PUBLIC NOTICE OF PROPOSED RULE CHANGES

Pursuant to the Georgia Administrative Procedures Act, Official Code of Georgia (O.C.G.A.) 50-13-1 et seq., the Georgia Department of Community Health is required to provide public notice of its intent to adopt, amend or repeal certain rules other than interpretive rules or general statements of policy. Accordingly, the Department hereby provides notice of its intent to amend the Rules and Regulations for Nursing Homes, Chapter 111-8-56. These changes are being proposed pursuant to the authority granted to the Department in O.C.G.A. §§ 31-2-5 and 31-2-7. An exact copy of the revised rules and a synopsis of the revisions are attached to this public notice.

NOTICE OF PUBLIC HEARING

An opportunity for public comment will be held on February 13, 2018 at 10:30 a.m., at the Department of Community Health (2 Peachtree Street, N.W., Atlanta, Georgia 30303) in the 5th Floor Overflow Room. Oral comments may be limited to 10 minutes per person. Individuals who are disabled and need assistance to participate during this meeting should contact the Office of General Counsel at (404) 657-7195 at least three (3) business days prior to the meeting.

Citizens wishing to comment in writing on any of the proposed changes should do so on or before February 16, 2018. Comments may be faxed to (404) 463-5025, emailed to renee.robinson@dch.ga.gov or mailed to the following address:

Attention: Office of General Counsel
Georgia Department of Community Health
Post Office Box 1966
Atlanta, Georgia 30301

Comments from written and public testimony will be provided to the Board of Community Health prior to the March 8, 2018 Board meeting. The Board will vote on the proposed changes at the Board meeting to be held at 10:30 a.m. on March 8, 2018 at the Georgia Department of Community Health (2 Peachtree Street, N.W., Atlanta, Georgia 30303 in the Fifth Floor Board Room).


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Frank W. Berry, Commissioner

Attachments
RULES OF
GEORGIA DEPARTMENT OF COMMUNITY HEALTH
HEALTHCARE FACILITY REGULATION DIVISION
REVISE CHAPTER 111-8-56
RULES AND REGULATIONS FOR NURSING HOMES

SYNOPSIS OF PROPOSED RULE CHANGES

STATEMENT OF PURPOSE: The Georgia Department of Community Health proposes to revise the Rules and Regulations for Nursing Homes, Chapter 111-8-56. These changes are being proposed pursuant to the authority granted the Department of Community Health in O.C.G.A. § 31-6-21 and O.C.G.A. § 31-6-21.1.

MAIN FEATURE OF THE PROPOSED RULE: Revision of the medical care requirements to comply with Senate Bill 96.
RULES
OF
DEPARTMENT OF COMMUNITY HEALTH

CHAPTER 111-8
HEALTHCARE FACILITY REGULATION

111-8-56
NURSING HOMES

TABLE OF CONTENTS

111-8-56-.10 Medical, Dental and Nursing Care
111-8-56-10 Medical, Dental and Nursing Care

(1) Each patient shall have a physician's written statement of his or her condition at time of admission or within forty-eight (48) hours thereafter and it shall be kept on file with the patient's medical record.

(2) Each patient shall have a physician's orders for treatment and/or care upon admission to the facility.

(3) Each home shall have an adequate arrangement for medical and dental emergencies.

(4) Reports of all evaluations and examinations shall be kept with the patient's medical records.

(5) The home shall have a microbial and infection control program. Policies and procedures for infection control shall be written, assembled and available to all staff members. Procedures shall be specific for practice in the home and shall be included in the training of every staff member. As a minimum, procedures shall include the following control measures:

(a) Prevention of spread of infection from personnel to patient: Any person whose duties include direct patient care, handling food, or handling clean linen, and who has an acute illness such as "strep" throat, or an open sore or boil, shall not be allowed to work until he is fully recovered;

(b) Prevention of spread of infection from visitors to patients;

(c) Prevention of spread of infection from patient to personnel or other patients: Isolation techniques to be observed according to the source of infection and the method of spread;

(d) Reporting of communicable diseases as required by the rules and regulations for notification of diseases which have been promulgated by the Department.

(6) All medications, administered to patients must be ordered in writing by the patient's physician or oral orders may be given to a licensed nurse, immediately reduced to writing, signed by the nurse and countersigned by the physician as soon as practical.

(a) Medications not specifically limited as to time or number of doses, when ordered, must be automatically stopped in accordance with written policy approved by the organized professional staff.

(b) The patient's attending physician shall be notified of stop order policies and contacted promptly for renewal of such orders so that continuity of the patient's therapeutic regimen is not interrupted.
(7) All medications must be administered by medical or nursing personnel in accordance with the Medical and Nurse Practice Acts of the State of Georgia. Each dose administered shall be properly recorded in the clinical records:

(a) The nurses' station shall have readily available items necessary for the proper administration of medication;

(b) In administering medications, medication cards or other State approved systems must be used and checked against the physician's orders;

(c) Legend drugs prescribed for one patient shall not be administered to any other patient unless ordered by a physician;

(d) Self-administration of medications by patients should be discouraged except for emergency drugs on special order of the patient's physician or in a predischARGE program under the supervision of a licensed nurse;

(e) Medication errors and drug reactions shall be immediately reported to the patient's physician and an entry thereof made in the patient's clinical records as well as on an incident report;

(f) Up-to-date medication reference texts and sources of information shall be available.

(8) Nursing care shall be provided each patient according to his needs and in accordance with his patient care plan.

(9) Restraint and/or forcible seclusion of a patient will be used only on a signed order of a physician, except in emergency and then only until the advice of a physician can be obtained.

(10) Provisions shall be made for proper sterilization of supplies, utensils, instruments, and other materials as needed for the patients.

(11) When a patient dies in the facility, a physician assistant, a nurse practitioner, or a registered professional nurse licensed in this state and employed by the facility at the time of the patient's apparent death, may make the determination and pronouncement of death in the absence of a physician. When it appears that a patient died from other than natural causes, only a physician may make the determination or pronouncement of death. The determination or pronouncement shall be made in writing on a form approved by the department.

Authority: O.C.G.A. §§ 31-2-4 et. seq. and 31-7-1 et. seq.