

ARTICLE 8. HOSPICES; HOSPICE INPATIENT FACILITIES

**R9-10-801. Definitions [Many of these terms are no longer used or are/will be defined in R9-10-101, for definitions used in more than one Article in the Chapter.]**

In this Article, unless the context otherwise requires:

1. "Abuse" has the meaning in A.R.S. § 46-451.
- ~~2.1.~~ "Adverse reaction" means an unexpected outcome that threatens the health or safety of a patient as a result of a hospice service provided to the patient.
- ~~3.2.~~ "Admission" or "admitted" means documented acceptance by a hospice of an individual as a patient.
- ~~4.3.~~ "Assessment" means an analysis of a patient's hospice service needs.
5. "Attending physician" means an individual licensed under A.R.S. Title 32, Chapter 13 or 17 and designated by a patient or a patient representative to participate in the hospice care the patient receives.
6. "~~Biohazardous medical waste~~" has the meaning in A.A.C. R18-13-1401.
7. "~~Biologicals~~" has the meaning in A.A.C. R18-13-1401.
8. "~~Clinical record~~" has the same meaning as "medical records" in A.R.S. § 12-2291.
9. "~~Communicable disease~~" has the meaning in A.A.C. R9-6-101.
10. "~~Conspicuously post~~" means to make visible to patients, patients' families, staff, and hospice visitors by displaying on an object, such as a wall or bulletin board.
11. "~~Continuing education~~" means instruction that satisfies a requirement for renewing an individual's certification or licensure.
12. "~~Counseling~~" means advice or guidance provided to a hospice patient by a counselor.
13. "~~Counselor~~" means a qualified individual who offers advice or guidance to a patient or a patient's family.
14. "~~Department~~" means the Arizona Department of Health Services.
15. "~~Direction~~" has the meaning in A.R.S. § 36-401.
16. "~~Disaster~~" means an unexpected occurrence that adversely affects a hospice's ability to provide hospice services.
17. "~~Discarded drug~~" has the meaning in A.A.C. R18-13-1401.
18. "~~Document~~" means to create, sign, and date information in written, photographic, electronic, or other permanent form.
19. "~~Documentation~~" or "~~documented~~" means signed and dated information in written, photographic, electronic, or other permanent form.

20. ~~"Drug" has the meaning in A.R.S. § 32-1901.~~
21. ~~"Electronic" has the meaning in A.R.S. § 44-7002.~~
22. ~~"Evacuation drill" means a response to a planned, simulated event.~~
23. ~~"Exploitation" has the meaning in A.R.S. § 46-451.~~
- 24.4. "Family" means a patient's spouse, sibling, child, parent, or grandparent or an individual designated by the patient.
25. ~~"Garbage" has the meaning in A.A.C. R18-13-302.~~
26. ~~"Governing authority" has the meaning in A.R.S. § 36-401.~~
27. ~~"Health care institution" has the meaning in A.R.S. § 36-401.~~
28. ~~"Highly susceptible populations" has the meaning in § 1-201.10 of the U.S. Food and Drug Administration publication, Food Code: 1999 Recommendations of the U.S. Public Health Service, Food and Drug Administration (1999), as modified and incorporated by reference in A.A.C. R9-8-107.~~
5. "Home health aide" means the same as in R9-10-1101.
29. ~~"Home health aide services" means assistance with bathing, dressing, grooming, eating, ambulating, or toileting.~~
30. ~~"Homemaker services" means assistance with food preparation, cleaning, laundry, and housekeeping provided to a patient or a patient's family.~~
31. ~~"Hospice" has the meaning in A.R.S. § 36-401.~~
- 32.6. ~~"Hospice inpatient facility" means a health care institution licensed under this Article that provides hospice services in which hospice service is provided to a patient requiring inpatient services on a continuous basis.~~
33. ~~"Hospice service" means an action identified in R9-10-808 that hospice staff provide for a hospice patient.~~
- 34.7. "Incident" means an unexpected occurrence that harms or has the potential to harm a patient during the provision of a hospice service.
35. ~~"Informed consent" means documented authorization by a patient or a patient's representative for the provision of hospice services to the patient after a hospice staff member informs the patient or the patient's representative of the following:~~
- a. ~~A description of the hospice services;~~
  - b. ~~A description of the expected benefits of the hospice services;~~
  - c. ~~Alternatives to the hospice services;~~
  - d. ~~Associated risks of the hospice services, including potential side effects and complications; and~~

- e. ~~The patient's right to withdraw authorization for the hospice services at any time.~~
- 36. ~~"Inpatient beds" or "resident beds" has the meaning in A.R.S. § 36-401.~~
- 37. ~~"Inpatient services" means sleeping accommodations and assistance, such as personal care and food preparation, provided to a patient at one of the following health care institutions:~~
  - a. ~~A hospice inpatient facility licensed under A.R.S. Title 36, Chapter 4 and this Article; or~~
  - b. ~~A hospital or nursing care institution licensed under A.R.S. Title 36, Chapter 4 and 9 A.A.C. 10.~~
- 38. ~~"In-service education" means organized instruction or information related to hospice services provided to hospice staff under the direction of a hospice licensee.~~
- 39. ~~"Interdisciplinary group" means a team composed of a physician, registered nurse, counselor, and social worker.~~
- 40. ~~"Medical history" means the part of a patient's clinical record consisting of an account of the patient's health, including past and present illnesses or diseases.~~
- 8. "Medical social services" means activities that assist a patient or the patient's family to cope with concerns about the patient's illness, finances, or personal issues and may include:
  - a. Counseling,
  - b. Problem-solving,
  - c. Interventions, and
  - b. Helping to find resources to address the patient's or the patient's family's concerns.
- 41. ~~"Neglect" means a pattern of conduct, without informed consent as defined in A.R.S. § 46-451(A), resulting in deprivation of food, water, medication, medical services, shelter, cooling, heating, or other services necessary to maintain minimum physical or mental health.~~
- 42. ~~"Nonprescription drug" has the meaning in A.R.S. § 32-1901.~~
- 43. ~~"Nurse" means an individual licensed to practice practical or professional nursing under A.R.S. Title 32, Chapter 15.~~
- 44. ~~"Nursing services" means hospice services provided according to R9-10-808(B)(2).~~
- 45. ~~"Order" means a documented instruction given by a physician to provide a hospice service to a patient.~~

46. ~~"Orientation" means initial instruction, information, and palliative care training provided to a new hospice staff member.~~
- 47.9. ~~"Palliative care" means care of a terminally ill a service provided to a patient that is not curative and is designed for pain control or symptom management.~~
- 48.10. ~~"Patient" means a terminally ill an individual who is receiving hospice services hospice service from a hospice.~~
49. ~~"Pharmacist" has the meaning in A.R.S. § 32-1901.~~
50. ~~"Physician" means an individual licensed under A.R.S. Title 32, Chapter 13 or 17.~~
51. ~~"Prescription drug" has the same meaning as "prescription" in A.R.S. § 32-1901.~~
52. ~~"Provider pharmacist" means a pharmacist who supplies medication to a long-term care facility and maintains patient profiles.~~
53. ~~"Qualified" means meeting the requirements specified in a hospice's written job description for a staff position.~~
54. ~~"Refuse" has the meaning in A.A.C. R18-13-302.~~
55. ~~"Registered nurse" means an individual licensed to practice professional nursing under A.R.S. Title 32, Chapter 15.~~
56. ~~"Representative" means a legal guardian, an individual acting on behalf of another individual under written authorization from the individual, or a surrogate as defined in A.R.S. § 36-3201.~~
57. ~~"Research" means the use of a human subject in the systematic study, observation, or evaluation of factors related to the prevention, assessment, treatment, and understanding of an illness.~~
58. ~~"Residence" means a place where a patient is living or regularly staying, other than a health care institution at which a patient is receiving inpatient services.~~
59. ~~"Respite" has the same meaning as "respite care services" in A.R.S. § 36-401.~~
60. ~~"Service area" means the geographical boundary surrounding a hospice's administrative office in which the hospice provides hospice services, including inpatient services.~~
61. ~~"Social worker" means an individual with a baccalaureate degree in social work in a program accredited or approved by the Council on Social Work Education.~~
62. ~~"Staff" or "staff member" means an employee of a hospice, a volunteer for a hospice, or an agency or individual under contract with a hospice to provide a hospice service.~~
63. ~~"Supervise" or "supervised" has the same meaning as "supervision" in A.R.S. § 36-401.~~

- 64. ~~"Terminally ill" means a medical diagnosis by a physician that an individual has a specific, progressive, normally irreversible disease that will cause the individual's death in six months or less.~~
- 65. ~~"Therapeutic diet manual" means a written guidebook that designates the kind and amount of food intended to treat or ease a specific human disease or medical disorder.~~
- 66. ~~"Volunteer" means a person who provides services to a hospice without compensation.~~

**R9-10-802. Hospice General Requirements**

- ~~A. A person shall not operate a hospice without a hospice license from the Department.~~
- ~~B. A hospice licensee shall comply with:
  - 1. The requirements in 9 A.A.C. 10, Article 1 and Article 8; and
  - 2. Federal and state laws, rules, and local ordinances related to the operation of a hospice.~~
- ~~C. A hospice licensee shall:
  - 1. Have a governing authority;
  - 2. Provide hospice services required in R9-10-808, and
  - 3. Operate only in the hospice's service area.~~
- ~~D. A hospice licensee engaged in medical research shall develop, implement, follow, review, and update written policies and procedures for:
  - 1. Securing informed consent, before involving the patient in medical or experimental research;
  - 2. Conducting medical or experimental research;
  - 3. Ensuring that a patient's participation in medical or experimental research remains confidential; and
  - 4. Disclosing research data.~~
- ~~E. A hospice licensee shall establish in writing and enforce a patient rights policy that includes the right to:
  - 1. Be treated with dignity, respect, and consideration;
  - 2. Receive individualized treatment according to a patient plan of care;
  - 3. Be free from:
    - a. Abuse;
    - b. Neglect;
    - c. Exploitation;
    - d. Retaliation for submitting a complaint against the hospice; and~~

- e. ~~Discrimination based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, or source of payment;~~
  - 4. ~~Be afforded privacy in correspondence, communication, visitation, financial affairs, hygiene, and receipt of hospice services;~~
  - 5. ~~Be photographed only with authorization from the patient or the patient's representative;~~  
~~and~~
  - 6. ~~File a complaint against the hospice.~~
- F.** ~~A hospice licensee shall conspicuously post in the reception area of the hospice's administrative office:~~
- 1. ~~The current Department issued license;~~
  - 2. ~~The current telephone number of the Department; and~~
  - 3. ~~The location at which the following are available for review:~~
    - a. ~~A copy of the most recent Department inspection report;~~
    - b. ~~A list of hospice services;~~
    - c. ~~A written copy of rates and charges, as required in A.R.S. § 36-436.03; and~~
    - d. ~~The written patient rights policy required in subsection (E).~~

**R9-10-803. R9-10-802. Supplementary Application Requirements for an Initial Hospice License; Application for Renewal of a Hospice License**

- A.** ~~In addition to complying with the initial license application requirements in 9 A.A.C. 10, Article 1, an applicant for an initial hospice license shall submit to the Department an application form provided by the Department that includes:~~
- 1. ~~The hours of operation for the hospice's administrative office;~~
  - 2. ~~A description of the hospice's service area;~~
  - 3. ~~For each hospice service required in R9-10-808, other than inpatient services, whether a hospice employee, a hospice volunteer, or an agency or individual under contract with the hospice provides the hospice service;~~
  - 4. ~~For each health care institution providing inpatient services:~~
    - a. ~~The name, address, and telephone number of the health care institution;~~
    - b. ~~Whether the health care institution is:~~
      - i. ~~A hospice inpatient facility operated by the applicant and licensed under this Article, or~~
      - ii. ~~A hospital or nursing care institution licensed under 9 A.A.C. 10;~~
    - c. ~~A copy of the health care institution's current Department license; and~~

- d. The number of hospice inpatient beds; and
5. Acknowledgment that a copy of each contract for provision of a hospice service, including inpatient services, is available for review by the Department.

**B.** In addition to complying with the license renewal application requirements in 9 A.A.C. 10, Article 1, an applicant for renewal of a hospice license shall submit to the Department a renewal application form that includes:

1. The information required in R9-10-803(A)(1) through R9-10-803(A)(5);
2. The applicant's current hospice license number; and
3. For the 12 months before the date on the renewal application, the total number of patients served.

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.

**R9-10-804. R9-10-803. Hospice Administration**

**A.** A hospice licensee 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;
- 4.5. Appoint in writing a ~~chief administrative officer~~ an administrator, who may be the same individual as the governing authority, and who is ~~either~~:
  - 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 ~~experience~~; or

- d. An individual with five years of administrative experience, including at least two years of experience in health care administration;
- ~~2.6.~~ Appoint in writing, or require that the ~~chief administrative officer~~ administrator appoint in writing:
- a. A medical director who is a physician, and who may be the same individual as the ~~chief administrative officer~~ administrator; and
  - b. At least one ~~nursing supervisor~~ director of nursing who is a registered nurse, and who may be the same individual as the ~~chief administrative officer~~ administrator;
- ~~3.~~ Approve, implement, and annually review all policies and procedures governing the hospice; and
- ~~4.~~ Approve, or require that the chief administrative officer approve, each contract with an agency or individual to provide a hospice service.
- ~~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.** ~~A hospice's chief administrative officer~~ An administrator shall:
1. Be directly accountable to the governing authority for all services provided by or through the hospice;
  - ~~2.~~ Supervise the day to day operation of the hospice Have the authority and responsibility for operating the hospice;
  - ~~2.3.~~ Designate, in writing, a ~~staff member~~ an employee who meets one of the requirements in subsection (A)(1) (A)(3) to act as the chief administrative officer when the chief administrative officer is absent for more than seven continuous days who is available and accountable for services provided by the hospice in the absence of the administrator;  
and
  - ~~3.4.~~ Designate a ~~hospice staff~~ personnel member to supervise volunteers.
- C.** ~~A hospice's medical director shall:~~
- ~~1.~~ Provide medical services to a patient if the:
    - a. Patient does not have an attending physician; or
    - b. Medical director determines that the patient has a medical need that is not met by the patient's attending physician;



2. ~~Serve as a consultant to each interdisciplinary group; and~~
3. ~~Serve as the physician member of each interdisciplinary group that would otherwise not have a physician member.~~

**D.** ~~A hospice's nursing supervisor shall:~~

1. ~~Determine the number of nurses required to provide the nursing services identified in each patient's plan of care;~~
2. ~~Review and adjust nursing work schedules to ensure that nursing services identified in each patient's plan of care are provided to patients, and~~
3. ~~Ensure that the registered nurse on each interdisciplinary group coordinates the implementation of the plan of care for each patient assigned to that interdisciplinary group.~~

**C.** An administrator shall:

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.

**R9-10-805. R9-10-804. Hospice Staff Personnel**

**A.** A hospice licensee shall:

1. Form at least one interdisciplinary group;
2. Ensure that each patient receives the services designated in the patient's plan of care;
3. Have staff to meet the hospice needs of a patient and the patient's family 24 hours a day, seven days a week;
4. Have at least one registered nurse physically present 24 hours a day, seven days a week at a health care institution where a patient receives inpatient services;
5. Have a written job description for each staff position that identifies duties, skills, and qualification and education requirements;
6. Provide a staff orientation program;

7. ~~Provide each staff member a minimum of two clock hours of annual in-service education in palliative care;~~
8. ~~Have a written statement identifying the philosophy, objectives, and scope of the hospice's volunteer services; and~~
9. ~~Maintain a personnel record for each staff member containing:~~
  - a. ~~A copy of the staff member's license or certificate, if applicable;~~
  - b. ~~A completed application form or contract for the provision of services;~~
  - c. ~~A job description;~~
  - d. ~~A record of all orientation, in-service education, and continuing education; and~~
  - e. ~~Evidence of compliance with subsection (B)(2).~~

**B.** ~~A hospice staff member shall:~~

1. ~~Complete orientation and in-service education required in subsections (A)(6) and (A)(7);~~
2. ~~Before initially providing hospice services and every 12 months thereafter, submit one of the following as evidence of being free from infectious pulmonary tuberculosis:~~
  - a. ~~A report of a negative Mantoux skin test or other test for tuberculosis recommended by the U.S. Centers for Disease Control and Prevention or the tuberculosis control officer, as defined in A.R.S. § 36-711, administered within the last six months; or~~
  - b. ~~If the staff member has had a positive test for tuberculosis, a physician's written statement dated within the last six months, verifying that the staff member is free from infectious pulmonary tuberculosis.~~

**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;
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:
  - a. Is specific to the duties to be performed by the personnel member,
  - b. Includes:

- 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.

**R9-10-806. R9-10-805. Patient Admissions**

- ~~A. Before admitting an individual as a patient, a hospice's chief administrative officer or designee shall require that the hospice obtain:~~
- ~~1. The name of the individual's attending physician;~~
  - ~~2. Documentation that the individual is terminally ill, provided by:~~
    - ~~a. The individual's attending physician, and~~

- b. ~~The hospice medical director or a physician member of a hospice interdisciplinary group; and~~
  - 3. ~~Documentation from the individual or the individual's representative acknowledging that:~~
    - a. ~~Hospice care is palliative rather than curative;~~
    - b. ~~The individual or individual's representative has received:~~
      - i. ~~A list of hospice services, and~~
      - ii. ~~The written patient rights policy required in R9-10-802(E); and~~
    - e. ~~The individual or individual's representative knows that a written copy of rates and charges, as required in A.R.S. § 36-436.03, may be requested.~~
- A.** Before admitting an individual as a patient, an administrator or designee shall obtain:
- 1. The name of the individual's physician;
  - 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
  - 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:
- 1. Assess a patient's medical, social, nutritional, and psychological needs; and
  - 2. Obtain informed consent.
- 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.

**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
- 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. Patient Plan of Care**

**A.** ~~For each patient, the medical director, the patient's interdisciplinary group, and the patient's attending physician shall:~~

- 1. ~~Establish a documented plan of care based upon an assessment of the patient's medical, social, nutritional, and psychological needs;~~
- 2. ~~Attempt to involve the patient and the patient's family in the preparation of the plan of care;~~
- 3. ~~Review the plan of care as often as necessary, but at least monthly; and~~
- 4. ~~Revise the plan of care as necessary to meet the patient's care needs.~~

**B.** ~~The plan of care shall contain:~~

1. ~~A complete assessment of the patient's care needs, and~~
2. ~~Types and frequencies of planned hospice services.~~

**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);
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.

**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,
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.

**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.

**R9-10-808. Hospice services Service**

- A.** A hospice licensee shall provide a hospice service:
1. ~~Through an employee of the hospice, a volunteer for the hospice, or an agency or individual under contract with the hospice to provide a hospice service;~~
  2. ~~Specified in a patient's plan of care; and~~
  3. ~~Twenty four hours a day, seven days a week as necessary to meet the needs of a patient and the patient's family.~~
- B.** A hospice licensee shall provide the following hospice services:
1. ~~Physician services that are within the scope of practice of a physician, provided by a physician;~~
  2. ~~Nursing services that are within the scope of practice of a nurse, provided by:~~
    - a. ~~A registered nurse; or~~
    - b. ~~An individual:~~
      - i. ~~Licensed or certified under A.R.S. Title 32, Chapter 15 and 4 A.A.C. 19; and~~
      - ii. ~~Operating under the direction of a registered nurse;~~
  3. ~~Pharmaceutical services, including the administration of drugs or biologicals, provided according to R9-10-809;~~
  4. ~~Dietary counseling services, including menu planning and the designation of the kind and amount of food appropriate for a patient, provided by a registered dietitian approved to work as a dietitian by the American Dietetic Association's Commission on Dietetic Registration;~~
  5. ~~Home health aide services provided:~~
    - a. ~~Through a home health agency licensed under 9 A.A.C. 10, Article 1 and Article 11; or~~



- b. ~~By a qualified individual authorized to provide nursing assistant services under A.R.S. Title 32, Chapter 15;~~
- 6. ~~Homemaker services, provided by a qualified individual;~~
- 7. ~~Occupational therapy services provided by an occupational therapist licensed under and operating within the scope of practice authorized by A.R.S. Title 32, Chapter 34 and 4 A.A.C. 43;~~
- 8. ~~Physical therapy services provided by a physical therapist licensed under and operating within the scope of practice authorized by A.R.S. Title 32, Chapter 19 and 4 A.A.C. 24;~~
- 9. ~~Social services, including advocacy, referral, problem solving, and intervention functions related to personal, family, business, and financial issues, provided by a social worker;~~
- 10. ~~Speech and language pathology services provided by a speech and language pathologist licensed under and operating within the scope of practice authorized by A.R.S. Title 36, Chapter 17 and 9 A.A.C. 16;~~
- 11. ~~Spiritual counseling services, consistent with a patient's customs, religious preferences, cultural background, and ethnicity, provided by a qualified individual;~~
- 12. ~~Volunteer services, supervised by a designated hospice staff member;~~
- 13. ~~Counseling services other than spiritual and dietary counseling, provided by a qualified individual; and~~
- 14. ~~Inpatient services as defined in R9-10-801 provided to a patient for respite purposes, pain control, or symptom management.~~
- ~~C.~~ ~~A hospice licensee shall ensure that the following services are provided to a patient's family:~~
  - 1. ~~Hospice respite services at the patient's residence or through inpatient services;~~
  - 2. ~~Bereavement counseling, including social and emotional support, provided by a qualified individual for at least one year after the death of the patient; and~~
  - 3. ~~Counseling determined by the interdisciplinary group to be:~~
    - a. ~~Necessary while the patient is receiving services from the hospice, and~~
    - b. ~~Related to the patient's illness.~~
- 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;

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
  5. 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:
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;
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.
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
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. Hospice Pharmaceutical Services Medication Services**

- A.** ~~Drugs or biologicals may be administered to a patient by:~~
1. ~~A physician;~~
  2. ~~A registered nurse;~~
  3. ~~A physician assistant licensed under A.R.S. Title 32, Chapter 25 and acting within the physician assistant's scope of practice;~~
  4. ~~A practical nurse licensed under A.R.S. Title 32, Chapter 15 and acting within the practical nurse's scope of practice;~~
  5. ~~The patient, if pre-approved by the patient's attending physician; or~~
  6. ~~Any other individual according to applicable state and local laws, if the patient's plan of care specifies:~~
    - a. ~~That the individual may administer a drug or biological, and~~
    - b. ~~The drug or biological the individual may administer.~~
- B.** ~~For each dose of drug or biological a hospice staff member administers to a patient, the hospice staff member shall document in the patient's clinical record:~~
1. ~~The date and time of administration;~~
  2. ~~The name, strength, dosage, amount, and method of administration;~~
  3. ~~The ordering physician's name;~~
  4. ~~The signature of the individual administering the drug or biological;~~

5. Any contraindications, such as symptoms or circumstances, that render the use of the drug or biological for the patient inadvisable because of risk; and
  6. Any adverse reaction of the patient.
- C.** A registered nurse shall:
1. Report to the interdisciplinary group physician and the attending physician a patient's adverse reaction to a drug or biological or an error in administering a patient's drug or biological no later than 24 hours after identifying the adverse reaction or the error, and
  2. Submit an incident report to the hospice's medical director no later than 24 hours after identifying the adverse reaction or the error.
- D.** A hospice licensee shall ensure that a health care institution providing inpatient services:
1. Has a documented agreement with a pharmacist or provider pharmacist to assist in ordering, storing, administering, and disposing of and recordkeeping for drugs or biologicals according to A.R.S. Title 32, Chapter 18, A.R.S. Title 36, Chapter 27, and 4 A.A.C. 23, Article 7;
  2. Stores nonprescription drugs or biologicals in the original manufacturer's package;
  3. Stores a patient's prescription drugs or biologicals in the original prescription containers, labeled for the patient, in a separate storage space reserved for the patient;
  4. Writes on a package or container in which a drug or biological is stored the date the package or container is first opened;
  5. Stores drugs or biologicals according to the manufacturer's recommended temperatures;
  6. Stores drugs or biologicals in a locked:
    - a. Room,
    - b. Cabinet,
    - c. Refrigerator, or
    - d. Box that is securely fastened within a refrigerator; and
  7. Stores drugs or biologicals for external use and eye, ear, and rectal medications separate from other drugs and biologicals.
- E.** A hospice licensee shall dispose of discarded drugs according to 18 A.A.C. 13, Article 14.
- 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;
  - 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;
  - g. Procedures for assisting a patient with self-administration of medication; and
  - h. Procedures for providing medication services off the premises, if applicable; and
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:
  - 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:

1. A lockable door,
2. A window that allows an individual to observe the entire room,
3. A locked cabinet or door for medication storage, and
4. A refrigerator for storing medications requiring refrigeration.

**R9-10-810. Hospice Dietary Counseling and Nutrition Services Required For a Patient Receiving Inpatient Services Food Service for Hospice Inpatient Facilities**

- A.** A hospice licensee shall ensure that a registered dietitian or a staff member under the direction of a registered dietitian plans menus for a patient that:
1. Meet the nutritional needs of the patient based upon the patient's age, health needs, and patient plan of care;
  2. Are developed with consideration for the patient's:
    - a. Food preferences,
    - b. Customs,
    - c. Religious background,
    - d. Cultural background, and
    - e. Ethnic background;
  3. Are conspicuously posted at the health care institution providing inpatient services at least 24 hours before the meal is served; and
  4. Are maintained at the health care institution providing inpatient services for at least 30 days after the meal is served.
- B.** A hospice licensee shall ensure that, unless otherwise required by a patient's plan of care and specified in a patient's menu, the patient is provided 48 to 64 ounces of water, three meals, and one snack a day, with not more than a 14 hour time span between the evening meal and the morning meal, including:
1. Three servings of at least one half cup of vegetables or six ounces of vegetable juice;
  2. Two servings of at least one half cup of fruit or six ounces of fruit juice;
  3. Six servings of whole grain or enriched grain products, such as cereal, bread, rice, or pasta, with a serving consisting of one slice of bread or one half to one cup of cereal or other grain product;
  4. Two servings of milk, yogurt, cottage cheese, or cheese, with a serving consisting of one cup of milk or yogurt, one and one half ounces of cheese, or six ounces of cottage cheese; and
  5. Two servings of protein, neither of which can be the same as a serving in subsection (B)(4), such as meat, fish, poultry, cheese, egg, peanut butter, peas, beans, or lentils, with a serving consisting of two to three ounces of lean meat without bone, one cup dry beans or legumes, four tablespoons of peanut butter or other nut butter, or two eggs.

- 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. Hospice ~~Infection Control, Environmental Safety, Environmental Standards and Sanitation~~**

- ~~A. A hospice licensee shall develop and implement communicable disease and infection control policies and procedures including:~~
- ~~1. Using standard and contact precautions that comply with the control measures in 9 A.A.C. 6, Article 3;~~
  - ~~2. Reporting communicable diseases according to 9 A.A.C. 6;~~
  - ~~3. For patients receiving inpatient services, isolating a patient who has a communicable disease from other patients;~~
  - ~~4. Transporting and processing soiled linens and clothing;~~
  - ~~5. Sterilizing equipment and supplies;~~
  - ~~6. Maintaining and storing sterile equipment and supplies; and~~
  - ~~7. Ensuring that a staff member is free from communicable diseases when providing a hospice service.~~
- ~~B. A hospice licensee shall dispose of biohazardous medical waste according to 18 A.A.C. 13, Article 14.~~
- ~~C. A hospice licensee shall ensure that a reusable item:~~
- ~~1. Is sterilized before the item is assigned to a patient for use;~~
  - ~~2. Is assigned to only one patient for continuous personal use, and~~
  - ~~3. Is cleaned after each use.~~
- ~~D. A staff member providing hospice services shall wash the staff member's hands and exposed arms with soap and water:~~



- ~~1. Immediately before and after providing hospice services to a patient,~~
  - ~~2. After using the toilet, and~~
  - ~~3. As often as necessary to remove soil and contamination;~~
- ~~E. A hospice licensee shall ensure that food is free from spoilage, filth, or other contamination and is safe for human consumption when served to a patient by a staff member.~~
- ~~F. A staff member handling food shall:~~
- ~~1. Clean the staff member's hands and forearms as required in subpart 2 301 of the U.S. Food and Drug Administration publication, Food Code: 1999 Recommendations of the U.S. Public Health Service, Food and Drug Administration (1999), as modified and incorporated by reference in A.A.C. R9 8 107; and~~
  - ~~2. Keep the staff member's hair from contacting food or food contact surfaces.~~
- 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.
- 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. ~~Hospice Recordkeeping; Patient Clinical~~ Medical Record**

~~A hospice licensee shall:~~

1. ~~Develop, implement, follow, and annually review and update documented policies and procedures for recordkeeping, including electronic recordkeeping, if applicable;~~
2. ~~Maintain confidentiality of patient records, as required in A.R.S. Title 12, Chapter 13, Article 7;~~
3. ~~Establish and maintain a clinical record for each patient containing:~~
  - a. ~~Name and age;~~
  - b. ~~Drug or biological allergies or sensitivities;~~
  - c. ~~Informed consent forms and authorization forms;~~
  - d. ~~Medical history;~~
  - e. ~~Physician orders, signed and dated by the physician;~~
  - f. ~~Documentation of the assessment required in R9-10-806(B)(1) and R9-10-807(B)(1);~~
  - g. ~~Plan of care; and~~
  - h. ~~Documentation of all hospice services provided to the patient; and~~
4. ~~Maintain for Department review and inspection documentation or verification required by this Article.~~

**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);
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,
  - b. A description of the patient's condition, and
  - c. 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:
  - 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. Hospice Quality Assurance Management**

A hospice licensee shall have a documented quality assurance plan that identifies procedures for:

1. ~~Collecting data on the hospice services provided;~~
2. ~~Interpreting the data collected to determine the:~~
  - a. ~~Adequacy of the hospice services provided,~~
  - b. ~~Efficiency of the systems used by the hospice to deliver hospice services, and~~

- e. ~~Effectiveness of hospice staff in meeting the needs of a patient and the patient's family;~~
- 3. ~~Identifying, documenting, and evaluating an incident; and~~
- 4. ~~As a result of the data collected or the incidents identified:~~
  - a. ~~Making changes or taking corrective action;~~
  - b. ~~Reporting findings, changes made, and corrective actions taken to the governing authority; and~~
  - e. ~~Evaluating the effectiveness of the changes made.~~

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
- 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. Hospice Inpatient Facility General Requirements~~**

- ~~A. A person shall not operate a hospice inpatient facility without a hospice license and a hospice inpatient facility license from the Department.~~
- ~~B. A hospice inpatient facility licensee shall:~~
  - 1. ~~Have one governing authority that is the same as the governing authority of the hospice;~~

2. ~~Provide hospice services only to a patient admitted to the hospice according to R9-10-806;~~
  3. ~~Conspicuously post in the reception area of the hospice inpatient facility:~~
    - 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 hospice services;~~
      - iii. ~~A written copy of rates and charges, as required in A.R.S. § 36-436.03; and~~
      - iv. ~~The written patient rights policy required in R9-10-802(E); and~~
  4. ~~Comply with all applicable requirements in R9-10-802, R9-10-804, R9-10-805, R9-10-807, R9-10-808, R9-10-809, R9-10-810, R9-10-811, R9-10-812, and R9-10-813.~~
- C.** ~~A hospice inpatient facility licensee shall:~~
1. ~~Establish and implement a visitation policy that allows individuals of all ages to visit a patient 24 hours a day, and~~
  2. ~~Allow a visitor to bring a domesticated animal to visit a patient.~~

**~~R9-10-815. Application for an Initial Hospice Inpatient Facility License; Application for Renewal of a Hospice Inpatient Facility License~~**

- A.** ~~In addition to complying with the initial license application requirements in 9 A.A.C. 10, Article 1, an applicant for an initial hospice inpatient facility license shall submit to the Department the applicant's current hospice license number.~~
- B.** ~~In addition to complying with the license renewal application requirements in 9 A.A.C. 10, Article 1, an applicant for renewal of a hospice inpatient facility license shall submit to the Department:~~
1. ~~The applicant's current hospice inpatient facility license number,~~
  2. ~~The applicant's current hospice license number, and~~
  3. ~~The number of inpatient beds.~~

**~~R9-10-816. R9-10-814. Hospice Inpatient Facility Physical Plant Standards for a Hospice Inpatient Facility~~**

- A.** ~~A hospice inpatient facility licensee shall comply with:~~
1. ~~All applicable local, state, and federal physical plant codes and standards; and~~

~~2.~~ Life Safety Code requirements in **A.A.C. R9-1-412(A)(8)**.

**B.** ~~A hospice inpatient facility licensee shall ensure that the hospice inpatient facility has a design and decor that:~~

- ~~1. De-emphasizes the institutional character of the hospice inpatient facility,~~
- ~~2. Has characteristics that are comparable to those found in domestic settings, and~~
- ~~3. Allows the patient to use and display personal belongings.~~

**C.B.** ~~A An administrator of a hospice inpatient facility licensee shall provide a patient ensure that a patient's sleeping area that:~~

- ~~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 ~~and at least one doorway;~~
- ~~4.~~ Contains a door that opens into a hallway, common area, or outdoors;
- ~~4.5.~~ Is at or above ground level;
- ~~5.6.~~ Is vented to the outside of the hospice inpatient facility;
- ~~6.7.~~ Has a working thermometer for measuring the temperature in the sleeping area;
- ~~7.8.~~ 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;
- ~~8.9.~~ Is equipped with a bell, intercom, or other mechanical means for a patient to alert a ~~staff~~ personnel member;
- ~~9.10.~~ ~~Has at least one doorway no more~~ Is no farther than 20 feet from a room containing a toilet and a sink;
- ~~10.11.~~ Is not used as a passageway to another sleeping area, a toilet room, or a bathing room;
- ~~11.12.~~ 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
- ~~12.13.~~ Has coverings for windows and for transparent or translucent doors that provide patient privacy.

**D.C.** ~~A~~ An administrator of a hospice inpatient facility licensee shall provide 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. ~~Grab bars~~ 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 ~~staff~~ a personnel member to assist a patient;
  - f. A bell, intercom, or other mechanical means for a patient to alert a ~~staff~~ 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 ~~staff~~ 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 ~~cooking unit~~ stove or oven, a ~~cooking unit~~ vented 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.

**~~R9-10-817. Hospice Inpatient Facility Food Service~~**

~~A.~~ A hospice inpatient facility licensee shall:



1. ~~Prepare and serve meals to a patient as specified in the patient's menu required in R9-10-810(A), or~~
  2. ~~Contract with a food establishment licensed under 9 A.A.C. 8, Article 1 to prepare and deliver meals to be served to a patient as specified in the patient's menu required in R9-10-810(A).~~
- B.** ~~If a hospice inpatient facility with more than 20 patients prepares and serves food to a patient, the hospice inpatient facility licensee shall:~~
1. ~~Be licensed under 9 A.A.C. 8, Article 1; and~~
  2. ~~Maintain at the hospice inpatient facility a copy of the hospice inpatient facility's food establishment license.~~
- C.** ~~If a hospice inpatient facility with 20 or fewer patients prepares and serves food to a patient, the hospice inpatient facility licensee shall:~~
1. ~~Have a therapeutic diet manual with a copyright date not more than five years old available for use by a staff member who prepares food;~~
  2. ~~Maintain at least a one day supply of perishable food and at least a three day supply of non-perishable food;~~
  3. ~~If canned food is served, serve only commercially canned food;~~
  4. ~~Rinse raw fruits and raw vegetables with water before cooking or serving;~~
  5. ~~Maintain a thermometer accurate to  $\pm 3^{\circ}$  F in each refrigerator;~~
  6. ~~Maintain foods requiring refrigeration at  $41^{\circ}$  F or below;~~
  7. ~~Maintain frozen foods as required in §§ 3-402.11, 3-501.11, and 3-501.12 of the U.S. Food and Drug Administration publication, Food Code: 1999 Recommendations of the U.S. Public Health Service, Food and Drug Administration (1999), as modified and incorporated by reference in A.A.C. R9-8-107;~~
  8. ~~Cook food as required in §§ 3-401.11, 3-401.12, and 3-401.13 and reheat food as required in § 3-403.11 of the U.S. Food and Drug Administration publication, Food Code: 1999 Recommendations of the U.S. Public Health Service, Food and Drug Administration (1999), as modified and incorporated by reference in A.A.C. R9-8-107;~~
  9. ~~Thaw food as required in § 3-501.13, cool food as required in §§ 3-501.14 and 3-501.15, and maintain hot and cold holding temperatures as required in § 3-501.16 of the U.S. Food and Drug Administration publication, Food Code: 1999 Recommendations of the U.S. Public Health Service, Food and Drug Administration (1999), as modified and incorporated by reference in A.A.C. R9-8-107;~~

10. Follow the requirements for highly susceptible populations in subpart 3-801 of the U.S. Food and Drug Administration publication, Food Code: 1999 Recommendations of the U.S. Public Health Service, Food and Drug Administration (1999), as modified and incorporated by reference in A.A.C. R9-8-107;
11. Store food that has been opened or removed from its original container in a dated covered container, a minimum of six inches off the floor, and protected from contamination; and
12. Keep tableware and eating utensils clean and in good repair.

**D.** If a hospice inpatient facility contracts for the preparation and delivery of patient meals to the hospice inpatient facility, the hospice inpatient facility licensee shall:

1. Maintain at the hospice inpatient facility a copy of the food establishment's license; and
2. Maintain at the hospice inpatient facility equipment necessary to store, refrigerate, and reheat a patient's meal to meet the dietary needs of the patient.

**R9-10-818. Hospice Inpatient Facility Environmental Safety and Sanitation**

A hospice inpatient facility licensee shall:

1. Store a toxic substance as defined in A.R.S. § 49-961 or a hazardous material as defined in A.R.S. § 26-301 in a labeled container in a locked area other than a food preparation or storage area, a dining area, a medication storage area, or a sleeping area;
2. Except for medical supplies needed for a patient, such as oxygen, store a flammable liquid as defined in A.R.S. § 28-601:
  - a. In the original labeled container or a safety container;
  - b. In a locked area inaccessible to a patient, and
  - c. Outside of the hospice inpatient facility;
3. Provide water sufficient to meet the hygiene needs of each patient;
4. Provide hot water at a temperature between 90° F and 120° F for patient use;
5. Maintain the temperature of the hospice inpatient facility between 70° F and 82° F;
6. Keep garbage and refuse in covered containers lined with plastic bags while inside the hospice inpatient facility;
7. Remove garbage and refuse from the inside of the hospice inpatient facility at least once every 24 hours;
8. Dispose of garbage and refuse according to A.A.C. 18 A.A.C. 13, Article 3;
9. Keep the hospice inpatient facility free from:
  - a. A condition or situation that may cause a patient or an individual to suffer physical injury;

- b. ~~Accumulations of dirt, debris, dust, lint, or discarded equipment and materials;~~  
and
- e. ~~Insects and rodents;~~
- 10. ~~Develop and implement policies and procedures specifying:~~
  - a. ~~A cleaning schedule for at least the following:~~
    - i. ~~Laundry,~~
    - ii. ~~Toilet rooms,~~
    - iii. ~~Bathing rooms,~~
    - iv. ~~Sleeping areas, and~~
    - v. ~~Kitchens; and~~
  - b. ~~Types of cleaning products and equipment to be used;~~
- 11. ~~Store, launder, and transport linens away from food storage, kitchen, and dining areas;~~  
and
- 12. ~~Provide, continuously stock, and maintain a working soap dispenser and either a dispenser with disposable paper towels or a working hand drying device in each toilet room located in the hospice inpatient facility.~~

**~~R9-10-819. R9-10-815.~~ Hospice Inpatient Facility Disaster Preparedness**

~~A hospice inpatient facility licensee~~ 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 ~~drugs and biological~~ 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. ~~Require~~ Ensure that staff personnel review ~~an evacuation~~ the disaster plan and conduct an evacuation drill, without patient participation, at least once every six months during each shift; and
4. ~~Maintain for 24 months at the hospice inpatient facility~~ 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 staff personnel participating in the evacuation drill;
  - c. A critique of the drill; and
  - d. Recommendations for improvement, if applicable;.
5. ~~Train all staff on the evacuation plan during the first seven days of employment; and~~
6. ~~Require one staff member who has received evacuation plan training to be present at the hospice inpatient facility at all times.~~