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3701-17-59.1      **Part-time intermittent skilled nursing care.**

(A) A residential care facility may admit or retain individuals who require skilled nursing care beyond the supervision of special diets, application of dressings, or administration of medication only if the skilled nursing care will be provided on a part-time, intermittent basis for not more than a total of one hundred twenty days in any twelve-month period regardless of any transfer or discharge and readmission to the facility, unless the skilled nursing care is allowed by division (D) of section 3721.011 of the Revised Code. A part-time, intermittent basis means that skilled nursing care is rendered for less than eight hours a day or less than forty hours a week. For the purposes of this provision:

(1) The residential care facility shall use the following criteria in tracking the one hundred and twenty days of part-time, intermittent skilled nursing care permitted under this paragraph:

- (a) Self-care shall not be counted toward the allowable one hundred twenty days;
- (b) Services provided by physical and occupational therapists and assistants licensed under Chapter 4755. of the Revised Code and speech-language pathologists licensed under Chapter 4753. of the Revised Code do not constitute skilled nursing care and shall not be counted;
- (c) Only days on which skilled nursing care is performed shall be counted toward the allowable one hundred and twenty days;
- (d) Medication administration, supervision of special diets and or application of dressings shall be counted toward the allowable one hundred and twenty days, if the residential care facility does not provide for these services, pursuant to rule 3701-17-59 of the Administrative Code.

(2) Skilled nursing care may be provided by one or more of the following:

- (a) A home health agency certified under Title XVIII of the "Social Security Act," 49 Stat. 620 (1935), 42 U.S.C.A. 301, as amended;
- (b) A hospice care program licensed under Chapter 3712. of the Revised Code;
- (c) A member of the staff who is authorized under state law to provide skilled nursing care.

If a resident's condition requires more skilled nursing care than permitted under this paragraph, the residential care facility shall transfer or discharge the resident

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in accordance with section 3721.16 of the Revised Code and Chapter 3701-61 of the Administrative Code.

- (B) Except as set forth in paragraph (D) of this rule. ~~Each~~ each residential care facility - ~~which~~ that provides skilled nursing care using staff members shall:
- (1) Develop and follow policies and procedures which assure that the skilled nursing care is provided in accordance with acceptable standards of practice;
  - (2) Ensure that the skilled nursing care is provided in accordance with accepted standards of practice only by individuals authorized under state law to provide skilled nursing care. Skilled nursing care may be delegated in accordance with Chapter 4723-13 of the Administrative Code;
  - (3) Evaluate each resident receiving the skilled nursing care at least once every seven days to determine whether the resident should be transferred to a nursing home or other appropriate health care setting. The evaluation and determination shall be performed by the appropriate licensed health care professional and documented in the resident's record;
  - (4) Document all skilled nursing care provided by the residential care facility in the resident's record. Such documentation shall include, but not be limited to, medication and treatment orders when needed to authorize provision of a service and nurse's notes indicating the nature of the service provided and the resident's status. All orders shall be signed and dated by the licensed health professional who gave the order within fourteen days after the order was given;
    - (a) 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 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.
    - (b) The residential care facility may accept signed treatment and medication orders issued by a licensed health professional by facsimile transmission if the facility has instituted procedural safeguards for authentication and maintaining confidentiality of the facsimile order, and for handling the order in an expedient and priority manner.
    - (c) 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.
  - (5) Meet the skilled nursing care needs of each resident receiving care as determined by the assessment required under rule 3701-17-58 of the Administrative Code

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and consistent with the resident agreement required under rule 3701-17-57 of the Administrative Code; and

- (6) Ensure that a nurse coordinates the overall nursing care of each resident who receives skilled nursing care from facility staff.

For purposes of this paragraph, skilled nursing care means skilled nursing care other than the administration of medication, the supervision of special diets, or the application of dressings.

- (C) In addition to the requirements of paragraphs (A) and (B) of this rule, each residential care facility that provides enteral tube feedings on a part-time intermittent basis shall:

- (1) Establish in writing the types of enteral tube feedings that are routinely managed by the facility. The determination of the types of enteral tube feedings that are provided by the facility shall be based on staff education, staff competence, the amount of staff experience with the listed types of enteral tube feedings, and support services available in the facility;
- (2) Develop and follow policies and procedures which assure that enteral tube feedings are prepared and offered as ordered and that sanitary conditions are maintained in procurement, storage, preparation, and the administration of the enteral tube feedings;
- (3) Document the weight of the resident and the resident's acceptance and tolerance of the enteral tube feedings in accordance with policies and procedures developed by the dietitian and the nurse responsible for the overall nursing care of the resident; and
- (4) Provide or arrange for a dietitian.

(D) A residential care facility shall enter into a written agreement with the hospice care program licensed under Chapter 3712. of the Revised Code for each hospice care patient that the residential care facility admits or retains that requires skilled nursing care for more than one hundred twenty days as allowed by division (D) of section 3721.011 of the Revised Code. The agreement between the residential care facility and the hospice care program shall include a statement signed by the hospice patient and/or the patient's sponsor acknowledging that they understand the agreement and that the patient's needs can be met at the facility. The agreement shall not be complete without this signed statement. Additionally, the agreement shall include all of the following provisions:

- (1) That the hospice patient will be provided skilled nursing care in the facility only if a determination has been made that the patient's need can be met at the facility. This determination shall be made by the hospice care program, the

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residential care facility and the resident's attending physician, the hospice medical director, or both;

(2) That the hospice patient will be retained in the facility only if periodic re-determinations are made that the patient's needs can be met at the facility;

(3) That the re-determinations will be made according to a schedule specified in the agreement. The re-determinations required by this rule must be made at least every fourteen days; and

(4) That the hospice patient has been given an opportunity to choose the hospice care program that best meet the patient's needs.