- (F) Prior to admitting or transferring a resident ~~who has an impairment listed in paragraph (C) of rule 3701-17-52 of the Administrative Code~~ to a special care unit that restricts the resident's freedom of movement, the residential care facility shall ensure that a physician or other licensed healthcare professional working within their scope of practice, has made a determination that the admission or transfer to the special care unit is needed. This determination shall be updated, to include both improvement and decline, during the periodic reassessment required by paragraph (D) of this rule. Prior to admission to the special care unit, the residential care facility shall provide the resident with an updated resident agreement required by rule 3701-17-57 and with the facility's policy on care of residents by means of a special care unit required by paragraph (E)(5) of that rule. ~~A No resident who is not cognitively impaired may live in shall be admitted to a secured special care unit provided based solely on his or her diagnosis freedom of movement is not restricted in any way.~~
- (G) In addition to the requirements of paragraphs (C), (D), and (E) 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 a resident has had a BAMT, a two-step Mantoux test, or a single Mantoux test within one year of admission the resident need only obtain a single BAMT or Mantoux test.
  - (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.

- (2) The residential care facility 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 residential care facility 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.

- (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 performed no less than 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 the significant BAMT or Mantoux test and the physician or other licensed health professional determines another x-ray is not needed.

- (a) If the chest x-ray does not reveal active pulmonary tuberculosis, the residential care facility shall document that the resident has been evaluated and considered for preventive treatment. The facility 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 residential care facility shall manage the resident in accordance with guidelines issued by the U.S. centers for disease control and prevention for respiratory precaution

- (4) ~~If a resident is transferred to the facility from another component of a retirement community and the other component has performed tuberculosis testing that complies with paragraph (G) of this rule, the facility need not perform any additional tuberculosis testing that otherwise would be required by paragraph (G) of this rule~~Residents who have been transferred or discharged to a hospital or other health care facility and are again admitted to the residential care facility 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 residential care facility:-

(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.

- (5) The residential care facility shall require participants of an adult day care program provided by and on the same site as the residential care facility 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 residential care facility, day care participants and residents of the facility intermingle, or if there is a sharing of staff between the program and the facility. If an adult day care participant is assessed as having active pulmonary tuberculosis, the residential care facility shall not permit the participant to enter the facility until the appropriate local public health authority determines the participant is no longer infectious.
- (6) Within thirty days of the anniversary date of the previous testing, each resident shall have a single BAMT or Mantoux test repeated annually unless the resident previously had a significant BAMT or Mantoux test.
- (7) Residents admitted to the residential care facility for stays of less than ten days are exempted from the testing required by paragraph (G) of this rule if the facility:
- (a) Assesses the resident upon admission for symptoms of tuberculosis; and
- (b) Ensures that a resident assessed as having symptoms of tuberculosis has the chest x-ray and follow-up required by paragraph (G) of this rule.
- (H) If a resident needs services or accommodations beyond that which a residential care facility is authorized to provide or beyond that which the specific facility provides, refuses needed services, or fails to obtain needed services for which the resident agreed to be responsible under the resident agreement required by rule 3701-17-57 of the Administrative Code, the residential care facility shall take the following action:
- (1) Except in emergency situations, the residential care facility shall meet with the resident, and, if applicable, the resident's sponsor and discuss the resident's condition, the options available to the resident including whether the needed services may be provided through a medicaid waiver program, and the

consequences of each option;

- (2) If the lack of needed services has resulted in a significant adverse change in the resident, the residential care facility shall seek appropriate intervention in accordance with paragraph (A) of rule 3701-17-62 of the Administrative Code. If an emergency does not exist the facility shall provide or arrange for the provision of any needed services that the resident has not refused until the resident is discharged or transferred or the resident and the facility have mutually resolved the issue in a manner that does not jeopardize the resident's health or the health, safety or welfare of the other residents. This paragraph does not authorize a facility to provide skilled nursing care beyond the limits established in section 3721.011 of the Revised Code; and
- (3) The residential care facility shall transfer or discharge the resident in accordance with section 3721.16 of the Revised Code and Chapter 3701-61 of the Administrative Code if the resident needs skilled nursing care or services beyond what the facility provides and the residential care facility, based on the meeting with the resident required by paragraph (H)(1) of this rule, determines that such action is necessary to assure the health, safety and welfare of the resident or the other residents of the facility. The residential care facility may retain a resident who refuses available services if doing so does not endanger the health, safety, and welfare of other residents and the resident does not require services beyond that which a facility is authorized to provide under Chapter 3721. of the Revised Code and rules 3701-17-50 to 3701-17-68 of the Administrative Code.

Replaces: part of 3701-17-52

Effective:

R.C. 119.032 review dates: 09/25/2012

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Certification

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Date

Promulgated Under: 119.03  
Statutory Authority: 3721.04  
Rule Amplifies: 3721.01, 3721.011, 3721.07  
Prior Effective Dates: 12/21/1992, 9/29/96, 12/01/01, 4/01/07