10A NCAC 13D .3004 BRAIN INJURY LONG-TERM CARE

(a) The general requirements in this Subchapter shall apply when applicable, but brain injury long term care units shall meet the supplement requirements in Rules .3004 and .3005 of this Section. The facility shall provide services through a medically supervised interdisciplinary process as provided in Rule .2505 of this Subchapter and that are directed toward maintaining the individual at the optimal level of physical, cognitive and behavioral functioning. Following are the minimum requirements for specific services that may be necessary to maintain the individual at optimum level:

(1) Overall supervisory responsibility for brain injury long term care services shall be assigned to a registered nurse with one year experience in caring for brain injured patients.

(2) Physical therapy shall be provided by a physical therapist with a current valid North Carolina license. Occupational therapy shall be provided by an occupational therapist with a current valid North Carolina License. The services of a physical therapist and occupational therapist shall be combined to provide one full-time equivalent position for each 20 patients. The assistance of a physical therapy aide and occupational therapy aide, with appropriate supervision, shall be combined to provide one full-time equivalent position for each 20 patients. A proportionate number of hours shall be provided for a census less than 20 patients.

(3) Clinical nutrition services shall be provided by a dietitian with two years clinical training and experience in nutrition. The number of hours of clinical nutrition services on either a full-time or part-time employment or contract basis shall be adequate to meet the needs of the patients. Each patient's nutrition needs shall be reviewed at least monthly. Clinical nutrition services shall include:

(A) Assessing the appropriateness of the ordered diet for conformance with each patient's physiological and pharmacological condition.

(B) Evaluating each patient's laboratory data in relation to nutritional status and hydration.

(C) Applying technical knowledge of feeding tubes, pumps and equipment to each patient's specialized needs.

(4) Clinical social work shall be provided by a social worker meeting the requirements of Rule .2802 of this Subchapter.

(5) Recreation therapy, when required, shall be provided on either a full-time or part-time employment or contract basis by a clinician eligible for certification as a therapeutic recreation specialist by the State of North Carolina Therapeutic Recreational Certification Board. The number of hours of therapeutic recreation services shall be adequate to meet the needs of the patients. In event that a qualified specialist is not locally available, alternate treatment modalities shall be developed by the occupational therapist and reviewed by the attending physician. The program designed shall be adequate to meet the needs of this specialized population and shall be administered in accordance with Section .3000 of this Subchapter.

(6) Speech therapy, when required, shall be provided by a clinician with a current valid license in speech pathology issued by the State Board of Speech and Language Pathologists and Audiologists.

(7) Respiratory therapy, when required, shall be provided by an individual meeting the same qualifications for providing respiratory therapy under Rule .3003 of this Section.

(b) Each patient's program shall be governed by an interdisciplinary treatment plan incorporating and expanding upon the health plan required under Section .2300 of this Subchapter. The plan is to be initiated on the first day of admission. Upon completion of baseline data development and an integrated interdisciplinary assessment, the initial treatment plan is to be expanded and finalized within 14 days of admission. Through an interdisciplinary process the treatment plan shall be reviewed at least monthly and revised as appropriate. In executing the treatment plan, the interdisciplinary team shall be the major decision making body and shall determine the goals, process, and time frames for accomplishment of each patient's program. Disciplines to be represented on the team shall be medicine, nursing, clinical pharmacy and all other disciplines directly involved in the patient's treatment or treatment plan.

(c) Each patient's overall program shall be assigned to an individually designated case manager. The case manager acts as the coordinator for assigned patients. Any professional staff member involved in a patient's care may be assigned this responsibility for one or more patients. Professional staff may divide this responsibility for all patients on the unit in the best manner to meet all patients' needs for a coordinated, interdisciplinary approach to care. This case manager shall be responsible for:

(1) coordinating the development, implementation and periodic review of the patient's treatment plan;

(2) preparing a monthly summary of the patient's progress;

(3) cultivating the patient's participation in the program;
(4) general supervision of the patient during the course of treatment;
(5) evaluating appropriateness of the treatment plan in relation to the attainment of stated goals; and
(6) assuring that discharge decisions and arrangements for post discharge follow-up are properly made.

(d) For each 20 patients or fraction thereof, dedicated treatment facilities and equipment shall be provided as follows:

(1) a combined therapy space equal to or exceeding 600 square feet, adequately equipped and arranged to support each of the therapies;
(2) access to one full reclining wheel chair per patient;
(3) special physical therapy and occupational therapy equipment for use in fabricating positioning devices for beds and wheelchairs including splints, casts, cushions, wedges, and bolsters; and
(4) roll-in bath facilities with a dressing area available to all patients, providing maximum privacy to the patient.

History Note: *Authority G.S. 131E-104;*
RRC objection due to lack of statutory authority Eff. July 13, 1995;
Eff. January 1, 1996;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015.