**Section 340.1500 Medical Care Policies**

a) The facility shall have a written program of medical services approved in writing by the advisory physician, which reflects the philosophy of care provided, the policies relating to this philosophy, and the procedures for implementation of the services. The program shall include the entire complex of services provided by the facility and the arrangements to effect transfer to other facilities as promptly as needed. The written program of medical services shall be followed in the operation of the facility.

b) Each resident admitted shall have a physical examination, within five days prior to admission or within 72 hours after admission. The examination report shall include at a minimum each of the following:

1) An evaluation of the resident's condition, including height and weight, diagnoses, plan of treatment, recommendations, treatment orders, personal care needs, and permission for participation in activity programs as appropriate.

2) Documentation of the presence or absence of tuberculosis infection by tuberculin skin test in accordance with Section 340.1520.

3) Documentation of the presence or absence of incipient or manifest decubitus ulcers (commonly known as bed sores), with grade, size and location specified, and orders for treatment, if present. (A photograph of incipient or manifest decubitus ulcers is recommended on admission.)

4) Orders from the physician regarding weighing of the resident, and the frequency of such weighing, if ordered.

c) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.

d) At the time of an accident or injury, immediate treatment shall be provided by personnel trained in first aid procedures.

e) *All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders.* (Section 2-104(b) of the Act)

f) *Every resident shall be permitted to refuse medical treatment and to know the consequences of such action, unless such refusal would be harmful to the health and safety of others and such harm is documented by a physician in the resident's clinical record.* (Section 2-104(c) of the Act)

g) *All residents shall be permitted to participate in the planning of their total care and medical treatment to the extent that their condition permits.* (Section 2-104(a) of the Act)

h) *No resident shall be subjected to experimental research or treatment without first obtaining his informed, written consent. The conduct of any experimental research or treatment shall be authorized and monitored by an institutional review committee appointed by the administrator of the facility where such research and treatment is conducted.* Any facility desiring to conduct an experimental program or do research that is in conflict with this Part shall submit a written request to the Department and secure prior approval. Such approval will be granted only if the request will not create an unnecessary and unusual threat to the health, welfare, safety or rights of residents or staff. (Section 2-104(a) of the Act)

i) *All residents shall be permitted respect and privacy in their medical and personal care program. Every resident's case discussion, consultation, examination and treatment shall be confidential and shall be conducted discreetly, and those persons not directly involved in the resident's care must have the resident's permission to be present.* (Section 2-105 of the Act)