



Ohio Administrative Code

Rule 5122-30-25 Changes in a resident's health status.

Effective: January 1, 2018

(A) A class two or class three facility may not provide physical health care activities for the treatment of a serious illness or disease, defined as skilled nursing care in accordance with section 3721.01 of the Revised Code. Skilled nursing care shall be considered to be provided by a residential facility if it is provided by a person employed by or associated with the facility, including a home healthcare company owned by or associated with the owner/operator, or by another person pursuant to an agreement to which neither the resident who receives the services nor their custodian or legal guardian is a party. In the event of such serious illness or disease, the resident may make arrangements for necessary home health, visiting nurse, or similar services. If the resident need assistance in making arrangements, staff of a class 2 facility shall assist the resident in making these arrangements or assure another entity is available to provide the assistance.

"Skilled nursing care" means procedures that require technical skills and knowledge beyond those the untrained person possesses and that are commonly employed in providing for the physical, mental, and emotional needs of the ill or otherwise incapacitated. "Skilled nursing care" includes, but is not limited to, the following:

- (1) Irrigations, parameterizations, application of dressings, and supervision of special diets;
- (2) Objective observation of changes in the patient's condition as a means of analyzing and determining the nursing care required and the need for further medical diagnosis and treatment;
- (3) Special procedures contributing to rehabilitation;
- (4) Administration of medication by any method ordered by a physician, such as hypodermically, rectally, or orally, including observation of the patient after receipt of the medication;
- (5) Administering tube or syringe feedings or parenteral nutrition;



(6) Carrying out other treatments prescribed by the physician that involve a similar level of complexity and skill in administration.

(B) No class two facility shall admit or retain any resident in need of skilled nursing care unless the care will be provided on a part-time, intermittent basis; consisting of fewer than eight hours in a twenty-four hour day, or fewer than forty hours in a seven day period, and not more than a total of one hundred twenty days in any twelve-month period. The skilled nursing care must be provided by an appropriately licensed employee or contract employee of one or more of the following:

(1) A home health agency certified under Title XVIII of the "Social Security Act," 49 Stat. 620 (1935), 42 U.S.C. 301, as amended.

(2) A hospice care program licensed under Chapter 3712. of the Revised Code.

(3) A mental health or substance use treatment provider, or board.

(C) In class two facilities, the facility shall monitor and report changes in the health status of residents that would require a change in facility type or referral for skilled nursing care or licensed health professional intervention and contact the resident's physician, source of medical care, or case manager within twenty-four hours. When a resident is observed to have difficulty in self-administering medication, a new assessment of the resident's capacity to self-administer the medications prescribed for them with or without assistance must be obtained. If an updated assessment determines that the resident is no longer capable of self-administering medication, the facility must provide a discharge or transfer notice to the resident in accordance with rule 5122-30-27 of the Administrative Code. An operator may not transfer such a resident to another class two residential facility.

(D) Class two facilities shall in the event of acute illness, accident, nursing facility admission, or hospitalization of a resident, contact the resident's physician or source of medical care immediately. The operator shall also notify any emergency contact pre-designated by the resident, and the resident's case manager, if applicable, as soon as possible, but not later than twenty-four hours after the emergency occurs. The operator shall document the occurrence and contacts in the resident's record.



(E) A resident in a class three facility may retain and utilize a visiting nurse, home health nurse or any other needed medical services.