



SoHum Health

Southern Humboldt Community Healthcare District

CRITICAL ACCESS HOSPITAL

Skilled Nursing Facility POLICY PACKET "C"

March 30, 2023

SKILLED NURSING FACILITY



**SoHum
Health**

Southern Humboldt
Community Healthcare District
733 CEDAR STREET
GARBERVILLE, CA 95542
(707) 923-3921

DEPARTMENT: Skilled Nursing	APPROVED:	Page 1 of 1
SUBJECT: Activity Program	EFFECTIVE DATE: 08/01/19	SUPERSEDES: 05/24/2018

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide all residents with an on-going activity program in accordance with the comprehensive assessment, the interests and physical, mental, and psychosocial well-being.

PURPOSE:

The purpose of this policy and procedure is to delineate our activities program.

PROCEDURE:

The nurse and/or the activities staff member will complete an activities assessment upon admission. After an interview with the resident and the nursing assessment, the nursing and activities staff will make the resident's individualized care plan.

The care plan will be updated quarterly ~~as needed~~ and reviewed every month.

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The activities staff will take all residents' interests into consideration and make a monthly calendar of activities as well as arrange special one-on-one time and outings.

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The activities staff will be responsible for the following:

- Conducting group and individual activities
- Documenting both group and individual activities in the medical record at least quarterly
- Developing the monthly activity calendar
- Arranging for special group and individual activities
- Setting up activities for CNA staff to conduct when activity staff is not ~~present~~.

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REFERENCES:

CMS Manual System; Appendix PP/F28, Activities and F249, Activity Director

REVIEWED BY:

Director of Nursing for Skilled Nursing Facility
Chief Nursing Officer



DEPARTMENT: Skilled Nursing	APPROVED:	Page 1 of 1
SUBJECT: Admission Documentation Requirements	EFFECTIVE DATE: 09/26/2019	SUPERCEDES: 08/30/2018

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to record specific data upon a resident's admission to the Skilled Nursing Facility (SNF).

PURPOSE:

The purpose of this policy and procedure is to delineate that data as a guideline for nursing staff's reference.

REFERENCES:

CFR 483.75(l)(1)(I) (iv)
TAGS F514

REVIEWED BY:

Director of Nursing for Skilled Nursing Facility
Chief Nursing Officer/Director of Patient Care Services



DEPARTMENT: Skilled Nursing	APPROVED:	Page 1 of 1
SUBJECT: Care of the Diabetic Patient and/or Resident	EFFECTIVE DATE: 09/26/2019	SUPERCEDES: 08/30/2018

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide appropriate care of the patient and/or resident ("patient") with diabetes.

PURPOSE:

The purpose of this policy and procedure is to outline specific nursing assessment and documentation for patients with diabetes.

REFERENCES:

DPSNFIVC.27

REVIEWED BY:

Director of Nursing for Skilled Nursing Facility
Chief Nursing Officer/Director of Patient Care Services



DEPARTMENT: Skilled Nursing	APPROVED:	Page 1 of 1
SUBJECT: Care of the Resident with Cardiovascular Diseases	EFFECTIVE DATE: 09/26/2019	SUPERCEDES: 08/30/2018

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide residents with comprehensive cardiovascular nursing care.

REFERENCES:

DPSNFIVC.25

REVIEWED BY:

Director of Nursing for Skilled Nursing Facility
Chief Nursing Officer/Director of Patient Care Services



DEPARTMENT: Skilled Nursing	APPROVED:	Page 1 of 1
SUBJECT: Care of the Resident with Genitourinary Tract Disorders	EFFECTIVE DATE: 09/26/2019	SUPERCEDES: 08/30/2018

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide appropriate nursing care for residents with genitourinary tract disorders.

PURPOSE:

The purpose of this policy and procedure is to delineate the process for nursing care and documentation for the resident with a genitourinary tract disorder.

REFERENCES:

DPSNFIVC.30

REVIEWED BY:

Chief Nursing Officer
Skilled Nursing Facility Nursing Director



DEPARTMENT: Skilled Nursing	APPROVED:	Page 1 of 1
SUBJECT: Care of the Resident with Neurological Disorders	EFFECTIVE DATE: 09/26/2019	SUPERCEDES: 08/30/2018

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide appropriate nursing care for residents with neurological disorders.

PURPOSE:

The purpose of this policy and procedure is to delineate the process for nursing care and documentation for the resident with a neurological disorder.

REFERENCES:

DPSNFIVC.32

REVIEWED BY:

Chief Nursing Officer/Director of Patient Care Services
Skilled Nursing Facility Director



DEPARTMENT: Skilled Nursing	APPROVED:	Page 1 of 1
SUBJECT: Certified Nursing Assistant (CNA) Documentation	EFFECTIVE DATE: 09/26/2019	SUPERCEDES: 05/24/2018

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide up-to-date resident conditions and documentation for the care team.

PURPOSE:

The purpose of this policy and procedure is to outline the documentation requirements of the Certified Nursing Assistants (CNAs).

REFERENCES:

Director

REVIEWED BY:

Director of Nursing for Skilled Nursing Facility
Chief Nursing Officer



DEPARTMENT: Skilled Nursing	APPROVED:	Page 1 of 1
SUBJECT: Notification of a Change in a Resident's Condition or Status	EFFECTIVE DATE: 08/30/2018	SUPERCEDES: 01/20/2016

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to promptly notify the resident, his or her attending physician, and representative of changes in the resident's condition and/or status.

PURPOSE:

The purpose of this policy and procedure is to delineate when to notify the attending physician, and resident's representative of changes in the resident's condition and/or status.

REFERENCES:

DPSNFIVC.20

42 CFR References 483.10(b) (1); 483.10(b) (11); 483.20(b) (4) (IV)

Survey Tag #s F156; F157; F274

REVIEWED BY:

Chief Nursing Officer/Director of Patient Care Services
Skilled Nursing Facility Manager



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GARBERVILLE, CA 95542
(707) 923-3921

DEPARTMENT: Skilled Nursing	APPROVED:	Page 1 of 1
SUBJECT: Consent for Use of Psychoactive Medications	EFFECTIVE DATE: 09/26/2019	SUPERSEDES: 05/24/2018

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to ensure that informed consent is obtained by the ordering provider, from Residents of the Skilled Nursing Facility for the use of psychoactive medications, in accordance with California Code of Regulations, Title 22, and Section 72528(c).

PURPOSE:

The physician is responsible for obtaining informed consent, as provided in HSC Section 1418.9(a). The physician cannot delegate the informed consent to any nursing staff member. If the supervising physician has established standard protocols and procedures and has delegated prescribing authority for psychotherapeutic drugs to a collaborating nurse practitioner or physician assistant whose scope of practice allows the prescribing of drugs, the nurse practitioner or physician assistant may obtain informed consent if that nurse practitioner or physician assistant prescribed the drug.

The licensed health practitioner who obtains the informed consent must document the informed consent in the chart. Title 22 CCR Section 72528(c) requires facility staff to verify that the patient's health record contains such documentation prior to initiating the therapy.

Before initiating the administration of psychoactive drugs which may lead to the inability to regain use of a normal bodily function, the ordering provider must obtain informed consent. The nursing staff can assist the provider by filling out the form, but the consent must be obtained by the ordering provider.

If a resident or Swing bed patient is transferred to this facility ~~with~~ a psychoactive medication ~~already prescribed~~, the continuing care provider ~~is required to~~ obtain informed consent in order to continue the medication ~~already prescribed~~.

~~The consent, given by either the resident or the resident's authorized representative, must be obtained before the medication is administered.~~

PROCEDURE:

When the provider recommends the use of a psychoactive medication **before the administration:**

- The provider obtains informed consent from the resident or the resident's representative.
- The nurse can assist the provider by documenting the consent on the, "Consent for Use of Psychoactive Medications", form.
- The Consent form must be signed by the ordering provider confirming that the informed consent has been obtained. The nurse assisting with the documentation cannot be the only signature on the form.
- If/when psychoactive medications are prescribed on as necessary schedule (PRN) those PRN psychoactive medications must be reviewed for appropriateness every 14 calendar days and reordered.

REFERENCES:

Title 22, California Code of Regulations
Title 22 CCR Section 72528(b)
Title 22 CCR Section 72527(e) (1)
<http://www.cdph.ca.gov/programs/LnC/Pages/FAQ-InformedConsent.aspx>

REVIEWED BY:

Chief Nursing Officer
ER/Acute Nurse Manager
Skilled Nursing Director
ER/Acute Medical Director

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Page 2 of 2



DEPARTMENT: Skilled Nursing	APPROVED:	Page 1 of 1
SUBJECT: Death of a Resident	EFFECTIVE DATE: 09/26/2019	SUPERCEDES: 08/30/2018

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide postmortem care with dignity for all residents.

PURPOSE:

The purpose of this policy and procedure is to provide guidelines for the nursing staff to follow when a resident dies.

REFERENCES:

DPSNFIVB.21
HEALTH AND SAFETY CODE SECTION 102850

REVIEWED BY:

Chief Nursing Officer/Director of Patient Care Services
Skilled Nursing Director

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(707) 923-3921

DEPARTMENT: Skilled Nursing	APPROVED:	Page 1 of 1
SUBJECT: Discharge from Skilled Nursing	EFFECTIVE DATE: 09/26/2019	SUPERSEDES: 05/24/2018

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to have a plan for each resident being discharged.

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PURPOSE:

The purpose of this policy is to outline the process for discharging a resident.

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PROCEDURE:

1. Set up a discharge appointment with the provider.
2. Inform resident and/or responsible party of discharge date and time of appointment and arrange for transportation.
3. Assess for any medical equipment that may be needed for discharge. Obtain order for any needed equipment and order from appropriate business. Confirm time of delivery.
4. Arrange for any assistance needed from outside agencies (i.e., Meals on Wheels, visiting nurse)
5. On day of discharge, after appointment with the provider, print out discharge instructions, print out medication reconciliation list, explain to resident and/or responsible party, and confirm clear comprehension.
6. Have resident or responsible party, sign discharge instructions and Medication Reconciliation, obtain a copy and place in Medical Records box at the nurses' station.
7. Only medications that resident has a current order for are to be discharged with the resident.
8. Any medications, including narcotics, that there aren't a current order for are to be destroyed. All narcotics sent with resident must be counted by two nurses before giving to resident and signed off on the narcotic log by two nurses stating that medication has been sent with resident.
9. Obtain any prescriptions or triplicates to be filled from the provider. Make a copy to be placed in medical records and send the original with the resident.
10. Inventory the resident's belongings, add to the discharge section of the inventory list, have resident/responsible party sign for belongings. Send belongings with resident. Check room to make sure no belongings are left behind.
11. Escort resident to mode of transportation and assist with transfer if needed.
12. Document in the Electronic Medical Record (EMR) in nurses' note: time of departure, explanation of medications and discharge instructions, current medications sent with resident, how resident transferred to vehicle, dietary notified, registration notified.
13. Give completed discharge slip to registration staff.
14. Give completed dietary slip to dietary to notify time of discharge.
15. Discontinue all care plans and Physician orders, except outstanding lab orders in EMR.
16. Inform housekeeping of resident discharge so room can be cleaned

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REFERENCES:

DPSNFIVB.18

REVIEWED BY:

Chief Nursing Officer
ER/Acute Nurse Manager
Skilled Nursing Director
ER/Acute Medical Director



DEPARTMENT: Skilled Nursing	APPROVED:	Page 1 of 1
SUBJECT: Elastic bandages (ACE) and Pressure Stockings	EFFECTIVE DATE: 09/26/2019	SUPERCEDES: 05/24/2018

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide appropriate application of elastic bandages/Ace wraps and pressure stockings.

PURPOSE:

The purpose of this policy and procedure is to be a reference for the nursing staff to ensure correct application of elastic bandage or pressure stockings. Elastic bandages or stockings are applied to the body or extremities for the following reasons:

- To give support or protection
- To hold dressings or splints in place
- To immobilize part of the body or a limb
- To prevent or reduce edema by applying pressure for support of weak blood vessels or control of bleeding

REFERENCES:

DPSNFIVC.22

REVIEWED BY:

Chief Nursing Officer/Director of Patient Care Services
Skilled Nursing Director
ER/Acute Medical Director



DEPARTMENT: Skilled Nursing	APPROVED:	Page 1 of 1
SUBJECT: Evaluations of Residents by Practitioners	EFFECTIVE DATE: 09/26/2019	SUPERCEDES: 05/24/2018

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District (SHCHD or District) to provide the residents of the Skilled Nursing Facility (SNF) with at least monthly visits and assessments by practitioners and an annual history and physical by a physician.

PURPOSE:

The purpose of this policy is to delineate the standards of care for these visits.

REFERENCES:

DPSNFIVC.58

REVIEWED BY:

Chief Nursing Officer/Director of Patient Care Services
Director of Nursing Skilled Nursing Facility
Clinic Nurse Manager



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GARBERVILLE, CA 95542
(707) 923-3921

DEPARTMENT: Skilled Nursing	APPROVED:	Page 1 of 2
SUBJECT: Gradual Dose Reductions for Residents on Psychotropic Medications	EFFECTIVE DATE: 09/26/2019	SUPERSEDES: 05/24/2018

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to ensure all residents' drug regimens are free from unnecessary drugs and to perform gradual dose reductions for all residents on psychotropic medications. And to ensure that residents who have not used any psychotropic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.

PURPOSE:

The purpose of this policy and procedure is to delineate the process and timing of a gradual dose reduction of a resident's psychotropic medication.

PROCEDURE:

If a resident is on a psychotropic medication it will be required that a gradual dose reduction trial be started 3 months after the initiation of the medication. Unless medically contraindicated and documented by a physician or advanced practitioner.

- The facility will make every effort to comply with state and federal regulations related to the use of psychotropic medications in the long-term care facility to include regular review for continued need, appropriate dosage, side effects, risks and/or benefits.
- The facility supports the appropriate use of psychotropic medications that are therapeutic and enabling for residents suffering from mental illness.
- The facility supports the goal of determining the underlying cause of behavioral symptoms so psychotropic medications can be utilized to meet the needs the individual resident.
- The facility supports the goal of determining the underlying cause of residents having difficulty sleeping so the appropriate treatment of environmental or medical interventions can be utilized prior to psychotropic medication use.
- Efforts to reduce dosage or discontinue psychotropic medications will be ongoing, as appropriate, for the clinical situation.
- Psychotropic medications will never be used for the purpose of discipline or convenience.
- Psychotropic medications include: anti-anxiety/hypnotic, antipsychotic and antidepressant classes of drugs.

RESPONSIBLE PARTY – ACTIONS REQUIRED

PRIMARY CARE PHYSICIAN, PA OR APN:

- Orders ~~psychotropic medication~~ only for the treatment of specific medical and/ or psychiatric conditions or when the medication meets the needs of the resident to alleviate significant distress for the resident not met by the use of non-pharmacologic approaches.
- Documents rationale and diagnosis for use and identifies target symptoms.
- Documents discussion with the resident and/or responsible party regarding the risk versus benefit of the use of these medications. Included in the discussion and documentation must be the presence of any black box warning or off label use of the medication affecting the prescribing of the medication to the resident.
- Evaluates with the interdisciplinary team, effects and side effects of psychotropic medications within one month of initiating, increasing, or decreasing dose and during routine visits thereafter.
- Monitors the resident for lack of drug efficacy clinically and in discussions with the interdisciplinary team within one month of initiating and during routine visits.
- Attempts ~~gradual dose reduction (GDR)~~ decrease or discontinuation of psychotropic medications after no more than 3 months unless clinically contraindicated. Gradual dose reduction must be

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attempted for 2 separate quarters (with at least one month between attempts). Gradual dose reduction must be attempted annually thereafter or as the resident's clinical condition warrants.

- Sedative/hypnotics reviews quarterly for gradual dose reduction. GDR must be attempted quarterly unless clinically contraindicated.
- Orders for PRN psychotropic medications will be time limited (i.e., times 2 weeks) and only for specific clearly documented circumstances.

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NURSING

- Monitors psychotropic drug use daily noting any adverse effects such as increased somnolence or functional decline.
- Monitors for the presence of target behaviors on a daily basis charting by exception (i.e., charting only when the behaviors are present).
- Charts on all residents taking antipsychotic medications by the end of each shift.
- Reviews the use of the medication with the physician and the interdisciplinary team on a quarterly basis to determine the continued presence of target behaviors and or the presence of any adverse effects of the medication use.
- AIMS performs on any resident on an antipsychotic on a quarterly basis. Changes will be reported to the physician.
- Develops behavioral care plans as is appropriate.

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PHARMACIST AND/OR CONSULTING PHARMACIST

- Monitors psychotropic drug use in the facility to ensure that medications are not used in excessive doses or for excessive duration.
- Participates in the interdisciplinary quarterly review of residents on psychotropic medications.
- Notifies the physician and the nursing unit if or whenever a psychotropic medication is past due for review.

MEDICAL DIRECTOR

- Reviews psychotropic medication policy with the interdisciplinary team at least annually.
- Monitors the overall use of these medications in the facility through the QAPI process.
- Identifies any resident care or potential regulatory issues with the use of psychotropic medications in the facility and discusses with the medical staff as appropriate.
- Participates in the interdisciplinary quarterly review of residents on psychotropic medications and facilitates communications with attending physicians of any recommendations from the IDT.

REFERENCES:

https://www.nhqualitycampaign.org/files/SamplePsychotropicMedicationPolicy_6-4-12.pdf

Title 22; 483.25 (1) Drug Regimen is Free from Unnecessary Drugs

REVIEWED BY:

Chief Nursing Officer/Director of Patient Care Services

Nursing Director for Skilled Nursing Facility

Medical Director



DEPARTMENT: Skilled Nursing	APPROVED:	Page 1 of 1
SUBJECT: Interdisciplinary Care Plan Committee	EFFECTIVE DATE: 09/26/2019	SUPERCEDES: 05/24/2018

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to use an Interdisciplinary Team approach to determine if Swing Bed patients and Skilled Nursing Facility residents are receiving appropriate care at the District. This team approach will be used for Swing Bed patients and Skilled Nursing Facility residents to ensure that each patient and resident has an individualized Care Plan that addresses the specific needs of each patient, and that those needs are being met.

PURPOSE:

The purpose of this policy and procedure is to describe the Interdisciplinary Team approach to utilization of District services as provided to both Swing Bed patients and Skilled Nursing Facility Residents.

TEAM MEMBERS MAY INCLUDE:

1. Chief Nursing Officer/Director of Patient Care Services
2. Director of Nursing for Skilled Nursing Facility
3. Charge Nurse (LVN)
4. Activities Director
5. Dietician or Certified Dietary Manager
6. MDS Coordinator
7. Medical Director
8. Physical Therapist
9. Quality/Risk Coordinator
10. Utilization Coordinator
11. Pharmacy Representative
12. Resident, family member or POA

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REFERENCES:

Barclays California Code of Regulations; Title 22. Social Security; Division 5. Licensing and Certification of Health Facilities, Home Health Agencies, Clinics, and Referral Agencies; Chapter 3. Skilled Nursing Facilities; Article 4. Optional Services (Refs & Annos); 2018
§ 72433. Social Work Service Unit - Services.

REVIEWED BY:

Director of Nursing for Skilled Nursing
Chief Nursing Officer/Director of Patient Care Services
Medical Director



DEPARTMENT: Skilled Nursing	APPROVED:	Page 1 of 1
SUBJECT: Notification of a Change in a Resident's Condition or Status	EFFECTIVE DATE: 09/26/2019	SUPERCEDES: 08/30/2018

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POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to promptly notify the resident, his or her attending physician, and representative of changes in the resident's condition and/or status.

PURPOSE:

The purpose of this policy and procedure is to delineate when to notify the attending physician, and resident's representative of changes in the resident's condition and/or status.

REFERENCES:

DPSNFIVC.20
42 CFR References 483.10(b) (1); 483.10(b) (11); 483.20(b) (4) (IV)
Survey Tag #s F156; F157; F274

REVIEWED BY:

Chief Nursing Officer/Director of Patient Care Services
Skilled Nursing Facility Director



DEPARTMENT: Skilled Nursing	APPROVED:	Page 1 of 1
SUBJECT: Oral Hygiene Policy for Skilled Nursing Residents and Swing Bed Patients	EFFECTIVE DATE: 09/26/2019	SUPERCEDES: 05/24/2018

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide a comprehensive, evidence-based oral hygiene program for residents of the Skilled Nursing Facility and Swing Bed patients.

PURPOSE:

The purpose of this policy and procedure is to assure high quality oral hygiene for Skilled Nursing Facility residents and Swing Bed patients.

REFERENCES:

Branson B, Simmer-Beck M. Addressing the oral health needs of long term care facility residents. Dimensions of Dental Hygiene. 2013; 11(8):31-35.

McNally M, Martin-Misener R., et al. Implementing oral care practices and policy into long-term care: the Brushing up on Mouth Care project. J Am Med Dir Assoc. 2015 Mar; 16(3):200-7.

McKeow L., Woodbeck H. A journey to improve oral care with best practices in long-term care. Can J Den Hyg 2014; 48(2):57-62.

REVIEWED BY:

Infection Prevention Nurse
Nursing Director for Skilled Nursing Facility
Chief Nursing Officer/Director of Patient Care Services



DEPARTMENT: Skilled Nursing	APPROVED:	Page 1 of 1
SUBJECT: Orientation of a Blind Resident	EFFECTIVE DATE: 09/26/2019	SUPERCEDES: 05/24/2018

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide a resident centered orientation upon being newly admitted to our Skilled Nursing Facility (SNF).

PURPOSE:

The purpose of this policy and procedure is to outline the steps for orienting a blind resident to the SNF. The blind resident is given additional orientation to the facility in order to assist in adjusting to the facility. This information will help reduce anxiety and promote resident safety.

REFERENCES:

DPSNFIVB.12

REVIEWED BY:

Chief Nursing Officer/Director of Patient Care Services
Director of Nursing for Skilled Nursing Facility



DEPARTMENT: Skilled Nursing	APPROVED:	Page 1 of 1
SUBJECT: Pastoral Services	EFFECTIVE DATE: 10/24/2019	SUPERCEDES: 08/30/2018

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to ensure the religious needs of each resident are met.

PURPOSE:

The purpose of this policy is to ensure the religious and spiritual needs of each resident are met.

REFERENCES:

42 CFR References 483.15(b)(2); 483.15(d)
Survey Tag #s F242; F245
DPSNFIVC.54

REVIEWED BY:

Chief Nursing Officer/Director of Patient Care Services
Skilled Nursing Facility Director of Nursing



DEPARTMENT: SKILLED NURSING	APPROVED:	Page 1 of 2
SUBJECT: PROVIDER VISITS TO SKILLED NURSING FACILITY RESIDENTS AND SWING BED PATIENTS	EFFECTIVE DATE: 10/24/2019	SUPERSEDES: 08/30/2018
POLICY: PROVIDER VISITS TO SKILLED NURSING FACILITY RESIDENTS AND SWING BED PATIENTS		

PROCEDURE:

Upon admission to the Skilled Nursing Facility (SNF) the patient/resident will have an initial comprehensive visit performed by a Physician Provider. The initial comprehensive visit in the SNF is the initial visit during which the Physician Provider completes a thorough assessment and develops a Plan of Care and writes or verifies admitting orders for the resident. The newly admitted resident must be seen every 30 days for the first 90 days by the PP. Following the 90 day period every alternate visit thereafter the resident may be seen by the NPP; a nurse practitioner, physician assistant, or clinical nurse specialist.

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The initial comprehensive visit must occur no later than 30 days after a resident's admission into the SNF. The physician may not delegate the initial comprehensive visit in the SNF. NPPs may perform other medically necessary visits prior to and after the physician's initial comprehensive visit. Once the physician has completed the initial comprehensive visit in the SNF and has followed the resident for 90 days the physician may then delegate alternate visits to NPP; a physician's assistant, nurse practitioner or a clinical nurse specialist who is licensed as such by the State and performing within the scope of practice in the State. These alternate visits, as well as medically necessary visits, may be performed and signed by the NPP (physician co-signature is not required).

Medically necessary visits performed by NPPs, PAs and CNSs employed by the facility may not take the place of the physician required visits, nor may the visit count towards meeting the required physician visits as prescribed above.

	Initial Comprehensive Visit/Orders	Other Required Visits	Other Medically Necessary Visits & Orders	Certification/ Recertification
PA, NP & CNS	May not perform/may not sign	May perform Alternate Visits	May perform and sign	May Not sign

The residents in the Skilled Nursing Facility at Jerold Phelps Community Hospital will be admitted and have the Initial Comprehensive Visit performed by a PP and are to be seen by the PP every 30 days for the first 90 days. Following the initial 90 day period the schedule will be such that the residents will be seen every 60 days by a Physician Provider and on the alternate 30 days may be seen by a NPP; nurse practitioner, physician assistant or clinical nurse specialist.

Those patients in the Swing Bed Program will only be seen by a physician provider who will complete the admission; the initial comprehensive visit and complete the discharge when the patient has completed their prescribed rehabilitation and is ready for discharge.

REFERENCES:

Centers for Medicare & Medicaid Services (CMS)
Department of Health and Human Services
42 CFR 424.20(e) (2)
42 CFR 483.40(c) (4)

REVIEWED BY:

Director of Nursing for Skilled Nursing Facility
Chief Nursing Officer
Utilization Committee Members



DEPARTMENT: Skilled Nursing	APPROVED:	Page 1 of 1
SUBJECT: Provider's Medication Orders	EFFECTIVE DATE: 10/24/2019	SUPERCEDES: 08/30/2018

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide medications to residents as ordered by a licensed physician, nurse practitioner or physician's assistant.

PURPOSE:

The purpose of this policy and procedure is to ensure all medication orders are given by a licensed practitioner, physician, nurse practitioner, or physician's assistant.

REFERENCES:

42 CFR References 483.40; 483.40(b) (1) (3)
Survey Tag #s F385; F386

REVIEWED BY:

Chief Nursing Officer/Director of Patient Care Services
Skilled Nursing Facility Director of Nursing



DEPARTMENT: Skilled Nursing	APPROVED:	Page 1 of 1
SUBJECT: Resident Care Planning	EFFECTIVE DATE: 10/24/2019	SUPERCEDES: 08/30/2018

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide all residents with an accurate and up-to-date plan of care.

PURPOSE:

The purpose of this policy and procedure is to delineate the process for care planning and documentation. The purpose of resident care planning is to develop a coordinated and comprehensive plan in order to meet the resident's individual needs. Resident care planning includes participation from all involved health care disciplines and initiated on admission with continual reassessment until resident discharge. The primary process utilized is the resident assessment instrument with the results of this process recorded in the resident care plan.

REFERENCES:

State Operations Manual; 2016
DPSNFIVC.18

REVIEWED BY:

Chief Nursing Officer/Director of Patient Care Services
Skilled Nursing Facility Director of Nursing



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733 CEDAR STREET
GARBERVILLE, CA 95542
(707) 923-3921

DEPARTMENT: Skilled Nursing	APPROVED:	Page 1 of 1
SUBJECT: Room to Room Transfers	EFFECTIVE DATE: 10/24/2019	SUPERSEDES: 08/30/2018

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide room to room transfers in accordance ~~with the policies of the~~ CENTERS FOR MEDICARE & MEDICAID SERVICES, and the DEPARTMENT OF HEALTH AND HUMAN SERVICES.

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PURPOSE:

The purpose of this policy and procedure is to outline the resident room to room transfer procedures.

PROCEDURE:

The facility reserves the right to make room ~~to room~~ transfers when necessary and as may be requested by the resident, and/or his or her representative when feasible.

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Unless medically necessary or for the safety and wellbeing of the resident(s), a resident will be provided with an advance notice (24 hours) of the room transfer. Such notice will include the reason(s) why the move is recommended.

Prior to the ~~room-to-room~~ transfer, the resident, his or her roommate (if any), and the resident's representative (sponsor) will be provided with information concerning the decision to make the room transfer.

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A roommate will be informed of any new transfer into his/her room. Such information will include why the transfer is being made and any information that will assist the roommate in accepting his or her new roommate.

Room ~~to room~~ transfers are not honored or made based on racial or other forms of discrimination. (Note: Any exception to this policy must be approved by the attending physician and administrator.)

Documentation of the room ~~to room~~ transfer notification and the transfer must be in the resident's medical record detailing the circumstances for such transfer, and the medical reasons must be clearly stated.

Documentation of a room transfer is recorded in the resident's medical record.

Inquiries concerning room ~~to room~~ transfers should be referred to the Director of Nursing for Skilled Nursing or Chief Nursing Officer.

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REFERENCES:

42 CFR References; 483.10(b)(11)(ii)(A); 483.15(e)(2)
Survey Tag #s F157; F247

REVIEWED BY:

Chief Nursing Officer/Director of Patient Care Services
Skilled Nursing Facility Director of Nursing



DEPARTMENT: Skilled Nursing	APPROVED:	Page 1 of 1
SUBJECT: Skilled Nursing Activities	EFFECTIVE DATE: 08/01/2016	SUPERCEDES: 2003

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide all residents with an on-going activity program in accordance with the comprehensive assessment, the interests and physical, mental, and psychosocial well-being.

PURPOSE:

REVIEWED BY:

Chief Nursing Officer
Director of Nursing for Skilled Nursing



DEPARTMENT: Skilled Nursing	Page 1 of 1
SUBJECT: Cohabitation in Skilled Nursing facility	

POLICY:

It is the policy of the southern Humboldt Community Healthcare District ("SHCHD" or "District") to comply with the provisions of laws about cohabitation of residents who are not married or biologically related.

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PURPOSE:

The purpose of this policy is to provide a safe and healthy environment to the SNF residents which includes personal hygiene, activity, food, fluids, medications, psychological needs, observation and documentation.

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REFERENCES:

Code of Federal Regulations, Part 483-requirements for states and long-term care facilities.

State operations manual: 483.12 Freedom from abuse and neglect, and exploitation. (REV. 173 issued: 11-22-17, effective: 11/28/17, implementation: 11/28/17)

REVIEWED BY:

Chief Nursing Officer
ED/Acute Care Manager
Director of Nursing



DEPARTMENT: Skilled Nursing	APPROVED:	Page 1 of 1
SUBJECT: Skilled Nursing Resident Identification	EFFECTIVE DATE: 08/31/2017	SUPERCEDES: NEW

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to appropriately identify residents in the Skilled Nursing Facility prior to performing any intervention, medication pass, meal tray pass, care and/or treatment for such resident.

PURPOSE:

The purpose of this policy and procedure is to describe the process for uniquely identifying residents in the Skilled Nursing Facility.

REVIEWED BY:

Skilled Nursing Director
Chief Nursing Officer/Director of Patient Care Services



DEPARTMENT: SKILLED NURSING	APPROVED:	Page 1 of 1
SUBJECT: TRANSFER OF A RESIDENT TO HIGHER LEVEL OF CARE	EFFECTIVE DATE: 08/30/2018	SUPERSEDES: 01/20/2016
POLICY: TRANSFER OF A RESIDENT TO HIGHER LEVEL OF CARE		

PROCEDURE:

1. Residents may only be transferred with a physician's order. The family, responsible party or public agency should be notified of transfer as soon as possible.
2. All residents being transferred to another skilled nursing facility, intermediate care facility, rehabilitation facility or an acute hospital must have their health information accompany them (H&P, MD orders). If transferring within the SHCHD facility then information may be referenced through the Electronic Medical Record (EMR), Healthland Centriq.
3. If the resident is transferring to another facility, a phone call will be made, by the nurse caring for the resident, to the nursing supervisor or charge nurse of that facility to give a report on the resident. This report will consist of; the resident's status, the resident's medical history, any medications that were given or held prior to transfer, the time of the resident's departure and the care that was given that day.
4. Only personal items should be sent with the resident when being transferred to the acute hospital. Clothing and other items should be verified with resident's personal inventory record and all remaining belongings secured until claimed by the family/responsible party.
5. Residents who have Medi-Cal insurance, should be advised of the 7-day bed hold policy.
6. The nurse caring for the resident will document in the EMR by way of a "chart note" which will include:
 - a. Date and time of transfer or discharge.
 - b. Facility to which the resident was transferred.
 - c. Reason for transfer or discharge.
 - d. Date and time of persons notified, including responsible parties or public agency.
 - e. Mode of transportation.
 - f. Condition of resident when leaving.
 - g. Disposition of the resident's itemized personal property. (A signed receipt will be obtained from the person who receives any such property.)
7. The Infection Prevention Transfer Sheet must be completed, scanned into the patient chart and sent with the patient.

REFERENCES:

State Operations Manual; 2016
DPSNFIVB.16

REVIEWED BY:

Chief Nursing Officer/Director of Patient Care Services
Skilled Nursing Facility Manager
ED/Acute Nurse Manager

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