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IP Address: 209 119 172 130

Response Started: Wednesday, January 30, 2013 10:12:00 AM

Response Modified: Wednesday January 30, 2013 1:55:52 PM

1 What parts of the draft rules do you believe are effective?

No Response

2. How can the draft rules be improved?

For all proposed regulations stating "An Administrator Shall" please include "or designee". While the administrator is ultimately responsible, he/she may not be the individual performing the designated function. R9-10-804 Personnel- 4 "within the first week of employment or volunteer service" This first week is too limiting when an employee may receive orientation for a few weeks. It should be during their orientation. R9-10-805 Patient Admissions A "Before"- should be "at the time of admission"- the info gathered is often times at the time of the actual admission. 1 "Individual's physician" should match COPs "Attending". 2 "Diagnosis by a physician that indicates that the individual has a specific progressive, normally irreversible disease that will cause the individual's death in six months or less:" change to mirror the language in COPs "terminal illness with a prognosis of six months or less". 3B. Change "At the time of patient Admissions" to "at the time of initial assessment". 3B1. Change "Assess a patient's medical, social, nutritional, and psychological needs to" a registered nurse shall assess a patient's medical, social, nutritional, and psychological needs". 3C- Change "BEFORE or at the time of admission, a social worker shall assess the social and psychological needs of the patient's family"- This doesn't match the COP's the Social worker completing this as part of the comprehensive assessment within 5 days should be adequate and has been effective. R9-10-806- Patient Rights 2B- "A patient's personal and private property are not subject to misappropriation"- hospices cannot reasonably be expected to police all people friends and family having contact with the patients. R9-10-807 Plan of Care- An Administrator shall ensure that a plan of care is developed for each patient: A1- Based on the assessment a patient as required in R9-10-805(B) and Patient's family, if applicable, as required in R9-10-805(C) - Change to "Based on the assessment of the patient and patient's family". 3- That includes A-J- Change this to mirror the COPs- "the plan of care must reflect patient and family goals and interventions based on problems identified." 3B1 and 3- Eliminate- "a request for participation in the patient's plan of care is provided to the patient, patient's representative, or patient's family, C3- Change - "The patient's physician authenticates the s>>plan of care with a signature within 14 days." to "plan of care is developed and updated in consultation with the attending physician" requiring a physician signature is a burden on both the physician and the hospice and is unnecessary to assure good communication and coordination of care. Any changes to the plan of care requiring a physician order are signed and documentation of consultation with the attending physician is completed. R9-10-808- Hospice Service A3- Change "Nutritional Services, including menu planning and the designation of the kind and amount of food appropriate for a patient" to "Nutritional counseling may be provided by a registered nurse or a licensed dietitian" and should only be for the inpatient setting. C6- Change "A registered dietitian or a personnel member under the direction of a registered dietitian plans menus for a patient" to "A registered dietitian or a personnel member under the direction of a dietitian may provide nutritional counseling". Planning menus in the homecare setting is very restrictive when patients are encouraged to eat what they like. C7- C8- move to inpatient setting. R9-10-810 C10- Eliminate "immediate" as immediacy depends on the nature of the change and does not always predicate an urgent contact with the physician. R9-10-809 Medication Services 3 C- change "a requirement that verbal orders for medication services be taken only by a registered nurse" change to licensed nurse. 3F- Add to "Procedures for assisting a patient to obtain medications" to include "as it relates to the terminal illness". 3G- Change "Procedures for assisting a patient with self-administration of medication to Procedures for the evaluation of a patient's/caregiver's ability and willingness to administer medications". as hospice evaluates the ability of a patient to self administer. 3H- eliminate as it is confusing about when a patient is considered off the premises. B4- "a medication administered to a patient" should include "by hospice personnel". C- An administrator shall ensure that there is a "Seperate Room" that is used for medication storage. So long as a medication cart is locked and a double lock is used for controlled substances this has been adequate. This would cause structural changes to some inpatient units and not feasible. c2- A Window that allows an individual to observe the entire room- eliminate. This not feasible or appropriate if a medication storage system is being used. R9-10-811 Environmental Standards and Sanitation- A2i iii- For a hospice inpatient facility; isolation of a patient who may spread an infection or who is immunocompromised - ALL hospice patients are immunocompromised and last part of sentence should be removed. R9-10-812 Medical Record B8 The assessment of the patient required in R9-10-805(B) and Patients family if applicable, required in R9-10-805(c) should be changed to reflect those recommendations in R9-10-805(c). 14 Eliminate "assists the patient to self administer". Documentation is required for medications actually administered by hospice staff. Administration includes handling the patient medications for them to take. R9-10-813- 2ab- Change A) each identified concern in subsection (1)(c), and B0 any change made or action taken in subsection(1)(d); change it to "An overview of the Quality Management program and activities" Reporting every identified concern and change would be a burden to both the hospice staff and Governing Authority. The Governing Authority should be looking at major concerns or trends.

3. Has anything been left out that should be in the rules?

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Respondent Type: Normal Response**Collector:** New Link (Web Link)**Custom Value:** empty**IP Address:** 24 255 4 225**Response Started:** Tuesday, January 22, 2013 6:24:47 AM**Response Modified:** Tuesday, January 22, 2013 6:26:15 AM**1 What parts of the draft rules do you believe are effective?**

No Response

2. How can the draft rules be improved?

Hospice Proposed Rule Changes 2012 R9-10-801 Definitions; 6 "Hospice inpatient facility" means a health care institution in which hospice service is provided to a patient on a continuous basis Comments: Could any health care institution (licensed or not, not associated with a hospice) provide hospice services? What does "continuous basis" mean? Change to "means a licensed health care . " R9-10-802. Supplementary Application Requirements for an Initial Hospice License: In addition to requirements in R9-10-105, an applicant for an initial hospice license shall submit to the Department an application form provided by the Department that includes: 1 For an application as a hospice service agency: a The hours of operation for the hospice's administrative office; and b. The geographic region to be served by the hospice service agency; and 2. For an application as a hospice inpatient facility, the requested licensed capacity of inpatient beds R9-10-803. Administration A A governing authority shall: 1 Consist of one or more persons responsible for the organization and administration of the hospice; 2 Establish the scope of services for the hospice; 3 Approve or designate an individual to approve the policies and procedures for the operation and administration of the hospice; 4 Approve contracted services or designate an individual to approve contracted services; 5 Appoint in writing an administrator, who may be the same individual as the governing authority, and who is: a A physician; b A registered nurse with at least one year of experience in health care administration; c An individual with a baccalaureate degree in human services or administration and at least one year of experience in health care administration; or d An individual with five years of administrative experience, including at least two years of experience in health care administration; 6 Appoint in writing, or require that the administrator appoint in writing: a. A medical director who is a physician, and who may be the same individual as the administrator; and b. At least one director of nursing who is a registered nurse, and who may be the same individual as the administrator; 7 Appoint an acting administrator, in writing if the administrator is expected to be absent for more than 30 days/ and 8 Except as provided in subsection (A)(7), notify the Department according to § A R S 36-425(I) when there is a change in the administrator and provide the name and qualifications of the new administrator; and 9 Adopt a quality management plan that complies with R9-10-813 B An administrator shall: 1 Be directly accountable to the governing authority for all services provided by or through the hospice; 2 Have the authority and responsibility for operating the hospice; 3 Designate, in writing, an employee who meets one of the requirements in subsection (A)(3) who is available and accountable for services provided by the hospice in the absence of the administrator; and Comments: Should refer to subsection (A) (5) which outlines requirements for an administrator 4 Designate a personnel member to supervise volunteers C. An administrator shall: Comments: Shall ensure Mirrors the language used throughout the proposed rules While the administrator is ultimately responsible, he/she may not be the individual performing the designated function 1 Establish, document, and implement policies and procedures that: a Include employee job descriptions, duties, and qualifications; b. Cover employee orientation and in-service education for employees and volunteers; c Cover staffing and recordkeeping; d Cover patient admissions, rights, and discharge; e Cover the provision of hospice service, including the coordination of service provision; f Cover patient medical records, including electronic medical records; g Cover when informed consent is required and by whom informed consent may be given; h If research involving a patient or a patient's record may occur at or through the hospice, cover the review process for the research, how and by whom informed consent is requested, and the patient's right to refuse participation in research; i Cover the receipt of and process for resolving complaints; j Cover health care directives; k. Cover medication procurement, if applicable, and administration; l. Cover contract services; m Cover equipment inspection and maintenance, if applicable; n Cover infection control; and o Cover quality management, including incident documentation; 2 For a hospice inpatient facility, in addition to the policies and procedures in subsection (C)(1), establish, document, and implement policies and procedures that: a. Cover visitation of a patient, including: i. Allowing visitation by individuals of all ages 24 hours a day, and ii. Allowing a visitor to bring a pet to visit the patient; and b Cover the use and display of a patient's personal belongings; and 3 Ensure that policies and procedures are: a Available to all employees, volunteers, and contractors of the hospice, and b Reviewed at least once every 24 months and updated as needed D An administrator shall ensure that: 1 The following are conspicuously posted in the reception area of the hospice: a The current Department-issued license; b The current telephone number of the Department; and c The location at which the following are available for review: i A copy of the most recent Department inspection report; ii A list of the services provided by the hospice; iii A written copy of rates and charges, as required in A R S § 36-436 03; and iv A list of patient rights; and 2 Unless otherwise stated, documentation required by this Article is provided to the Department within two hours after the Department's request R9-10-804 Personnel A. An administrator shall ensure that: 1 Personnel members are available to meet the needs of a patient and the patient's family, according to the patient's plan of care; 2 For a hospice inpatient facility, at least one registered nurse is present in the facility at all times; Comments: Need to clarify what is referred to as hospice inpatient facility This is appropriate for a licensed hospice inpatient facility but not be for a contracted bed for GIP/Respite at a SNF 3 A personnel member, before being employed and every 12 months after the starting date of employment, provides evidence of freedom from infectious tuberculosis as required in R9-10-1???; and [Updated

requirements that will be applicable to all health care institutions in which TB testing is required will be in Article 1] 4 Within the first week of employment or volunteer service, a personnel member receives orientation that: Comments: Eliminate Some contents of orientation are given over a period of time This first week may not be appropriate for all aspects of orientation to be completed a Is specific to the duties to be performed by the personnel member, b Includes as applicable: i Personnel policies; ii Evacuation drills; iii Patient rights; iv Basic infection control techniques, including hand washing and prevention of communicable diseases; and v Palliative care; and c For a volunteer includes the philosophy, objectives, and scope of the hospice's volunteer services B An administrator shall ensure that a personnel record for each employee or volunteer: 1 Includes: a The employee's or volunteer's name, date of birth, home address, and contact telephone number; b The name and telephone number of an individual to be notified in case of an emergency; c The starting date of employment or volunteer service and, if applicable, the ending date; and d As applicable, documentation of: i Qualifications, including education, experience, skills, and knowledge applicable to the employee's or volunteer's job duties; ii Work experience; iii License, certification, registration, or education, if necessary for the position held; iv Evidence of freedom from infectious tuberculosis, as required in subsection (A)(3); and v Orientation and in-service education; and 2 Is maintained by the hospice for at least two years after the last date the employee or volunteer provided services for the hospice R9-10-805 Patient Admissions A Before admitting an individual as a patient, an administrator or designee shall obtain: Comments: Change to "at time of admission". Many of the elements described below are gathered at the time of the actual admission, not before 1 The name of the individual's physician; Comments: Change to "attending" To mirror the language used in the COP's 2 Documentation that the individual has a diagnosis by a physician that indicates that the individual has a specific, progressive, normally irreversible disease that will cause the individual's death in six months or less; and Comments: Change to "terminal illness with a prognosis of six months or less" To mirror the language used in the COP's 3 Documentation from the individual or the individual's representative acknowledging that: a Hospice service includes palliative care and supportive care and is not curative; and b The individual or individual's representative has received: i A list of services to be provided by the hospice, and ii A list of patient rights B At the time of patient admission, a hospice physician or a registered nurse shall: Comments: Change to "At the time of the initial assessment;" 1 Assess a patient's medical, social, nutritional, and psychological needs; and Comments: Change to "A registered nurse shall assess a patient's medical, social, nutritional, and psychological needs" 2 Obtain informed consent Comments: Change to "Ensure an Informed consent shall be has been obtained" C Before or at the time of admission, a social worker shall assess the social and psychological needs of the patient's family, if applicable Comments: Eliminate Additional comments pursuant to this section: Changes have been recommended in order to be consistent with the COP's R9-10-806 Patient Rights A An administrator shall ensure that: 1 A patient: a Has privacy in receiving hospice service, care for personal needs, and visitation; and b Is free from the following: i The intentional infliction of physical, mental, or emotional pain unrelated to the patient's medical condition or hospice service; ii Exploitation; iii Neglect; iv Sexual abuse according to A R S § 13-1404; and v Sexual assault according to A R S § 13-1406; and 2 A patient or patient's representative: a Either consents to or refuses components of hospice service; b Can withdraw consent for pain control or symptom management; c Consents to photographs of the patient before a patient is photographed; d Is informed of: i The components of hospice service provided by the hospice; ii The rates and charges for the components of hospice service before the components are initiated and before a change in rates, charges, or services; iii The hospice's procedures on health care directives; and iv The process for filing a complaint; and e Is informed that a written copy of rates and charges, as required in A.R.S. § 36-436 03, may be requested; and f May submit complaints without retaliation B An administrator shall ensure that: 1 A patient's personal and private property are not subject to misappropriation; and Comments: add "by hospice personnel" Hospices cannot reasonably be expected to police all people having contact with patients 2 A patient's financial records are kept confidential and not released without the written consent of the patient or patient's representative, except as otherwise required or permitted by law R9-10-807. Plan of Care A An administrator shall ensure that a plan of care is developed for each patient: 1 Based on the assessment of the: a Patient as required in R9-10-805(B), and b Patient's family, if applicable, as required in R9-10-805(C); Comments: Change to "Based on the assessment of the patient and patient's family 2. With participation from a: a Physician, b Registered nurse, and c Social worker; 3. That includes: a The patient's diagnosis; b The patient's health care directives; c The patient's cognitive awareness of self, location, and time; d The patient's functional abilities and limitations; e Goals for pain control and symptom management; f The type, duration, and frequency of services to be provided to the patient and, if applicable, the patient's family; g Treatments the patient is receiving from a source other than the hospice, if applicable; h Medications and any known drug allergies; i Nutritional requirements and preferences; and j Specific measures to improve the patient's safety and protect the patient against injury. Comments: Change to mirror the COP's This would minimize confusion between what is required for CMS and ADHS B An administrator shall ensure that: 1 A request for participation in a patient's plan of care is made to the patient or patient's representative, Comments: Eliminate This rule appears to be duplicative to #2. 2 An opportunity for participation in the patient's plan of care is provided to the patient, patient's representative, or patient's family, and 3 Documentation of the request in subsection (B)(1) and the opportunity in subsection (B)(2) is in the patient's medical record Comments: Eliminate C An administrator shall ensure that: 1 Hospice service is provided to a patient and, if applicable, the patient's family according to the patient's plan of care, 2 The patient's plan of care is reviewed and updated: a Whenever there is a change in the patient's condition that indicates a need for a change in the type, duration, or frequency of the services being provided; b If the patient's physician orders a change in the plan of care; and c At least every 30 days; and 3 The patient's physician authenticates the plan of care with a signature within 14 days after the plan of care is initially developed and whenever the plan of care is reviewed or updated Comments: Change to "plan of care is developed and updated in consultation with the attending physician (if any)" Requiring physician signatures is an unfunded burden on both the physicians and the hospice administrative staff and is unnecessary to assure good communication and coordination of care Any changes to the plan of care requiring a physician order are signed and documentation of consultation with the attending physician is completed R9-10-808 Hospice Service A An administrator shall ensure that the following are included in the hospice service provided by the hospice: 1 Medical services; 2 Nursing services; 3. Nutritional services, including menu planning and the designation of the kind and amount of food appropriate for a patient; Comments: Change to "Nutritional counseling that may be provided by a Registered Nurse or a Licensed Dietitian. Requiring services that include menu planning is too restrictive 4 Medical social services, provided by an individual licensed under A R S Title 32, Chapter 33, Article 5; 5 Bereavement counseling for a patient's family for at least

one year after the death of a patient; and 6. Spiritual counseling services, consistent with a patient's customs, religious preferences, cultural background, and ethnicity. B In addition to the services specified in subsection (A), an administrator of a hospice service agency shall ensure that the following are included in the hospice service provided by the hospice: 1. Home health aide services; 2. Respite care services, as defined in A R S § 36-401; and 3 Supportive services, as defined in A R S § 36-151. C An administrator shall ensure that the medical director provides direction for medical services provided by or through the hospice D A medical director shall ensure that: 1 A patient's need for medical services is met, according to the patient's plan of care and the hospice's policies and procedures; and 2 If a patient is receiving medical services not provided by or through the hospice, hospice service provision is coordinated with the physician providing medical services to the patient C A director of nursing shall ensure that: Comments: Change to E 1. A registered nurse or practical nurse provides nursing services according to the hospice's policies and procedures; 2 A sufficient number of nurses are available to provide the nursing services identified in each patient's plan of care; 3 The plan of care for a patient is implemented; 4 A personnel member is only assigned to provide services the personnel member can competently perform; 5 A registered nurse: a Assigns tasks in writing to a home health aide who is providing hospice service to a patient, b Provides direction for the home health aide services provided to a patient, and c Verifies the competency of the home health aide in performing assigned tasks; 6 A registered dietitian or a personnel member under the direction of a registered dietitian plans menus for a patient; Comments: "A registered dietitian or a personnel member under the direction of a dietitian may provide nutritional counseling"Planning menus in the homecare setting is very restrictive when patients are encouraged to eat what they like 7 A patient requiring assistance to eat is provided with assistance that recognizes the patient's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; 8 Water is available and accessible to patients at all times, unless otherwise stated in a patient's plan of care Comments: These rules are more appropriate for inpatient settings and should be moved to R9-10-810 9 A patient's condition and the services provided to the patient are documented in the patient's medical record after each patient contact; 10 A patient's physician is immediately informed of a change in the patient's condition that requires medical services; and Comments: Eliminate Immediacy depends on the nature of the change and does not always predicate an urgent contact with the physician 11. The implementation of a patient's plan of care is coordinated among the personnel members providing hospice service to the patient R9-10-809 Medication Services A An administrator shall ensure that policies and procedures for medication services: 1 Are reviewed and approved by a pharmacist or physician; 2 Specify the individuals who may: a Order medication, b Dispose of medication, and c Administer medication; 3 Include: a Procedures for preventing, responding to, and reporting a medication error, an adverse response to a medication, or a medication overdose; b. Procedures for administering a medication to a patient; c A requirement that verbal orders for medication services be taken only by a registered nurse, unless otherwise provided by law; Comments: Change "registered nurse" to "licensed nurse" Except in the inpatient setting almost all medication orders for hospice patients are verbal orders Requiring an RN to obtain orders may delay treatment and cause a nurse not immediately present to the patient to be in communication with a physician who may need information that only the nurse present would have This has the potential to compromise patient safety d Procedures to ensure that a patient's medication regimen is reviewed by a physician and meets the patient's needs for pain control or symptom management; e Procedures for documenting medication services or a patient's refusal to take prescribed medication; f Procedures for assisting a patient to obtain medication; Comments: Add "as related to the terminal illness"Patients routinely take medications that are unrelated and may obtain these independently g Procedures for assisting a patient with self-administration of medication; and Comments: Change to "the evaluation of a patient's/caregiver's ability to administer medications Hospice personnel do not routinely assist patients with self-administration of medications. They do, however, evaluate the ability to self-administer h Procedures for providing medication services off the premises, if applicable; and Comments: Clarification needed When is a patient considered "off the premises"? eliminate 4 Specify a process for review through the quality management program of: a A medication administration error, and b An adverse reaction to a medication B. An administrator shall ensure that: 1. A current drug reference guide is available for use by personnel members; 2 A current toxicology reference guide is available for use by personnel members; 3 If pharmaceutical services are provided: a. The pharmaceutical services are provided under the direction of a pharmacist; b The pharmaceutical services comply with A R S. Title 36 Chapter 27; A R S Title 32, Chapter 18; and 4 A A C 23; and c A copy of the pharmacy license is provided to the Department upon request; and 4 A medication administered to a patient: Comments: Add "by hospice personnel"The only time hospice personnel can assure compliance with an order and documentation is if they actually administer the medication a Is administered in compliance with an order, and b Is documented as required in R9-10-812(B)(14) C. An administrator of a hospice inpatient facility shall ensure that there is a separate room used for medication storage that includes: Comment: Add "or system used for medication storage"This would include the use of a Pixys system. 1 A lockable door, 2 A window that allows an individual to observe the entire room, Comment: Eliminate This may not be feasible or appropriate if a medication storage system is being utilized 3 A locked cabinet or door for medication storage, and 4 A refrigerator for storing medications requiring refrigeration. R9-10-810 Food Service for Hospice Inpatient Facilities A An administrator of a hospice inpatient facility shall ensure that food is obtained, prepared, served, and stored as follows: 1 Food is free from spoilage, filth, or other contamination and is safe for human consumption; 2 Food is protected from potential contamination; 3 Food is prepared: a Using methods that conserve nutritional value, flavor, and appearance; and b In a form to meet the needs of a patient, such as cut, chopped, ground, pureed, or thickened; 3 Potentially hazardous food is maintained as follows: a Foods requiring refrigeration are maintained at 41° F or below; b Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 140° F, except that: i Ground beef, poultry, poultry stuffing, stuffed meats and stuffing containing meat are cooked to heat all parts of the food to at least 165° F; ii Pork and any food containing pork are cooked to heat all parts of the food to at least 160° F; iii Raw shell eggs and any food containing raw shell eggs are cooked to heat all parts of the food to at least 145° F for 15 seconds; iv Roast beef is cooked to an internal temperature of at least 145° F unless otherwise requested by a resident; and v Leftovers are reheated to a temperature of 165° F; 5 A refrigerator contains a thermometer, accurate to plus or minus 3° F, at the warmest part of the refrigerator; 6 Frozen foods are stored at a temperature of 0° F or below; and 7 Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair B For a hospice inpatient facility with a licensed capacity of more than 20 beds, an administrator shall ensure that the hospice inpatient facility: 1 Either: a Is licensed as a food establishment under 9 A A C 8, Article 1, or b Contracts for food service with a food establishment licensed under 9 A A C 8, Article 1; and 2 Maintains a

copy of the applicable food establishment license on the premises C An administrator of a hospice inpatient facility shall ensure that: 1 A food menu is prepared at least one week in advance and conspicuously posted; 2 If there is a change to a posted food menu, the change is noted on the posted menu no later than the morning of the day the change occurs; 3 Meals and snacks provided by the hospice inpatient facility are served according to posted menus; and 4 Meals for each day are planned using: a Meal planning guides from (will insert most current document) incorporated by reference, on file with the Department and the Office of the Secretary of State, and including no future editions or amendments, available from the U S Department of Agriculture, Center for Nutrition Policy and Promotion; and b Preferences for meals and snacks obtained from patients R9-10-811 Environmental Standards and Sanitation A An administrator shall ensure that: 1 An infection control program is established, documented, and implemented with specific measures to prevent, detect, control, and investigate infections and communicable diseases; and 2 Policies and procedures are established, documented, and implemented that cover: a Compliance with the requirements in 9 A A C 6 for reporting and control measures for communicable diseases and infestations; b Handling and disposal of biohazardous medical waste and discarded drugs, as defined in A A C R18-13-1401, according to 18 A A C 13, Article 14; c Sterilization and disinfection of medical equipment and supplies; d Use of personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable; e Cleaning of an individual's hands when the individual's hands are visibly soiled and before and after providing a service to a patient; f Training of personnel members in infection control practices; g Work restrictions for a personnel member with a communicable disease or infected skin lesion; and i For a hospice inpatient facility: i Transport, storage, and cleaning of soiled linens and clothing; ii Housekeeping procedures that ensure a clean environment; and iii Isolation of a patient who may spread an infection or who is immunocompromised Comments: Remove "immunocompromised" All hospice patients are immunocompromised B An administrator of a hospice inpatient facility shall ensure that: 1 The facility, premises, and equipment are: a Maintained in good repair; b Clean; c Free of insects and rodents; and d Free from a condition or situation that may cause a patient or other individual to suffer physical injury or illness; 2 Equipment used at the facility is: a Maintained in working order; b Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in the hospice inpatient facility's policies and procedures; and c Used according to the manufacturer's recommendations; 3 Documentation of equipment testing, calibration, and repair is maintained for one year after the date of the testing, calibration, or repair; 4 Garbage and refuse are: a Stored in plastic bags in covered containers, and b Removed from the premises at least once a week; 5 Heating and cooling systems maintain the facility at a temperature between 70° F to 82° F at all times; 6 Common areas are lighted to assure the safety of patients and sufficient to allow personnel members to monitor patient activity; 7. Hot water temperatures are maintained between 95° F and 120° F in the areas of a facility used by patients; 8 The supply of hot and cold water is sufficient to meet the personal hygiene needs of patients and the cleaning and sanitation requirements in this Article; 9 Oxygen containers are secured in an upright position; 10 Poisonous or toxic materials stored in the facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and inaccessible to patients; 11 Except for medical supplies needed by a patient, combustible or flammable liquids and hazardous materials are stored outside the facility in the original labeled containers or safety containers in a storage area that is locked and inaccessible to patients; 12 If a non-municipal water source is used: a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coli form or E coli bacteria and corrective action is taken to ensure the water is safe to drink, and b Documentation of testing is retained for 24 months after the date of the test; and 13. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules C An administrator of a hospice inpatient facility shall ensure that: 1. The design and décor of the hospice inpatient facility are comparable to those found in an individual's home rather than another class of health care institution, and 2 A patient is allowed to use and display personal belongings R9-10-812 Medical Record A. An administrator shall ensure that a medical record is established and maintained for each patient according to A R S § 12-2297 and the hospice's policies and procedures B An administrator shall ensure that the medical record for a patient includes the following information: 1 The patient name, address, date of birth, and telephone number; 2 The name and telephone number of the patient's representative, if applicable; 3 The name and telephone number of the patient's physician; 4 The patient's health care directives; 5 The patient's medical history and current diagnoses; 6 The medications used by the patient; 7 Any known allergies; 8 The assessment of the: a. Patient required in R9-10-805(B), and b. Patient's family, if applicable, required in R9-10-805(C); Comments: Change to reflect recommended changes in R9-10-805 B and C 9 The date the patient began receiving services from the hospice and, if applicable, the date the patient stopped receiving services from the hospice; 10 The patient's plan of care; 11 Orders by the patient's physician; 12 Documentation of tasks assigned to a home health aide, if applicable; 13 Progress notes for each patient contact including: a The date of the patient contact, b The services provided, c. A description of the patient's condition, and d Instructions given to the patient or patient's representative; 14 Documentation for each medication that a personnel member administers to the patient or assists the patient to self-administer, including: Comments: Eliminate A personnel member with administer medications to a patient, even for self-administration a The dose, route of administration, and date and time of administration; and b Adverse reactions that may be related to the administration of the medication; 15 Documentation of coordination of patient care; 16 Documentation of contacts with the patient's physician by a personnel member; and 17 If applicable, a discharge summary R9-10-813 Quality Management An administrator shall ensure that: 1 A plan for a quality management program for the hospice is established, documented, and implemented that includes: a A method to identify, document, and evaluate incidents; b A method to collect data to evaluate the provision of services, including oversight of personnel members; c A method to evaluate the data collected to identify a concern about the provision of services; d A method to make changes or take action as a result of the identification of a concern about the provision of services; e A method to determine whether actions taken improved the provision of services; and f The frequency of submitting the documented report required in subsection (2); 2 A documented report is submitted to the governing authority that includes: a Each identified concern in subsection (1)(c), and b Any change made or action taken in subsection (1)(d); and Comments: Change to "A documented reported outlining an overview of the Quality Management program and activities is submitted to the Governing Authority" Reporting every identified concern and change would be a burden to both the hospice staff and the Governing Authority Generally, the Governing Authority is looking for discernible trends and subsequent actions 3 The report in subsection (2) and the supporting documentation is: a Maintained for 12 months from the date the report is submitted to the governing authority, and b Provided

to the Department within two hours after the Department's request. R9-10-814 Plant Standards for a Hospice Inpatient Facility A hospice inpatient facility licensee shall comply with: Life Safety Code requirements in A A C R9-1-412(A)(8). B A An administrator of a hospice inpatient facility shall ensure that a patient's sleeping area: 1 Is shared by no more than four patients; 2 Measures at least 80 square feet of floor space per patient, not including a closet; 3 Has walls from floor to ceiling; 4 Contains a door that opens into a hallway, common area, or outdoors; 5 Is at or above ground level; 6 Is vented to the outside of the hospice inpatient facility; 7 Has a working thermometer for measuring the temperature in the sleeping area; 8 For each patient, has a: a Bed, b Bedside table, c Bedside chair, d Reading light, e Privacy screen or curtain, and f Closet or drawer space; 9 Is equipped with a bell, intercom, or other mechanical means for a patient to alert a personnel member; 10 Is no farther than 20 feet from a room containing a toilet and a sink; 11 Is not used as a passageway to another sleeping area, a toilet room, or a bathing room; 12 Contains one of the following to provide sunlight: a A window to the outside of the hospice inpatient facility, or b A transparent or translucent door to the outside of the hospice inpatient facility; and 13 Has coverings for windows and for transparent or translucent doors that provide patient privacy C An administrator of a hospice inpatient facility shall ensure that the facility includes: 1 For every six patients, a toilet room that contains: a At least one working toilet that flushes; b At least one sink with running water; c Bars attached to a wall that an individual may hold onto to assist the individual in becoming or remaining erect; d A mirror; e Space for a personnel member to assist a patient; f A bell, intercom, or other mechanical means for a patient to alert a personnel member; and g An operable window to the outside of the hospice inpatient facility or other form of ventilation; 2 For every 12 patients, at least one working bathtub or shower accessible to a wheeled shower chair, with a slip-resistant surface, located in a toilet room or in a separate bathing room; 3 For a patient occupying a sleeping area with one or more other patients, a separate room in which the patient can meet privately with family members; 4 Space in a lockable closet, drawer, or cabinet for a patient to store the patient's private or valuable items; 5 A room other than a sleeping area that can be used for social activities; 6 Sleeping accommodations for family members; 7 For personnel and visitors, a designated toilet room other than a patient toilet room that contains: a At least one working toilet that flushes, and b At least one sink with running water; 8 If the hospice inpatient facility has a kitchen with a stove or oven, a mechanism to vent the stove or oven to the outside of the hospice inpatient facility; and 9 Space designated for administrative responsibilities that is separate from sleeping areas, toilet rooms, bathing rooms, and drug storage areas. R9-10-815 Hospice Inpatient Facility Disaster Preparedness An administrator of a hospice inpatient facility shall: 1 Develop and maintain on the premises a written evacuation disaster plan for staff personnel to follow in the event of fire, explosion, or other disaster or threat to patient safety that includes: a Assigned staff responsibilities; b Procedures for transportation of patients and, if possible, records; c Location of and instructions for use of alarm systems; d Location of and instructions for use of fire-fighting equipment, including methods of containing fires; e Procedures for notification of local, state, or federal agencies appropriate to respond to the disaster; f An evacuation map; g Procedures for arranging adequate shelter, beds, food, water, and essential nursing care, including medications, for patients at an alternative location; and h Location and list of emergency supplies on the premises; 2 Conspicuously post written evacuation maps at the hospice inpatient facility; 3 Ensure that personnel review the disaster plan and conduct an evacuation drill, without patient participation, at least once every six months during each shift; and 4 Maintain records of each evacuation drill on the premises for at least 24 months after the date of the evacuation drill, including: a The date and time of the evacuation drill; b The names of personnel participating in the evacuation drill; c A critique of the drill; and d Recommendations for improvement, if applicable;

3. Has anything been left out that should be in the rules?

No Response

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It is very hard to comment as the survey tool is far too limiting and does not allow us to provide the information that DHS needs

2. How can the draft rules be improved?

We would like to submit a detailed document that precisely describes which aspects of the proposed rules we object to. This survey tool does not allow that. Based on conversations with multiple other hospice providers many of us have the same concerns. Please let us know how to submit a detailed email attachment

3. Has anything been left out that should be in the rules?

The State Hospice rules should mirror the Medicare rules. This makes sense from both a provider standpoint and from a surveyor stand point. The proposed rules are not in agreement with the Medicare Conditions of Participation

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2. How can the draft rules be improved?I have many comments that I would like to make, but they require that I send an attachment

3. Has anything been left out that should be in the rules?The rules should mirror the COPs from Medicare
