Title 15: Mississippi State Department of Health

Part 16: Health Facilities

Subpart 1: Health Facilities Licensure and Certification

CHAPTER 1 MINIMUM STANDARDS OF OPERATION FOR HOSPICE

Subchapter 3 DEFINITIONS

Rule 1.3.1 Unless a different meaning is required by the context, the following terms as used in these rules and regulations shall have the meaning hereinafter respectively ascribed to them:

44. **Nurse Practitioner/Physician Assistant** – Shall mean an individual who is currently licensed as such in the State of Mississippi and is performing duties in accordance with the Mississippi Nurse Practice Act.

SOURCE: Miss. Code Ann. §41-85-7

Subchapter 15 PERSONNEL POLICIES

Rule 1.15.4 **Employee Health Screening** – Every employee of a hospice who comes in contact with patients shall receive a health screening by a licensed physician, nurse practitioner/physician assistant or employee health nurse who conduct exams prior to employment and annually thereafter. The employee health screening shall include, but not be limited to, tuberculosis screening.

SOURCE: Miss. Code Ann. §41-85-7

CHAPTER 41 MINIMUM STANDARDS OF OPERATION FOR MISSISSIPPI HOSPITALS

Subchapter 7 THE MEDICAL STAFF

Rule 41.7.17. The medical staff bylaws and rules and regulations, as a minimum, shall:

6. Delineate clinical privileges of non-physician practitioners, as well as responsibilities of the physician members of the medical staff in relation to non-physician practitioners. A non-physician practitioner is a health professional licensed or otherwise authorized by the state to provide a range of independent or interdependent health services. Such providers include but are not limited to chiropractors, licensed professional counselors, licensed social workers, nurse practitioners/physician assistants (including nurse anesthetists), psychologists, podiatrists, and optometrists.

SOURCE: Miss. Code Ann. §41-9-17

Subchapter 27 FACILITIES

Rule 41.27.3. Except as a pilot program approved by the Mississippi State Department of Health, the location of the emergency services shall be in close proximity to an exterior entrance of a hospital.

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Subchapter 53 PROMPTNESS OF RECORD COMPLETION

Rule 41.53.1. Current records shall be completed within 24 to 48 hours following admission. Verbal orders shall be authenticated in accordance with facility policy and, in the absence of a facility policy, no later than 30 days after discharge.

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CHAPTER 42 MINIMUM STANDARDS OF OPERATION FOR AMBULATORY SURGICAL FACILITIES

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Rule 42.9.7 **Professional Staff.** Each facility shall have at all times a designated medical director who shall be a physician and who shall be responsible for the direction and coordination of all medical aspects of facility programs. The members of the medical staff shall have like privileges in at least one local hospital; however, in the case of a Level I Abortion Facility, at least one physician member performing abortion procedures in the facility must have admitting privileges in at least one local hospital. There shall be a minimum of one licensed registered nurse per six patients (at any one time) at the clinic when patients are present, excluding the director of nursing. All facility personnel, medical and others, shall be licensed to perform the services they render when such services require licensure under the laws of the State of Mississippi. Anesthetic agents shall be administered by an anesthesiologist, a physician, or a certified registered nurse anesthetist in collaboration with a board-qualified or certified anesthesiologist or operating physician, who is actually on the premises. After the administration of an anesthetic, patients shall be constantly attended by an M.D., D.O., R.N., or a L.P.N. supervised directly by an R.N., until reacted and able to summon aid. All employees of the facility providing direct patient care shall be trained in emergency resuscitation at least annually.

SOURCE: Miss. Code Ann. §41-75-13

CHAPTER 45 MINIMUM STANDARDS FOR INSTITUTIONS FOR THE AGED OR INFIRM

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Rule 45.2.22 **Nurse Practitioner/Physician Assistant**. The term "nurse practitioner/physician assistant" shall mean a person who is currently licensed by the Mississippi Board of Nursing as a nurse practitioner/physician assistant.

SOURCE: Miss. Code Ann. §43-11-13

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Rule 45.8.1 **Denial or Revocation of License**: Hearing and Review. The licensing agency after notice and opportunity for a hearing to the applicant or licensee is authorized to deny, suspend, or revoke a license in any case in which it finds that there has been a substantial failure to comply with the requirements established under the law and these regulations. Also, the following shall be grounds for denial or revocation of license.

7. Conduct or practices detrimental to the health or safety of residents and employees of said facilities provided that this provision shall not be construed to have any reference to healing practices authorized by law. Detrimental practices include but are not necessarily limited to:

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Rule 45.12.2 **Qualifications**. The administrator shall be chosen primarily for his administrative ability to establish proper working relationship with physicians, nurse practitioners/physician assistants, and employees of the facility.

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SOURCE: Miss. Code Ann. §43-11-13

Rule 45.16.5 **Employee Testing for Tuberculosis**

4. Any employee noted to have a newly positive IGRA, a newly positive Mantoux skin test or signs/symptoms indicative of tuberculin disease (TB)

that last longer than three weeks (regardless of the size of the skin test or results of the IGRA), shall have a chest x-ray interpreted by a board certified Radiologist and be evaluated for active tuberculosis by a licensed physician within 72 hours. The employee shall not be allowed to work in any area where residents have routine access until evaluated by a physician/nurse practitioner/physician assistant and approved to return. Exceptions to this requirement may be made if the employee is asymptomatic and;

8. All staff noted as negative per the IGRA blood test or who do not have a significant Mantoux tuberculin skin test reaction (reaction of less than 5 millimeters in size) shall be retested annually within thirty (30) days of the anniversary of their last IGRA or Mantoux tuberculin skin test. Staff exposed to an active infectious case of tuberculosis between annual tuberculin skin tests shall be treated as contacts and be managed appropriately. Individuals found to have a significant Mantoux tuberculin skin test reaction and a chest x-ray not suggestive of active tuberculosis, shall be evaluated by a physician or nurse practitioner/physician assistant for treatment of latent tuberculin infection.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.16.6 **Admission Record-Personal Information**. Each facility shall prepare a record on each resident at the time of admission on which the following minimum information shall be recorded: name; date of admittance; address at the time of admittance; race; sex; marital status; religious preference; date of birth; name; address, and telephone number of person responsible for resident and his/her relationship to him/her; and name and telephone number of physician or nurse practitioner/physician assistant. The date and reason for discharge shall be entered upon discharge of a resident.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 17 RESIDENTS RIGHTS

Rule 45.17.2 **Residents' Rights**. The residents' rights policies and procedures ensure that each resident admitted to the facility:

3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident's choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to

refuse medication and treatment after fully informed of and understanding the consequences of such action;

8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint;

12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);

13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);

14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);

15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.17.3 All rights and responsibilities specified in paragraph (1) through (16) of Section Rule 45.17.2, as they pertain to (1) a resident adjudicated incompetent in accordance with State law, (2) a resident who is found by his physician or nurse practitioner/physician assistant to be medically incapable of understanding these rights, or (3) a resident who exhibits a communication barrier, devolve to and shall be exercised by the resident's guardian, next of kin, sponsoring agencies, or representative payee (except when the facility is representative payee).

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 19 MEDICAL, NURSING, AND PERSONAL SERVICES: PHYSICAL FACILITIES

Rule 45.19.4 **Nurses' Station.**

12. Each facility shall have a nurses' station for each nursing unit. The nurses' station includes as minimum the following:

    e. Desk or counter top space adequate for recording and charting purposes by physicians, nurse practitioners/physician assistants, and nurses.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 20 REQUIREMENTS FOR ADMISSION

Rule 45.20.1 **Physical Examination Required**. Each resident shall be given a complete physical examination 30 days prior to admission and annually thereafter, including a history of tuberculosis exposure and an assessment for signs and symptoms of tuberculosis, by a licensed physician or nurse practitioner/physician assistant. The findings shall be entered as part of the Admission Record. The report of the examination shall include:

1. Orders, dated and signed, by a physician or nurse practitioner/physician assistant for the immediate care of the resident to include medication treatment, activities, and diet.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.20.2 **Tuberculosis (TB).** Admission Requirements to Rule Out Active Tuberculosis (TB)

2. Admission to the facility shall be based on the results of the required tests as follows:

    g. **Exceptions to TST/ IGRA requirement may be made if:**

        iii. Resident is excluded by a physician, nurse practitioner/physician assistant due to medical contraindications.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 21 RESIDENT CARE

Rule 45.21.9 **Nutrition.** Residents shall maintain acceptable parameters of nutritional status, such as body weight and protein levels, unless residents' clinical condition indicates that this is unavoidable. All residents shall receive diets as orders by their physician or nurse practitioner/physician assistant. Residents identified with significant nutritional problems shall receive appropriate medical nutrition therapy based on current professional standards.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 22 PHYSICIAN SERVICES

Rule 45.22.2 **Designated physician**. Each resident shall have a designated physician or nurse practitioner/physician assistant who is responsible for their care. In the absence of the designated physician or nurse practitioner/physician assistant, another physician or nurse practitioner/physician assistant shall be designated to supervise the resident medical care.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.22.3 **Emergency physician**. The facility shall arrange for the provision of physician or nurse practitioner/physician assistant services twenty-four (24) hours a day in case of an emergency.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.22.4 **Physician visit**. The resident shall be seen by a physician or nurse practitioner/physician assistant every sixty (60) days.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 23 REHABILITATIVE SERVICES

Rule 45.23.1 **Rehabilitative services**. Residents shall be provided rehabilitative services as needed upon the written orders of an attending physician or nurse practitioner/physician assistant.

3. Each resident's medical record shall contain written evidence that services are provided in accordance with the written orders of an attending physician or nurse practitioner/physician assistant.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 24 PHARMACY SERVICES

Rule 45.24.3 **Consultation**. Each facility shall obtain the services of a licensed pharmacist who will be responsible for:

3. Report any irregularities to the attending physician or nurse practitioner/physician assistant and the director or nursing; and

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.24.5 **Disposal of drugs.**

1. Unused portions of medicine may be given to a discharged resident or the responsible party upon orders of the prescribing physician or nurse practitioner/physician assistant.

2. Drugs and pharmaceuticals discontinued by the written orders of an attending physician or nurse practitioner/physician assistant or left in the facility on discharge or death of the resident will be disposed of according to the Mississippi State Board of Pharmacy disposal requirements.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 25 MEDICAL RECORDS SERVICES

Rule 45.25.1 **Medical Records Management.**

4. All medical records shall maintain the following information: identification data and consent form; assessments of the resident's needs by all disciplines involved in the care of the resident; medical history and admission physical exam; annual physical exams; physician or nurse practitioner/physician assistant orders; observation, report of treatment, clinical findings and progress notes; and discharge summary, including the final diagnosis.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 30 MEAL SERVICE

Rule 45.30.6 **Modified Diets.** Modified diets which are a part of medical treatment shall be prescribed in written orders by the physician or nurse practitioner/physician assistant. All modified diets shall be planned in writing and posted along with regular menus. Liberalized Geriatric Diets are encouraged for elderly residents when there is a need for moderate diet therapy. A current diet manual shall be available to personnel. The dietitian shall approve all modified diet menus and the diet manual used in the nursing home.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 57 INFORMAL DISPUTE RESOLUTION

Rule 45.57.1 **Informal Dispute Resolution.**

6. The licensing agency shall notify the licensed facility representative by telephone or facsimile of the date, time, location, and format of the IDR. The IDR shall be held within ten (10) working days after the receipt by the licensing agency of the request. The IDR shall be conducted by a three (3) person panel, known as the IDR Panel, consisting of a representative Ombudsman (not of the survey district being reviewed) as appointed by the State Ombudsman, a member of the medical community (physician or nurse practitioner/physician assistant), and a member of the Licensure staff who is SMQT qualified and who does not survey nor have supervisory capacity over the district of the related survey. In the event of a position vacancy, an alternate member may serve on the IDR panel as directed by the State Health Officer or his designee.

SOURCE: Miss. Code Ann. §43-11-13

CHAPTER 46 MINIMUM STANDARDS OF OPERATION FOR HOME HEALTH AGENCIES

Subchapter 27 PERSONNEL POLICIES

Rule 46.27.5 **Employee Health Screening.** Every employee of a home health agency who comes in contact with patients shall receive a health screening by a licensed physician or nurse practitioner/physician assistant prior to employment and annually thereafter.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 39 PHYSICAL THERAPY SERVICE

Rule 46.39.2 **Duties of the Physical Therapist.** The duties of the physical therapist shall include, but not be limited to the following:

12. The supervising physical therapist must have a case conference with the physical therapy assistant to discuss the evaluation, review the established plan of care, and provide the physical therapy assistant with instructions needed for the safe and effective treatment of the patient before the physical therapy assistant begins providing services to the patient;

13. The supervising physical therapist must visit and personally render treatment and reassess each patient who is provided services by the physical therapist assistant no later than every sixth treatment day or thirtieth calendar day, whichever occurs first. It is not a requirement for the physical therapist assistant to be present at this visit; however, it does not preclude the physical therapist assistant from being present. In addition, the supervising physical therapist must be accessible by telecommunications to the physical therapist assistant at all times while the physical therapist assistant is treating patients.

SOURCE: Miss. Code Ann. §41-71-13

CHAPTER 47 MINIMUM STANDARDS FOR PERSONAL CARE HOMES ASSISTED LIVING

Subchapter 9 DENIAL, SUSPENSION, OR REVOCATION OF LICENSE

Rule 47.9.1 **Denial or Revocation of License: Hearings and Review.** The licensing agency, after notice and opportunity for a hearing to the applicant or licensee, is authorized to deny, suspend, or revoke a license, or deny renewal of a license, in any case in which it finds that there has been a substantial failure to comply with the requirements established under the law and these regulations. Also, the following shall be grounds for denial or revocation of license:

8. Conduct or practices detrimental to the health or safety of residents and employees of said licensed facility. Detrimental practices include but are not limited to:

    e. Failure to call a physician or nurse practitioner/physician assistant when required by a resident's condition.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 11 ADMINISTRATION

Rule 47.11.6 **Employee's Health Status**. All licensed facility personnel shall receive a health screening by a licensed physician, a nurse practitioner/physician assistant, or a registered nurse prior to employment and annually thereafter. Records of this health screening shall be kept on file in the licensed facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.11.7 **Testing for Tuberculosis**.

4. All staff noted as negative per the IGRA blood test or who do not have a significant Mantoux tuberculin skin test reaction (reaction of less than 5 millimeters in size) shall be retested annually within thirty (30) days of the anniversary of their last IGRA or Mantoux tuberculin skin test. Staff exposed to an active infectious case of tuberculosis between annual tuberculin skin tests shall be treated as contacts and be managed appropriately. Individuals found to have a significant Mantoux tuberculin skin test reaction and a chest x-ray not suggestive of active tuberculosis, shall be evaluated by a physician or nurse practitioner/physician assistant for treatment of latent tuberculin infection.

8. Any employee noted to have a newly positive IGRA, a newly positive Mantoux skin test or signs/symptoms indicative of tuberculin disease (TB) that last longer than three weeks (regardless of the size of the skin test or results of the IGRA), shall have a chest x-ray and be evaluated for active tuberculosis by a licensed physician within 72 hours. The employee shall not be allowed to work in any area where residents have routine access until evaluated by a physician/nurse practitioner/physician assistant and approved to return. Exceptions to this requirement may be made if the employee is asymptomatic and;

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.11.9 **Records and Reports**. The operator shall maintain a record of the residents for whom he or she serves as the conservator or a representative payee. This record shall include evidence of the means by which the conservatorship or representative payee relationship was established and evidence of separate

accounts in a bank for each resident whose conservator or representative payee is the operator of the licensed facility.

2. Resident records shall contain the following:

   c. Medical evaluation and referral from physician or nurse practitioner/physician assistant.

   h. Physician orders or nurse practitioner/physician assistant orders (including, but not limited to, therapies, diets, medications, etc.) and medication administration records.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 12 MEDICAL AND PERSONAL CARE SERVICES

Rule 47.12.2 **Medical Evaluation**. Each person applying for admission to a licensed facility shall be given a thorough examination by a licensed physician or certified nurse practitioner/physician assistant within thirty (30) days prior to admission. The examination shall indicate the appropriateness of admission, according to the above criteria, to a licensed facility with an annual update by a physician and/or nurse practitioner/physician assistant.

SOURCE: Miss. Code Ann. §43-11-13

CHAPTER 48 MINIMUM STANDARDS FOR PERSONAL CARE HOMES RESIDENTIAL LIVING

Subchapter 9 DENIAL, SUSPENSION, OR REVOCATION OF LICENSE

Rule 48.9.1 **Denial or Revocation of License: Hearings and Review**. The licensing agency, after notice and opportunity for a hearing to the applicant or licensee, is authorized to deny, suspend, or revoke a license, or deny renewal of a license, in any case in which it finds that there has been a substantial failure to comply with the requirements established under the law and these regulations. Also, the following shall be grounds for denial or revocation of license:

8. Conduct or practices detrimental to the health or safety of residents and employees of said licensed facility. Detrimental practices include but are not limited to:

   e. Failure to call a physician or nurse practitioner/physician assistant when required by a resident's condition.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 11 ADMINISTRATION

Rule 48.11.6. **Employee's Health Status**. All licensed facility personnel shall receive a health screening by a licensed physician, a nurse practitioner/physician assistant, or a registered nurse prior to employment and annually thereafter. Records of this health screening shall be kept on file in the licensed facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.11.7. **Employee Testing for Tuberculosis.**

4. Any employee noted to have a newly positive IGRA, a newly positive Mantoux skin test or signs/symptoms indicative of tuberculin disease (TB) that last longer than three weeks (regardless of the size of the skin test or results of the IGRA), shall have a chest x-ray and be evaluated for active tuberculosis by a licensed physician within 72 hours. The employee shall not be allowed to work in any area where residents have routine access until evaluated by a physician/nurse practitioner/physician assistant and approved to return. Exceptions to this requirement may be made if the employee is asymptomatic and;

8. All staff noted as negative per the IGRA blood test or who do not have a significant Mantoux tuberculin skin test reaction (reaction of less than 5 millimeters in size) shall be retested annually within thirty (30) days of the anniversary of their last IGRA or Mantoux tuberculin skin test. Staff exposed to an active infectious case of tuberculosis between annual tuberculin skin tests shall be treated as contacts and be managed appropriately. Individuals found to have a significant Mantoux tuberculin skin test reaction and a chest x-ray not suggestive of active tuberculosis, shall be evaluated by a physician or nurse practitioner/physician assistant for treatment of latent tuberculin infection.

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SOURCE: Miss. Code Ann. §43-11-13

CHAPTER 50 MINIMUM STANDARDS OF OPERATION FOR ALZHEIMER'S DISEASE/DEMENTIA CARE UNIT: GENERAL ALZHEIMER'S DISEASE/DEMENTIA CARE UNIT

Subchapter 3 ASSESSMENT AND INDIVIDUAL CARE PLANS

Rule 50.3.1 **Assessments**. Prior to admission to the A/D Unit, each individual shall receive a medical examination and assessment from a licensed physician or nurse practitioner/physician assistant. In addition, prior to admission, each individual shall be assessed by a licensed practitioner whose scope of practice includes assessment of cognitive, functional, and social abilities, and nutritional needs. These assessments shall include the individual's family supports, level of activities of daily living functioning and level of behavioral impairment. The functional assessment shall demonstrate that the individual is appropriate for placement.

SOURCE: Miss. Code Ann. §43-11-13

Title 15: Mississippi State Department of Health

Part 16: Health Facilities

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admittance; race; sex; marital status; religious preference; date of birth; name; address, and telephone number of person responsible for resident and his/her relationship to him/her; and name and telephone number of physician or nurse practitioner/physician assistant. The date and reason for discharge shall be entered upon discharge of a resident.

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Subchapter 17 RESIDENTS RIGHTS

Rule 45.17.2 **Residents' Rights.** The residents' rights policies and procedures ensure that each resident admitted to the facility:

3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident's choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action;

8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint;

12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);

13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);

14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically

contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);

15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.17.3 All rights and responsibilities specified in paragraph (1) through (16) of Section Rule 45.17.2, as they pertain to (1) a resident adjudicated incompetent in accordance with State law, (2) a resident who is found by his physician or nurse practitioner/physician assistant to be medically incapable of understanding these rights, or (3) a resident who exhibits a communication barrier, devolve to and shall be exercised by the resident's guardian, next of kin, sponsoring agencies, or representative payee (except when the facility is representative payee).

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 19 MEDICAL, NURSING, AND PERSONAL SERVICES: PHYSICAL FACILITIES

Rule 45.19.4 **Nurses' Station.**

12. Each facility shall have a nurses' station for each nursing unit. The nurses' station includes as minimum the following:

    e. Desk or counter top space adequate for recording and charting purposes by physicians, nurse practitioners/physician assistants, and nurses.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 20 REQUIREMENTS FOR ADMISSION

Rule 45.20.1 **Physical Examination Required**. Each resident shall be given a complete physical examination 30 days prior to admission and annually thereafter, including a history of tuberculosis exposure and an assessment for signs and symptoms of tuberculosis, by a licensed physician or nurse practitioner/physician assistant. The findings shall be entered as part of the Admission Record. The report of the examination shall include:

1. Orders, dated and signed, by a physician or nurse practitioner/physician assistant for the immediate care of the resident to include medication treatment, activities, and diet.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.20.2 **Tuberculosis (TB).** Admission Requirements to Rule Out Active Tuberculosis (TB)

2. Admission to the facility shall be based on the results of the required tests as follows:

g. **Exceptions to TST/ IGRA requirement may be made if**:

iii. Resident is excluded by a physician, nurse practitioner/physician assistant due to medical contraindications.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 21 RESIDENT CARE

Rule 45.21.9 **Nutrition**. Residents shall maintain acceptable parameters of nutritional status, such as body weight and protein levels, unless residents' clinical condition indicates that this is unavoidable. All residents shall receive diets as orders by their physician or nurse practitioner/physician assistant. Residents identified with significant nutritional problems shall receive appropriate medical nutrition therapy based on current professional standards.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 22 PHYSICIAN SERVICES

Rule 45.22.2 **Designated physician**. Each resident shall have a designated physician or nurse practitioner/physician assistant who is responsible for their care. In the absence of the designated physician or nurse practitioner/physician assistant, another physician or nurse practitioner/physician assistant shall be designated to supervise the resident medical care.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.22.3 **Emergency physician**. The facility shall arrange for the provision of physician or nurse practitioner/physician assistant services twenty-four (24) hours a day in case of an emergency.

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.22.4 **Physician visit**. The resident shall be seen by a physician or nurse practitioner/physician assistant every sixty (60) days.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 23 REHABILITATIVE SERVICES

Rule 45.23.1 **Rehabilitative services**. Residents shall be provided rehabilitative services as needed upon the written orders of an attending physician or nurse practitioner/physician assistant.

3. Each resident's medical record shall contain written evidence that services are provided in accordance with the written orders of an attending physician or nurse practitioner/physician assistant.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 24 PHARMACY SERVICES

Rule 45.24.3 **Consultation**. Each facility shall obtain the services of a licensed pharmacist who will be responsible for:

3. Report any irregularities to the attending physician or nurse practitioner/physician assistant and the director or nursing; and

SOURCE: Miss. Code Ann. §43-11-13

Rule 45.24.5 **Disposal of drugs**.

1. Unused portions of medicine may be given to a discharged resident or the responsible party upon orders of the prescribing physician or nurse practitioner/physician assistant.

2. Drugs and pharmaceuticals discontinued by the written orders of an attending physician or nurse practitioner/physician assistant or left in the facility on discharge or death of the resident will be disposed of according to the Mississippi State Board of Pharmacy disposal requirements.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 25 MEDICAL RECORDS SERVICES

Rule 45.25.1 **Medical Records Management.**

4. All medical records shall maintain the following information: identification data and consent form; assessments of the resident's needs by all disciplines involved in the care of the resident; medical history and admission physical exam; annual physical exams; physician or nurse practitioner/physician assistant orders; observation, report of treatment, clinical findings and progress notes; and discharge summary, including the final diagnosis.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 30 MEAL SERVICE

Rule 45.30.6 **Modified Diets.** Modified diets which are a part of medical treatment shall be prescribed in written orders by the physician or nurse practitioner/physician assistant. All modified diets shall be planned in writing and posted along with regular menus. Liberalized Geriatric Diets are encouraged for elderly residents when there is a need for moderate diet therapy. A current diet manual shall be available to personnel. The dietitian shall approve all modified diet menus and the diet manual used in the nursing home.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 57 INFORMAL DISPUTE RESOLUTION

Rule 45.57.1 **Informal Dispute Resolution.**

6. The licensing agency shall notify the licensed facility representative by telephone or facsimile of the date, time, location, and format of the IDR. The IDR shall be held within ten (10) working days after the receipt by the licensing agency of the request. The IDR shall be conducted by a three (3) person panel, known as the IDR Panel, consisting of a representative Ombudsman (not of the survey district being reviewed) as appointed by the State Ombudsman, a member of the medical community (physician or nurse practitioner/physician assistant), and a member of the Licensure staff who is SMQT qualified and who does not survey nor have supervisory capacity over the district of the related survey. In the event of a position vacancy, an alternate member may serve on the IDR panel as directed by the State Health Officer or his designee.

SOURCE: Miss. Code Ann. §43-11-13

CHAPTER 46 MINIMUM STANDARDS OF OPERATION FOR HOME HEALTH AGENCIES

Subchapter 27 PERSONNEL POLICIES

Rule 46.27.5 **Employee Health Screening.** Every employee of a home health agency who comes in contact with patients shall receive a health screening by a licensed physician or nurse practitioner/physician assistant prior to employment and annually thereafter.

SOURCE: Miss. Code Ann. §41-71-13

Subchapter 39 PHYSICAL THERAPY SERVICE

Rule 46.39.2 **Duties of the Physical Therapist.** The duties of the physical therapist shall include, but not be limited to the following:

12. The supervising physical therapist ~~will make a joint visit~~ must have a case conference with the physical therapy assistant to discuss the evaluation,

review the established plan of care, and provide the physical therapy assistant with instructions needed for the safe and effective treatment of the patient ~~when~~ before the physical therapy assistant begins providing services to the patient;

13. The supervising physical therapist must visit and personally render treatment and reassess each patient who is provided services by the physical therapist assistant no later than every sixth treatment day or ~~fourteenth~~ thirtieth calendar day, whichever occurs first. It is not a requirement for the physical therapist assistant to be present at this visit; however, it does not preclude the physical therapist assistant from being present. In addition, the supervising physical therapist must be accessible by telecommunications to the physical therapist assistant at all times while the physical therapist assistant is treating patients.

SOURCE: Miss. Code Ann. §41-71-13

CHAPTER 47 MINIMUM STANDARDS FOR PERSONAL CARE HOMES ASSISTED LIVING

Subchapter 9 DENIAL, SUSPENSION, OR REVOCATION OF LICENSE

Rule 47.9.1 **Denial or Revocation of License: Hearings and Review**. The licensing agency, after notice and opportunity for a hearing to the applicant or licensee, is authorized to deny, suspend, or revoke a license, or deny renewal of a license, in any case in which it finds that there has been a substantial failure to comply with the requirements established under the law and these regulations. Also, the following shall be grounds for denial or revocation of license:

8. Conduct or practices detrimental to the health or safety of residents and employees of said licensed facility. Detrimental practices include but are not limited to:

e. Failure to call a physician or nurse practitioner/physician assistant when required by a resident's condition.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 11 ADMINISTRATION

Rule 47.11.6 **Employee's Health Status**. All licensed facility personnel shall receive a health screening by a licensed physician, a nurse practitioner/physician assistant, or a registered nurse prior to employment and annually thereafter. Records of this health screening shall be kept on file in the licensed facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.11.7 **Testing for Tuberculosis**.

4. All staff noted as negative per the IGRA blood test or who do not have a significant Mantoux tuberculin skin test reaction (reaction of less than 5 millimeters in size) shall be retested annually within thirty (30) days of the anniversary of their last IGRA or Mantoux tuberculin skin test. Staff exposed to an active infectious case of tuberculosis between annual tuberculin skin tests shall be treated as contacts and be managed appropriately. Individuals found to have a significant Mantoux tuberculin skin test reaction and a chest x-ray not suggestive of active tuberculosis, shall be evaluated by a physician or nurse practitioner/physician assistant for treatment of latent tuberculin infection.

8. Any employee noted to have a newly positive IGRA, a newly positive Mantoux skin test or signs/symptoms indicative of tuberculin disease (TB) that last longer than three weeks (regardless of the size of the skin test or results of the IGRA), shall have a chest x-ray and be evaluated for active tuberculosis by a licensed physician within 72 hours. The employee shall not be allowed to work in any area where residents have routine access until evaluated by a physician/nurse practitioner/physician assistant and approved to return. Exceptions to this requirement may be made if the employee is asymptomatic and;

SOURCE: Miss. Code Ann. §43-11-13

Rule 47.11.9 **Records and Reports**. The operator shall maintain a record of the residents for whom he or she serves as the conservator or a representative payee. This record shall include evidence of the means by which the conservatorship or representative payee relationship was established and evidence of separate accounts in a bank for each resident whose conservator or representative payee is the operator of the licensed facility.

2. Resident records shall contain the following:

c. Medical evaluation and referral from physician or nurse practitioner/physician assistant.

h. Physician orders or nurse practitioner/physician assistant orders (including, but not limited to, therapies, diets, medications, etc.) and medication administration records.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 12 MEDICAL AND PERSONAL CARE SERVICES

Rule 47.12.2 **Medical Evaluation**. Each person applying for admission to a licensed facility shall be given a thorough examination by a licensed physician or certified nurse practitioner/physician assistant within thirty (30) days prior to admission. The examination shall indicate the appropriateness of admission, according to the

above criteria, to a licensed facility with an annual update by a physician and/or nurse practitioner/physician assistant.

SOURCE: Miss. Code Ann. §43-11-13

CHAPTER 48 MINIMUM STANDARDS FOR PERSONAL CARE HOMES RESIDENTIAL LIVING

Subchapter 9 DENIAL, SUSPENSION, OR REVOCATION OF LICENSE

Rule 48.9.1 **Denial or Revocation of License: Hearings and Review**. The licensing agency, after notice and opportunity for a hearing to the applicant or licensee, is authorized to deny, suspend, or revoke a license, or deny renewal of a license, in any case in which it finds that there has been a substantial failure to comply with the requirements established under the law and these regulations. Also, the following shall be grounds for denial or revocation of license:

8. Conduct or practices detrimental to the health or safety of residents and employees of said licensed facility. Detrimental practices include but are not limited to:

e. Failure to call a physician or nurse practitioner/physician assistant when required by a resident's condition.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 11 ADMINISTRATION

Rule 48.11.6. **Employee's Health Status**. All licensed facility personnel shall receive a health screening by a licensed physician, a nurse practitioner/physician assistant, or a registered nurse prior to employment and annually thereafter. Records of this health screening shall be kept on file in the licensed facility.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.11.7. **Employee Testing for Tuberculosis.**

4. Any employee noted to have a newly positive IGRA, a newly positive Mantoux skin test or signs/symptoms indicative of tuberculin disease (TB) that last longer than three weeks (regardless of the size of the skin test or results of the IGRA), shall have a chest x-ray and be evaluated for active tuberculosis by a licensed physician within 72 hours. The employee shall not be allowed to work in any area where residents have routine access until evaluated by a physician/nurse practitioner/physician assistant and approved to return. Exceptions to this requirement may be made if the employee is asymptomatic and;

8. All staff noted as negative per the IGRA blood test or who do not have a significant Mantoux tuberculin skin test reaction (reaction of less than 5 millimeters in size) shall be retested annually within thirty (30) days of the anniversary of their last IGRA or Mantoux tuberculin skin test. Staff exposed to an active infectious case of tuberculosis between annual tuberculin skin tests shall be treated as contacts and be managed appropriately. Individuals found to have a significant Mantoux tuberculin skin test reaction and a chest x-ray not suggestive of active tuberculosis, shall be evaluated by a physician or nurse practitioner/physician assistant for treatment of latent tuberculin infection.

SOURCE: Miss. Code Ann. §43-11-13

Rule 48.11.9. **Records and Reports.**

3. Resident records shall contain the following:

c. Medical evaluation and referral from physician or nurse practitioner/physician assistant.

h. Physician orders or nurse practitioner/physician assistant orders (including, but not limited to, therapies, diets, medications, etc.) and medication administration records.

SOURCE: Miss. Code Ann. §43-11-13

Subchapter 12 MEDICAL AND PERSONAL CARE SERVICES

Rule 48.12.2. **Medical Evaluation**. Each person applying for admission to a licensed facility shall be given a thorough examination by a licensed physician or certified nurse practitioner/physician assistant within thirty (30) days prior to admission. The examination shall indicate the appropriateness of admission, according to the above criteria, to a licensed facility with an annual update by a physician and/or nurse practitioner/physician assistant.

SOURCE: Miss. Code Ann. §43-11-13

CHAPTER 50 MINIMUM STANDARDS OF OPERATION FOR ALZHEIMER'S DISEASE/DEMENTIA CARE UNIT: GENERAL ALZHEIMER'S DISEASE/DEMENTIA CARE UNIT

Subchapter 3 ASSESSMENT AND INDIVIDUAL CARE PLANS

Rule 50.3.1 **Assessments**. Prior to admission to the A/D Unit, each individual shall receive a medical examination and assessment from a licensed physician or nurse practitioner/physician assistant. In addition, prior to admission, each individual shall be assessed by a licensed practitioner whose scope of practice includes assessment of cognitive, functional, and social abilities, and nutritional needs. These assessments shall include the individual's family supports, level of

activities of daily living functioning and level of behavioral impairment. The functional assessment shall demonstrate that the individual is appropriate for placement.

SOURCE: Miss. Code Ann. §43-11-13