

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Health Facilities and Emergency Medical Services Division

STANDARDS FOR HOSPITALS AND HEALTH FACILITIES: CHAPTER 17 - REHABILITATIVE NURSING FACILITY

6 CCR 1011-1 Chap 17

[Editor's Notes follow the text of the rules at the end of this CCR Document.]

Copies of these regulations may be obtained at cost by contacting:

Division Director
Colorado Department of Public Health and Environment
Health Facilities Division
4300 Cherry Creek Drive South
Denver, Colorado 80222-1530
Main switchboard: (303) 692-2800

These chapters of regulation incorporate by reference (as indicated within) material originally published elsewhere. Such incorporation, however, excludes later amendments to or editions of the referenced material. Pursuant to 24-4-103 (12.5), C.R.S., the Health Facilities Division of the Colorado Department of Public Health And Environment maintains copies of the incorporated texts in their entirety which shall be available for public inspection during regular business hours at:

Division Director
Colorado Department of Public Health and Environment
Health Facilities Division
4300 Cherry Creek Drive South
Denver, Colorado 80222-1530
Main switchboard: (303) 692-2800

Certified copies of material shall be provided by the division, at cost, upon request. Additionally, any material that has been incorporated by reference after July 1, 1994 may be examined in any state publications depository library. Copies of the incorporated materials have been sent to the state publications depository and distribution center, and are available for interlibrary loan.

In addition to the standards currently in effect in chapter V, Nursing Care Facility, Standards for Hospitals and Health Facilities, Colorado Department of Health, the following standards will apply to facilities furnishing services as a "Rehabilitative Nursing Facility" under provisions of Senate Bill 95 passed by the Fifty-first General Assembly.

STATEMENT OF PURPOSE

The purpose of "these regulations is to adopt standards for a new class of health facility known as a "Rehabilitative Nursing Facility" in order to implement a 12-month pilot project for such facility as required by Senate Bill 95, 1978 General Assembly.

PHYSICAL THERAPY SERVICES

A. General

Physical therapy services are those services ordered by a physician or upon a physician's referral and provided to a patient by or under the supervision of a physical therapist to achieve and maintain the highest level of functional ability.

Physical therapy services include, but are not limited to, the following:

1. Assisting the physician in an evaluation of the patient's rehabilitation potential.
2. Applying muscle, nerve, joint and functional ability tests.
3. Treating patients to relieve pain, develop and restore function.
4. Assisting patients to achieve and maintain maximum performance using physical means such as exercise, massage, heat, sound, water, light and electricity.
5. Communicating with the nursing staff in the carryover of physiotherapy programs as appropriate for them to perform.

B. Staff

The physical therapy service unit shall be under the supervision of a full-time physical therapist licensed by the State of Colorado. Additional licensed physical therapists and physical therapy aides shall be available in sufficient numbers to perform adequately the services designated by the supervisor.

The facility shall provide for the consultative services of a physician experienced in rehabilitative medicine to work with the physical therapist(s) and the nursing staff in general program planning and individual resident consultations.

C. Duties of Physical Therapist Supervisor

The physical therapist supervisor shall be responsible for the following:

1. An evaluation of the patient and the preparation of a physical therapy treatment plan conforming to the attending physician's orders and goals. The plan is to include information on modalities, frequency and duration of treatment. The treatment plan will be modified based upon subsequent reevaluations, will define long term and short term goals, and outline current treatment program.
2. For consultation with other facility personnel who are providing patient care so that physical therapy treatment is integrated with overall health care plan.
3. Shall be responsible for communicating with nursing personnel as to the administration of selected restorative nursing procedures.
4. Maintenance of health records which shall contain pertinent information on the patient. Notes indicating that physical therapy services have been performed shall be entered into the patient's health record each day the service is needed, and signed by the physical therapist. Progress notes shall be written and signed at least weekly by the physical therapist during the active treatment stages, thereafter as appropriate but not less than every thirty days.

5. Completion of a discharge summary to include recommendation for any further treatment or followup written within five days of discharge.
6. Development and implementation of written cleaning and culturing techniques of hydrotherapy equipment.

D. Policies and Procedures

There shall be written policies and procedures governing the provision of physical therapy. The physical therapy supervisor shall be responsible for the development and implementation of physical therapy policies, procedures and job descriptions, with the assistance of the patient care policy committee.

E. Equipment and Space

Physical therapy equipment and space shall be sufficient to provide an adequate physical therapy service and to meet the needs of the patients accepted for treatment.

OCCUPATIONAL THERAPY SERVICES

A. General

Occupational therapy is a medically prescribed service in which selected purposeful activity is used to restore the functional capacity of those individuals whose ability to cope with tasks of daily living are threatened or impaired by developmental deficit, the aging process, physical illness or injury or psychosocial disabilities.

Occupational therapy includes:

1. Assisting physician in his evaluation of a patient's level of function by applying diagnostic and prognostic tests.
2. Reevaluation of the patient as his condition changes and modifying treatment goals consistent with these changes.
3. Increasing or maintaining a patient's capability for independence through the use of professionally selected self-care skills, daily living tasks and tests, and therapeutic exercises to improve function.
4. Enhancing of patient's physical, emotional and social well being by training in the performance of tasks modified to the patient's level of physical and emotional tolerance.
5. Use of tests to determine patient's ability in areas of concentration, attention, thought organization, perception and problem solving.
6. Developing function to a maximum level so that early testing can be applied for future job-training and employment.

B. Staff

Occupational therapy shall be under the direct supervision of a full-time registered Occupational Therapist.

C. Duties of Occupational Therapy Supervisor

The occupational therapy supervisor will be responsible for:

1. Development of an initial evaluation treatment plan and administration in accordance with physician's prescription and rehabilitation goals.
2. Consultation with other personnel within the facility who are providing patient care and plan with them for integration of a treatment program into the overall health care plan.
3. Entry of patient's chart of procedures performed and then signed by the occupational therapist. Progress notes shall be written at least weekly and signed on each visit.

D. Policies and Procedures

There shall be written policies and procedures governing the provision of occupational therapy. The occupational therapy supervisor shall be responsible for the development and implementation of occupational therapy policies, procedures and job descriptions, subject to the assistance and approval of the patient care policy committee.

E. Equipment and Space

Equipment necessary to enable patients to increase their functional capacity or capability shall be provided. This shall include, but not be limited to:

1. Supportive slings, supportive and/or assistive hand splints and materials from which to fabricate these and other assistive devices.
2. Adaptive devices to aid in the performance of daily living skills such as sitting, dressing, grooming, writing, with instructions for their use.
3. Means and supplies for adapting equipment for reeducation in activities of daily living.
4. Sufficient space shall be available to implement all treatment plans.

ACTIVITIES SERVICE

A. General

This service shall be staffed and equipped to meet the needs and interests of each patient to encourage self-care and resumption of normal activities. It should be designed to meet the needs and interest of each patient within the limitations set by the patient's physician. An activity program shall have a written planned schedule of social and other purposeful independent or group activities designed to make the patient's life more meaningful, to stimulate and support his desire to use his physical and mental capabilities to their fullest extent, to enable him to maintain his highest attainable social, physical and emotional functioning, his usefulness and self-respect but not necessarily to correct or remedy a disability. The program shall provide a therapeutic milieu facilitating the individual's ability to cope with social, emotional and physical disabilities.

The program shall include activities for evenings and weekends. Residents may be vigorously encouraged, but no resident shall be forced to participate.

Suitable activities will be made available for patients unable-to leave their rooms.

Programs will not be limited to the premises of the facility. Activities and facilities in the community will be an integral part of the overall activities program.

Consultive sources shall be used in the planning and organizing of appropriate programs, incorporating post-planning services intended to enable the patient to function and gain independence.

Remedial education programs consistent with the patient's needs and plan of care shall be available through appropriate community school facilities.

Skill training programs shall be provided but not limited to techniques of behavior modification training in self-skills, sensory training or the modalities of reality orientation and remotivation therapy.

Programs which include the co-mingling of persons with differing disabilities shall be appropriate to the group needs.

B. Staff

The activity program shall be under the supervision of a full-time director who shall be a trained recreation therapist and who shall have access to the nursing staff and/or special activities staff for assistance as needed. There shall be additional assistants as needed to carry out a comprehensive activity program as dictated by the needs of the patients.

C. Duties of Activity Director

The activity director shall be responsible for:

1. An initial evaluation and assessment of each resident within ten days of admission unless an evaluation has been done by the referring agency within thirty days prior to admission to the facility.
2. Development of an activity plan for each resident which shall be approved by the patient care assessment committee (or some similar group). This plan shall be concerned with social interactions, physical and recreational activity, and shall be reviewed as appropriate but at least semiannually.
3. Development of a program of activities for the institution as a whole, which shall be designed so as to offer residents the opportunity for choice among a variety of activities such as discussion and study groups, reading, games, sports, simple homemaking tasks, exercise classes, musical and other creative activities and religious services.

D. Policies and Procedures

Written policies and procedures governing the conduct of the activity program shall be developed by the activity director with the assistance and approval of the patient care policy committee, and shall be available for use by the activity director and other personnel assisting in the program.

E. Equipment and Space

Designated activity areas appropriate to independent and group needs of patients shall be maintained.

Such areas shall be:

1. Accessible to wheelchair and ambulatory patients.

2. Of sufficient size to accommodate necessary equipment and permit unobstructed movement of wheelchair and ambulatory patients or personnel responsible for instruction or supervision.
3. Have adequate space to store equipment and supplies.
4. Activity room(s) shall approach a goal of 10 sq. feet per resident.
5. Equipment and supplies shall include, but not be limited to, leatherwork, weaving, needlework, ceramics, woodworking, painting, and graphic arts.

SOCIAL SERVICES

A. General

Social work services, in addition to the requirements contained in Section 15, chapter V, Colorado Standards for Hospitals and Health Facilities, must also provide the following:

1. The social services supervisor shall ensure that within five days after admission each resident shall be interviewed and a social services assessment completed by a qualified social worker.
2. The social services supervisor shall develop a plan, including goals and treatment, for social work services for each resident, with participation of the resident, his family, and all the treating disciplines. This may be carried out as part of the initial care planning process. The plan will be reviewed at least quarterly.
3. Signed and dated progress reports shall be written in the health record of each patient receiving social services as necessary but not less than monthly by a member of the social services department.
4. The social worker shall participate as a member of the patient care assessment committee.
5. There shall be discharge planning and implementation through liaison with local health and welfare agencies, other community personnel and the patient's family or authorized representative.
6. Orientation and inservice training of other staff members on all shifts shall be coordinated by the social services supervisor and shall be conducted at least monthly, to assist in the recognition and understanding of the emotional problems and social needs of patients and families and to teach how to implement appropriate action to meet such identified needs.
7. The social services supervisor shall ensure that the needs and entitlements of each resident for public benefits and services are identified and satisfied.

B. Staff

There shall be a social work staff employed a sufficient number of hours in the facility to meet the social needs of the patients. As a minimum, the staff shall consist of one full-time LSW II who shall be responsible for organizing, directing and supervising other members of the social work staff.

Appropriate job descriptions shall be available for all social work staff personnel.

Adequate clinical support services shall be available for the social work staff.

C. Policies and Procedures

There shall be written policies and procedures developed and maintained which govern provision of social service within the facility. Policies shall be approved by the patient care policy committee.

D. Equipment and Space

Adequate equipment, supplies and space shall be available to the staff and patient personnel to assure the proper operation of the service.

OTHER SERVICES

Depending on the needs of the patients accepted for care, the following services will be furnished on a full or parttime in-house or outside consultant basis.

A. Speech Pathology and Audiology Services

1. General

Speech pathology and/or audiology services are physician referred services which provide diagnostic screening, preventive and corrective therapy for individuals with speech, hearing and/or language disorders. The person providing such services must be a qualified speech pathologist or audiologist who has a current certificate of clinical compliance in the appropriate area granted by the American Speech and Hearing Association or equivalent.

2. Speech therapy services shall include the following: a. Speech, language, and educational capacity screening for any individual admission who is involved in an educational or tutoring program, as required by PL94-102. b. Participation in the development of initial care plans for each admission, including the recommendation of speech, language, and/or hearing evaluations when appropriate.
3. When required, speech therapy services will provide as a minimum: a. Evaluation of patients to determine the type of speech, language and/or hearing disorder. b. Determination and recommendation of the appropriate speech, language, and hearing therapy and institution of such therapy when approved. c. Instruction of other facility personnel and family members in methods of assisting the patient to improve and/or correct speech or hearing disorders.
4. Entries shall be made by the consultant in the health record to include all pertinent information of patient history and background and a signed medical order for the service. Progress notes including patient's reaction to treatment and any changes in condition shall be written at least monthly and be signed by the speech pathologist or audiologist.
5. There shall be written policies and procedures governing speech and hearing approved by the patient care policy committee.
6. There shall be sufficient equipment, tests, materials and supplies to implement the treatment and program required by each patient seen by the speech pathologist and/or audiologist.

B. Psychiatric Services

1. The facility shall employ fully-trained psychological therapist(s) or counsellor(s), experienced in the problems of rehabilitative care, as needed to provide inservice training, group and individual counselling to the staff with regard to resident-staff interactions, and group and individual therapy to residents. a. Such services may be coordinated through one of the existing departments in the facility or may be provided as a separate service. b. In either of the above cases, individual resident care needs shall be identified, and provision of care coordinated through the care planning process.
2. The facility shall provide the consultive services of a psychiatrist on an as-needed basis.

C. Resident Care Coordinator

One or more individuals on the staff of the facility shall be designated as resident care coordinators whose responsibility it shall be to see that care plans/individual program plans are implemented, and reassessments performed when required.

The hours spent as resident care coordinator shall not be counted as part of the staff time of any of the previously mentioned nursing or restorative services.

FACILITIES AND EQUIPMENT - GENERAL

The pilot project is intended to provide facilities much more varied than those commonly found in a skilled nursing facility. The following should be provided whenever possible as adjunctive aides in promoting a more normal atmosphere for patients being considered for return to independent living outside the facility.

1. A goal of 160 sq. ft. per single bedroom and 240 sq. ft. for a double bedroom with no more than 2 patients per room.
2. Portable screens or furniture arrangement should provide privacy for occupants of double occupancy rooms.
3. Provide for wheelchair access to vanity and storage space, lavatory, and toilet.
4. Provide for wheelchair access to writing surfaces, shelving and display furnishings.
5. A resident kitchen area shall be provided for supervised restorative training, which shall include counter, sink, cabinets, cooktop oven and refrigerator.
6. A resident laundry shall be provided for supervised restorative training which shall include a domestic washer, clothes dryer, laundry tray, handwashing facilities, ironing board, and counter space.

SPECIAL NURSING STAFF REQUIREMENTS

1. As stated in current standards, there must be a full-time (8 hours per day, five days per week) director of nursing who is a currently licensed registered professional nurse experienced in rehabilitative nursing care, who devotes full time to supervision and management of the nursing service.
2. In addition, there shall be at least one registered professional nurse, other than the D.O.N., and one licensed practical nurse on each shift to supervise resident care.

3. The individual nursing needs of the residents shall be the major consideration in staffing the nursing service. In all cases the number of nursing staff shall be sufficient to provide at least 3.5 hours of nursing care per resident per 24 hour period exclusive of the hours of the D.O.N. or of the alternate when functioning as the D.O.N. This is also exclusive of staff training or orientation time.
4. Rehabilitative nursing care shall be emphasized to include but not restricted to activities of daily living training, vigorous encouragement to participate in activities, prevention of contractures and decubitus ulcers, and individual bowel and bladder re-training programs.

TRANSPORTATION

If patients attend schools in the community, transportation and supervision to and from schools shall be arranged in accordance with the needs and conditions of the patients. Transportation shall also be available for the recreational needs of the patients.

Editor's Notes

6 CCR 1011-1 has been divided into separate chapters for ease of use. Versions prior to 05/01/2009 are located in the main section, 6 CCR 1011-1. Prior versions can be accessed from the All Versions list on the rule's current version page. To view versions effective on or after 05/01/2009, select the desired chapter, for example 6 CCR 1011-1 Chap 04 or 6 CCR 1011-1 Chap 18.

History