**Section 350.1220 Physician Services**

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

b) The facility shall have a formal arrangement for qualified medical care, including care for medical emergencies on a 24 hour, seven days-a-week basis. An advisory physician shall provide advice on general health conditions and practices of the facility.

c) The services of a physician shall be available to every resident in the facility.

d) The resident or his guardian shall be permitted his choice of physicians.

e) All residents shall be seen by their physician as often as necessary to assure adequate health care.

f) Physicians shall participate in the continuing interdisciplinary evaluation of individual residents, for the purposes of initiation, monitoring, and follow-up of individualized habilitation programs for treatment.

g) The statement of treatment goals and management plans shall be reviewed and updated at least semiannually to insure that the goals are appropriate and that management methods are consistent with the goals; and to determine whether progress toward the goals is being achieved or the goals should be reevaluated.

h) The facility shall maintain effective arrangements through which medical and remedial services required by the resident but not regularly provided within the facility can be obtained promptly when needed.

i) Each resident admitted shall have a complete physical examination, within five days prior to admission, or within 72 hours after admission to the facility. This examination report shall include an evaluation of the resident's condition, including height and weight, diagnosis, plan of treatment and recommendations, treatment orders, personal care needs, and permission for participation in facility programs as determined appropriate by the attending physician. The report shall document the presence or absence of tuberculosis infection by tuberculin skin test in accordance with Section 350.1225. The report shall also document 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. The report shall also include orders from the physician regarding weighing of the resident and the frequency of such weighing, if ordered.

j) The facility shall notify the resident's physician of any accident, injury, or 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.

k) At the time of an accident, immediate first aid treatment shall be provided by personnel trained in medically approved first aid procedures.

l) The admission information for a resident shall include diagnoses, summary of present medical findings, psychological findings, medical history, mental and physical functioning capacity, prognosis and an explicit recommendation by the physician with respect to admission to or continued care in the facility; it shall also include orders for medications, treatments, restorative services, diet, specific procedures recorded for the health and safety of the resident activities and plans for continuing care and discharge. If this information is not received with the resident at the time of admission, it must be received within 48 hours.

m) A resident who becomes unmanageable shall promptly be examined by a physician or a psychiatrist. A psychologist and members of other appropriate professional disciplines should be consulted, as necessary.

n) No resident shall be discharged without the concurrence of the attending physician. All involuntary discharges and transfers shall be in accordance with Sections 3-401 to 3-423 of the Act.

(Source: Amended at 23 Ill. Reg. 7970, effective July 15, 1999)