**DEPARTMENT OF JUVENILE JUSTICE CERTIFICATION UNIT**

**JUVENILE GROUP HOME RESIDENT MEDICAL FILE REVIEW**

**FACILITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REVIEWER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Case Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Begin Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Juvenile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Regulation** | **Compliant****(Y, N, NA, or ND)** | **Comments** | **Supervisor’s Initials/Date** |
| --- | --- | --- | --- |
| **HEALTH CARE PROCEDURES** |
| **6VAC35-41-1170 (B). Health care procedures.**The following written information concerning each resident shall be readily accessible to staff who may have to respond to a medical or dental emergency: |  |  |  |
| 1. Name, address, and telephone number of the physician and dentist to be notified;
 |  |  |  |
| 1. Name, address, and telephone number of a relative or

other person to be notified; |  |  |  |
| **3.** Medical insurance company name and policy number or Medicaid number; |  |  |  |
| **4.** Information concerning: 1. Use of medication;
 |  |  |  |
| b. All allergies, including medication allergies; |  |  |  |
| c. Substance abuse and use; |  |  |  |
| d. Significant past and present medical problems; and |  |  |  |
| **5.** Written permission for emergency medical care, dental care, and obtaining immunizations or a procedure and contacts for obtaining consent. |  |  |  |
| **CONSENT TO AND REFUSAL OF HEALTH CARE SERVICES** |
| **6VAC35-41-1190 (A). Consent to and refusal of health care services.**The knowing and voluntary agreement, without undue inducement or any element of force, fraud, deceit, duress, or other form of constraint or coercion, of a person who is capable of exercising free choice (informed consent) to health care shall be obtained from the resident, parent, guardian, or legal custodian as required by law. |  |  |  |
| **6VAC35-41-1190 (B). Consent to and refusal of health care services.**The resident, parent, guardian, or legal custodian, as applicable, shall be advised by an appropriately trained medical professional of (i) the material facts regarding the nature, consequences, and risks of the proposed treatment, examination, or procedure and (ii) the alternatives to it. |  |  |  |
| **6VAC35-41-1190 (C). Consent to and refusal of health care services.**Residents may refuse in writing medical treatment and care. This subsection does not apply to medication refusals that are governed by 6VAC35-41-1280 (medication). |  |  |  |
| **6VAC35-41-1190 (D). Consent to and refusal of health care services.**When health care is rendered against the resident's will, it shall be in accordance with applicable laws and regulations. |  |  |  |
| **Health SCREENING AT ADMISSION** |
|  **6VAC35-41-1200. Health screening at admission. (Critical)**The facility shall require that:**1**. To prevent newly arrived residents who pose a health or safety threat to themselves or others from being admitted to the general population, all residents shall immediately upon admission undergo a preliminary health screening consisting of a structured interview and observation by health care personnel or health-trained staff. As necessary to maintain confidentiality, all or a portion of the interview shall be conducted with the resident without the presence of the parent or guardian. |  |  |  |
| **2.** Residents admitted to the facility who pose a health or safety threat to themselves or others shall not be admitted to the facility's general population but provision shall be made for them to receive comparable services. |  |  |  |
| **3**. Immediate health care is provided to residents who need it. |  |  |  |
| **TUBERCULOSIS SCREENING** |
| **6VAC35-41-1210 (A). Tuberculosis screening. (Critical)**Within seven days of placement each resident shall have had a screening assessment for tuberculosis. The screening assessment can be no older than 30 days.  |  |  |  |
| **6VAC35-41-1210 (B). Tuberculosis screening. (Critical)** A screening assessment for tuberculosis shall be completed annually on each resident.  |  |  |  |
| **6VAC35-41-1210 (C). Tuberculosis screening.** The facility's screening practices shall be performed consistent with any current recommendations of the Virginia Department of Health, Division of Tuberculosis Prevention and Control and the Department of Health and Human Services Centers for Disease Control and Prevention for the detection, diagnosis, prophylaxis, and treatment of pulmonary tuberculosis.  |  |  |  |
| **MEDICAL EXAMINATIONS AND TREATMENT** |
|  **6VAC35-41-1220 (A). Medical examinations and treatment.**Except for residents placed in a shelter care facility, each resident accepted for care shall have a physical examination by or under the direction of a licensed physician no earlier than 90 days prior to admission to the facility or no later than seven days following admission, except   |  |  |  |
| **(i)** the report of an examination within the preceding 12 months shall be acceptable if a resident transfers from one facility licensed or certified by a state agency to another and |  |  |  |
| **(ii)**  a physical examination shall be conducted within 30 days following an emergency admission if a report of physical examination is not available.  |  |  |  |
| **6VAC35-41-1220 (B). Medical examinations and treatment. (Critical)**Each resident shall have an annual physical examination by or under the direction of a licensed physician and an annual dental examination by a licensed dentist.  |  |  |  |
| **RESIDENT’S HEALTH RECORDS** |
| **6VAC35-41-1250 (A). Residents' health records. (Critical)**Each resident's health record shall include written documentation of **(i)** the initial physical examination,  |  |  |  |
| **(ii)** an annual physical examination by or under the direction of a licensed physician including any recommendation for follow-up care, and  |  |  |  |
| **(iii)** documentation of the provision of follow-up medical care recommended by the physician or as indicated by the needs of the resident.  |  |  |  |
| **6VAC35-41-1250 (C). Residents' health records.**Each physical examination report shall include:1. information necessary to determine the health and immunization needs of the resident, including:
 |  |  |  |
|  **a.** immunizations administered at the time of the exam; |  |  |  |
|  **b.** vision exam; |  |  |  |
|  **c.** hearing exam; |  |  |  |
|  **d.** general physical condition including documentation of apparent freedom from communicable disease, including tuberculosis;  |  |  |  |
|  **e**. allergies, chronic conditions, and handicaps, if any; |  |  |  |
|  **f.** nutritional requirements including special diets, if any; |  |  |  |
|  **g.** restrictions on physical activities, if any; and |  |  |  |
|  **h.** recommendations for further treatment, immunizations, and other examinations indicated.  |  |  |  |
| 1. Date of the physical examination; and
 |  |  |  |
| **3**. Signature of a licensed physician, the physician's designee, or an official of a local health department.  |  |  |  |
| **6VAC35-41-1250 (D). Residents' health records.** Each resident's health record shall include written documentation of **(i)** an annual examination by a licensed dentist and **(ii)** documentation of follow-up dental care recommended by the dentist or as indicated by the needs of the resident. This requirement does not apply to shelter care facilities and respite care facilities.  |  |  |  |
| **6VAC35-41-1250 (E). Residents' health records.**Each resident's health record shall include notations of health and dental complaints and injuries and shall summarize symptoms and treatment given.  |  |  |  |
| **6VAC35-41-1250 (F). Residents' health records.**Each resident's health record shall include or document the facility's efforts to obtain treatment summaries of ongoing psychiatric or other mental health treatment and reports, if applicable. |  |  |  |
| **MEDICATION** |
|  **6VAC35-41-1280 (D).** Staff authorized to administer medication shall be informed of any known side effects of the medication and the symptoms of the effects.  |  |  |  |
| **6VAC35-41-1280 (E). (Critical)** A program of medication, including procedures regarding the use of over-the-counter medication pursuant to written or verbal orders signed by personnel authorized by law to give such orders, shall be initiated for a resident only when prescribed in writing by a person authorized by law to prescribe medication.  |  |  |  |
| **6VAC35-41-1280 (F).**  All medications shall be administered in accordance with the physician's or other prescriber's instructions and consistent with the requirements of § 54.2-2408 of the Code of Virginia and the Virginia Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia).  |  |  |  |
| **6VAC35-41-1280 (G).** A medication administration record shall be maintained of all medicines received by each resident and shall include:1. Date the medication was prescribed or most recently refilled;
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| 1. Drug name;
 |  |  |  |
| 1. Schedule for administration;
 |  |  |  |
| 1. Strength;
 |  |  |  |
| 1. Route;
 |  |  |  |
| 1. Identity of the individual who administered the medication; and
 |  |  |  |
| 1. Dates the medication was discontinued or changed.
 |  |  |  |
| **6VAC35-41-1280 (H). (Critical)**•In the event of a medication incident or an adverse drug reaction, first aid shall be administered if indicated. Staff shall promptly contact a poison control center, pharmacist, nurse, or physician and shall take actions as directed.•If the situation is not addressed in standing orders, the attending physician shall be notified as soon as possible and the actions taken by staff shall be documented. A medical incident shall mean an error made in administering a medication to a resident including the following: 1. a resident is given incorrect medication;
 |  |   |  |
| **(ii)** medication is administered to an incorrect resident;  |  |  |  |
| **(iii)** an incorrect dosage is administered;  |  |  |  |
| **(iv)** medication is administered at a wrong time or not at all; and  |  |  |  |
| 1. the medication is administered through an improper

 method. •A medication error does not include a resident's refusal of appropriately offered medication.  |  |  |  |
| **6VAC35-41-1280 (J). (Critical)**Medication refusals shall be documented including action taken by staff. The facility shall follow procedures for managing such refusals that shall address:1. Manner by which medication refusals are documented, and
 |  |  |  |
| 1. Physician follow-up, as appropriate.
 |  |  |  |
| **Medication Management In Independent Living Programs** |
| **6VAC35-41-990. Medication management in independent living programs.**If residents age 18 years or older are to share in the responsibility for their own medication with the provider, the independent living program shall develop and implement written procedures that include:1. Training for the resident in self administration and recognition of side effects; |  |  |  |
| 2. Method for storage and safekeeping of medication; |  |  |  |
| 3. Method for obtaining approval for the resident to self administer medication from a person authorized by law to prescribe medication; and |  |  |  |
| 4. Method for documenting the administration of medication.  |  |  |  |