ARTICLE 6. HOSPICES

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ARTICLE 6. HOSPICES

R9-10-601. Definitions
In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definitions apply in this Article unless otherwise specified:

1. “Medical social services” means assistance, other than medical services or nursing services, provided by a personnel member to a patient to assist the patient to cope with concerns about the patient’s illness, finances, or personal issues and may include problem-solving, interventions, and identification of resources to address the patient’s or the patient’s family’s concerns.

2. "Palliative care" means medical services or nursing services provided to a patient that is not curative and is designed for pain control or symptom management.

R9-10-602. Supplemental Application Requirements
In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for an initial license as a hospice service agency or hospice inpatient facility shall include on the application:

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.

R9-10-603. Administration
A. A governing authority shall:

1. Consist of one or more individuals responsible for the organization, operation, and administration of the hospice;

2. Establish, in writing:
   a. A hospice’s scope of services, and
   b. Qualifications for an administrator;

3. Designate, in writing, an administrator, in writing, who has the qualifications established in subsection (A)(2)(b);

4. Adopt a quality management plan according to R9-10-604;

5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;

6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b), if the administrator is:
a. Expected not to be present:
   i. At a hospice service agency’s administrative office for more than 30 calendar days, or
   ii. On a hospice inpatient facility’s premises for more than 30 calendar days; or

b. Not present:
   i. At a hospice service agency’s administrative office for more than 30 calendar days, or
   ii. On a hospice inpatient facility’s premises for more than 30 calendar days; and

7. Except as provided in subsection (A)(6), notify the Department according to § A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.

B. An administrator:
   1. Is directly accountable to the governing authority of a hospice for the daily operation of the hospice and all services provided by or through the hospice;
   2. Has the authority and responsibility to manage the hospice;
   3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the hospice’s premises and accountable for the:
      a. Hospice service agency when the administrator is not present at the hospice service agency’s administrative office, or
      b. Inpatient hospice facility when the administrator is not on hospice inpatient facility’s premises; and
   4. Designates a personnel member to provide direction for volunteers.

C. An administrator shall ensure that:
   1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
      a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
      b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
      c. Include how a personnel member may submit a complaint relating to patient care;
      d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
e. Include a method to identify a patient to ensure the patient receives hospice services as ordered;

f. Cover patient rights, including assisting a patient who does not speak English or who has a disability to become aware of patient rights;

g. Cover specific steps for:
   i. A patient to file a complaint, and
   ii. The hospice service agency or hospice inpatient facility to respond to a patient’s complaint;

h. Cover health care directives;

i. Cover medical records, including electronic medical records;

j. Cover a quality management program, including incident reports and supporting documentation; and

k. Cover contracted services;

2. Policies and procedures for hospice services are established, documented, and implemented to protect the health and safety of a patient that:

   a. Cover patient screening, admission, transport, transfer, discharge planning, and discharge;

   b. Cover the provision of hospice services;

   c. Include when general consent and informed consent are required;

   d. Cover how personnel members will respond to a patient’s sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;

   e. Cover dispensing, administering, and disposing of medication;

   f. Cover infection control; and

   g. Cover telemedicine, if applicable;

3. For a hospice inpatient facility, policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:

   a. Cover visitation of a patient, including:
      i. Allowing visitation by individuals 24 hours a day, and
      ii. Allowing a visitor to bring a pet to visit the patient;

   b. Cover the use and display of a patient’s personal belongings; and

   c. Cover environmental services that affect patient care;

4. Policies and procedures are reviewed at least once every three years and updated as needed;

5. Policies and procedures are available to personnel members, employees, volunteers, and
6. Unless otherwise stated:
   a. Documentation required by this Article is provided to the Department within two
      hours after a Department request; and
   b. When documentation or information is required by this Chapter to be submitted
      on behalf of a hospice, the documentation or information is provided to the unit
      in the Department that is responsible for licensing and monitoring the hospice.

D. An administrator shall designate, in writing, a:
   1. Physician as the medical director who has the authority and responsibility for providing
      direction for the medical services provided by the hospice, and
   2. Registered nurse as the director of nursing who has the authority and responsibility for
      managing nursing services provided by the hospice.

E. An administrator shall ensure that the following are conspicuously posted:
   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 the services provided by the hospice; and
      c. A written copy of rates and charges, as required in A.R.S. § 36-436.03.

R9-10-604. Quality Management

An administrator shall ensure that:
   1. A plan is established, documented, and implemented for an ongoing quality management
      program that, at a minimum, includes:
      a. A method to identify, document, and evaluate incidents;
      b. A method to collect data to evaluate services provided to patients;
      c. A method to evaluate the data collected to identify a concern about the delivery
         of services related to patient care;
      d. A method to make changes or take action as a result of the identification of a
         concern about the delivery of services related to patient care; and
      e. The frequency of submitting a documented report required in subsection (2) to
         the governing authority;
   2. A documented report is submitted to the governing authority that includes:
      a. An identification of each concern about the delivery of services related to patient
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care, and

b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and

3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

R9-10-605. Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and

2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

R9-10-606. Personnel

A. An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
   a. Are based on:
      i. The type of physical health services expected to be provided by the personnel member according to the established job description, and
      ii. The acuity of the patients receiving physical health services from the personnel member according to the established job description; and
   b. Include:
      i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services listed in the established job description,
      ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services listed in the established job description, and
      iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services listed in the established job description;

2. A personnel member’s skills and knowledge are verified and documented:
a. Before the personnel member provides physical health, and  
b. According to policies and procedures;

3. Sufficient personnel members are available and, for a hospice inpatient facility, present on the hospice inpatient facility’s premises, with the qualifications, skills, and knowledge necessary to:
   a. Provide the services in the hospice’s scope of services,  
   b. Meet the needs of a patient, and  
   c. Ensure the health and safety of a patient;

4. Orientation occurs within the first week of providing hospice services and includes:
   a. Informing personnel about Department rules for licensing and regulating hospices and where the rules may be obtained,  
   b. Reviewing the process by which a personnel member may submit a complaint about patient care to a hospice, and  
   c. Providing the information required by hospice policies and procedures;

5. Personnel receive in-service education according to criteria established in hospice policies and procedures;

6. In-service education documentation for a personnel member includes:
   a. The subject matter,  
   b. The date of the in-service education, and  
   c. The signature of each individual who participated in the in-service education; and

7. A personnel member, or an employee or a volunteer who has or is expected to have direct interaction with a patient, provides evidence of freedom from infectious tuberculosis:
   a. On or before the date the individual begins providing services at or on behalf of the hospice service facility or hospice inpatient facility, and  
   b. As specified in R9-10-113.

B. An administrator shall ensure that record is maintained for each personnel member, employee, volunteer, or student that includes:

1. The individual’s name, date of birth, and contact telephone number;  
2. The individual’s starting date of employment or volunteer service and, if applicable, the ending date; and  
3. Documentation of:
   a. The individual’s qualifications, including skills and knowledge applicable to the individual's job duties;  
   b. The individual’s education and experience applicable to the individual's job
duties;

c. The individual’s completed orientation and in-service education as required by policies and procedures;
d. The individual’s license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures; and
e. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (A)(7).

C. An administrator shall ensure that personnel records are:
   1. Maintained:
      a. Throughout the individual's period of providing services in or for the hospice, and
      b. For at least 24 months after the last date the individual provided services in or for the hospice; and
   2. For a personnel member who has not provided physical health services at or for the hospice during the previous 12 months, provided to the Department within 72 hours after the Department's request.

R9-10-607. Admission

A. Before admitting an individual as a patient, an administrator 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 is likely to 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 services include palliative care and supportive care and are not curative, and
      b. The individual or individual's representative has received a list of services to be provided by the hospice.

B. At the time of admission, a physician or registered nurse shall:
   1. Assess a patient's medical, social, nutritional, and psychological needs; and
   2. As applicable, obtain informed consent or general consent.

C. Before or at the time of admission, a personnel member qualified according to policies and procedures shall assess the social and psychological needs of a patient’s family, if applicable.
R9-10-608. Care Plan

A. An administrator shall ensure that a care plan is developed for each patient:
   1. Based on the:
      a. Assessment of the:
         i. Patient; and
         ii. Patient’s family, if applicable;
      b. Hospice service agency’s or inpatient hospice facility’s scope of service;
   2. With participation from a:
      a. Physician,
      b. Registered nurse, and
      c. Another personnel member as designated in R9-10-612(A)(4); and
   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 health care institution or health care professional other than the hospice, if applicable;
      h. Medications ordered for the patient;
      i. Any known allergies;
      j. Nutritional requirements and preferences; and
      k. 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 care plan is made to the patient or patient’s representative;
   2. An opportunity for participation in the patient’s care plan is provided to the patient, patient’s representative, or patient’s family; and
   3. The request in subsection (B)(1) and the opportunity in subsection (B)(2) are documented in the patient’s medical record.

C. An administrator shall ensure that:
1. Hospice services are provided to a patient and, if applicable, the patient’s family according to the patient’s care plan;

2. A patient’s care plan 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 care plan; and
   c. At least every 30 calendar days; and

3. A patient’s physician authenticates the care plan with a signature within 14 calendar days after the care plan is initially developed and whenever the care plan is reviewed or updated.

R9-10-609. Transfer
Except for a transfer of a patient due to an emergency, an administrator shall ensure that:

1. A personnel member coordinates the transfer and the services provided to the patient;

2. According to policies and procedures:
   a. An evaluation of the patient is conducted before the transfer;
   b. Information from the patient’s medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
   c. A personnel member explains risks and benefits of the transfer to the patient or the patient’s representative; and

3. Documentation in the patient’s medical record includes:
   a. Communication with an individual at a receiving health care institution;
   b. The date and time of the transfer;
   c. The mode of transportation; and
   d. If applicable, the name of the personnel member accompanying the patient during a transfer.

R9-10-610. Patient Rights
A. An administrator shall ensure that:

1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;

2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and

3. Policies and procedures include:
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a. How and when a patient or the patient’s representative is informed of patient rights in subsection (C), and
b. Where patient rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:

1. A patient is treated with dignity, respect, and consideration;

2. A patient is not subjected to:
   a. Abuse;
   b. Neglect;
   c. Exploitation;
   d. Coercion;
   e. Manipulation;
   f. Sexual abuse;
   g. Sexual assault;
   h. Seclusion;
   i. Restraint;
   j. Retaliation for submitting a complaint to the Department or another entity; or
   k. Misappropriation of personal and private property by the hospice’s personnel members, employees, volunteers, or students; and

3. A patient or the patient's representative:
   a. Except in an emergency, either consents to or refuses treatment;
   b. May refuse or withdraw consent for treatment before treatment is initiated;
   c. Except in an emergency, is informed of proposed treatment alternatives, associated risks, and possible complications;
   d. Consents to photographs of the patient before the patient is photographed, except that a patient may be photographed when admitted to a hospice for identification and administrative purposes;
   e. Except as otherwise permitted by law, provides written consent to the release of information in the patient’s:
      i. Medical record, or
      ii. Financial records;
   f. Is informed of:
      i. The components of hospice services provided by the hospice;
      ii. The rates and charges for the components of hospice services before the components are initiated and before a change in rates, charges, or
services;

iii. The hospice’s policy on health care directives; and

iv. The patient complaint process; and

g. Is informed that a written copy of rates and charges, as required in A.R.S. § 36-436.03, may be requested.

C. A patient has the following rights:

1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;

2. To receive treatment that supports and respects the patient’s individuality, choices, strengths, and abilities;

3. To receive privacy in treatment and care for personal needs;

4. To review, upon written request, the patient’s own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;

5. To receive a referral to another health care institution if the hospice inpatient facility is not authorized or not able to provide physical health services needed by the patient;

6. To participate or have the patient's representative participate in the development of, or decisions concerning, treatment;

7. To participate or refuse to participate in research or experimental treatment; and

8. To receive assistance from a family member, the patient’s representative, or other individual in understanding, protecting, or exercising the patient’s rights.

R9-10-611. Medical Records

A. An administrator shall ensure that:

1. A patient’s medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;

2. An entry in a patient’s medical record is:
   a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
   b. Dated, legible, and authenticated; and
   c. Not changed to make the initial entry illegible;

3. An order is:
   a. Dated when the order is entered in the patient’s medical record and includes the time of the order;
   b. Authenticated by a medical practitioner according to policies and procedures; and
c. If the order is a verbal order, authenticated by the medical practitioner issuing the order;

4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;

5. A patient’s medical record is available to an individual:
   a. Authorized according to policies and procedures to access the patient’s medical record;
   b. If the individual is not authorized according to policies and procedures, with the written consent of a patient or the patient’s representative; or
   c. As permitted by law; and

6. A patient’s medical record is protected from loss, damage, or unauthorized use.

B. If a hospice maintains patients’ medical records electronically, an administrator shall ensure that:
   1. Safeguards exist to prevent unauthorized access, and
   2. The date and time of an entry in a patient’s medical record is recorded by the computer's internal clock.

C. An administrator shall ensure that a patient’s medical record contains:
   1. Patient information that includes:
      a. The patient's name,
      b. The patient’s address,
      c. The patient’s telephone number,
      d. The patient's date of birth, and
      e. Any known allergy;
   2. The admission date and, if applicable, the date that the patient stopped receiving services from the hospice;
   3. The name and telephone number of the patient's physician;
   4. If applicable, the name and contact information of the patient’s representative and:
      a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient’s representative to act on the patient’s behalf; or
      b. If the patient’s representative:
         i. Is a legal guardian, a copy of the court order establishing guardianship; or
            or
ii. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney;

5. The admitting diagnosis;
6. If applicable, documented general consent and informed consent, by the patient or the patient's representative;
7. Documentation of medical history;
8. A copy of the patient's living will, health care power of attorney, or other health care directive, if applicable;
9. Orders;
10. The assessment required in R9-10-607(B)(1);
11. Care plans;
12. 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;
13. Documentation of hospice services provided to the patient;
14. If applicable, documentation of any actions taken to control the patient’s sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
15. Documentation of coordination of patient care;
16. Documentation of contacts with the patient’s physician by a personnel member;
17. The discharge summary, if applicable;
18. If applicable, transfer documentation from a sending health care institution; and
19. Documentation of a medication administered to the patient that includes:
   a. The date and time of administration;
   b. The name, strength, dosage, and route of administration;
   c. For a medication administered for pain, when initially administered or when administered on a PRN basis:
      i. An assessment of the patient’s pain before administering the medication, and
      ii. The effect of the medication administered;
   d. For a psychotropic medication, when initially administered or when administered
on a PRN basis:

i. An assessment of the patient’s behavior before administering the psychotropic medication, and

ii. The effect of the psychotropic medication administered;

e. The identification, signature, and professional designation of the individual administering the medication; and

f. Any adverse reaction a patient has to the medication.

R9-10-612. Hospice Services

A. An administrator shall ensure that the following are included in the hospice services 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 as follows:

a. By a personnel member qualified according to policies and procedures to coordinate medical social services; and

b. If a personnel member provides medical social services that require a license under A.R.S. Title 32, Chapter 33, Article 5, by a personnel member who is 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 the 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 services provided by the hospice:

1. Home health aide services;

2. Respite care services; 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 care plan and the hospice’s scope of services; and
2. If a patient is receiving medical services not provided by or through the hospice, hospice services are coordinated with the physician providing medical services to the patient.

E. 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 care plan;
3. The care plan 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 home health aide 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’s condition and the services provided to the patient are documented in the patient’s medical record after each patient contact;
8. A patient's physician is immediately informed of a change in the patient's condition that requires medical services; and
9. The implementation of a patient’s care plan is coordinated among the personnel members providing hospice services to the patient.

R9-10-613. Medication Services
A. An administrator shall ensure that policies and procedures for medication services:
1. Include:
   a. A process for providing information to a patient about medication prescribed for the patient including:
      i. The prescribed medication’s anticipated results,
      ii. The prescribed medication’s potential adverse reactions,
      iii. The prescribed medication’s potential side effects, and
iv. Potential adverse reactions that could result from not taking the medication as prescribed;
b. Procedures for preventing, responding to, and reporting:
   i. A medication error,
   ii. An adverse reaction to a medication, or
   iii. A medication overdose;
c. Procedures to ensure that a patient’s medication regimen and method of administration is reviewed by a medical practitioner to ensure the medication regimen meets the patient’s needs;
d. Procedures for:
   i. Documenting, as applicable, medication administration and assistance in the self-administration of medication; and
   ii. Monitoring a patient who self-administers medication;
e. Procedures for assisting a patient in obtaining medication; and
f. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and

2. 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. If a hospice provides medication administration, an administrator shall ensure that:

1. Policies and procedures for medication administration:
   a. Are reviewed and approved by a medical practitioner;
   b. Specify the individuals who may:
      i. Order medication, and
      ii. Administer medication;
   c. Ensure that medication is administered to a patient only as prescribed; and
   d. Cover the documentation of a patient’s refusal to take prescribed medication in the patient’s medical record;

2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and

3. A medication administered to a patient:
   a. Is administered in compliance with an order, and
   b. Is documented in the patient’s medical record.

C. 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 on the premises:
   a. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by the hospice’s policies and procedures is established to:
      i. Develop a drug formulary,
      ii. Update the drug formulary at least every 12 months,
      iii. Develop medication usage and medication substitution policies and procedures, and
      iv. Specify which medications and medication classifications are required to be stopped automatically after a specific time period unless the ordering medical practitioner specifically orders otherwise;
   b. The pharmaceutical services are provided under the direction of a pharmacist;
   c. The pharmaceutical services comply with ARS Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
   d. A copy of the pharmacy license is provided to the Department upon request.

D. When medication is stored at a hospice inpatient facility, an administrator shall ensure that:
1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
2. Medication is stored according to the instructions on the medication container; and
3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient for:
   a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
   b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
   c. A medication recall and notification of patients who received recalled medication; and
   d. Storing, inventorying, and dispensing controlled substances.

E. An administrator shall ensure that a personnel member immediately reports a medication error or a patient’s adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the hospice’s director of nursing.
R9-10-614. Infection Control

An administrator shall ensure that:

1. An infection control program is established, under the direction of an individual qualified according to policies and procedures, to prevent the development and transmission of infections and communicable diseases including:
   a. A method to identify and document infections;
   b. Analysis of the types, causes, and spread of infections and communicable diseases;
   c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases; and
   d. Documenting infection control activities including:
      i. The collection and analysis of infection control data,
      ii. The actions taken relating to infections and communicable diseases, and
      iii. Reports of communicable diseases to the governing authority and state and county health departments;

2. Infection control documents are maintained for at least 12 months after the date of the documents;

3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
   a. Handling and disposal of biohazardous medical waste;
   b. Sterilization and disinfection of medical equipment and supplies;
   c. Use of personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable;
   d. Cleaning of an individual's hands when the individual's hands are visibly soiled and before and after providing a service to a patient;
   e. Training of personnel members in infection control practices; and
   f. Work restrictions for a personnel member with a communicable disease or infected skin lesion;

4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures; and

5. A personnel member washes hands or uses a hand disinfection product after each patient contact and after handling soiled linen, soiled clothing, or potentially infectious material.
R9-10-615. Food Services for a Hospice Inpatient Facility

A. An administrator of a hospice inpatient facility shall ensure that:
   1. Meals and snacks provided by the hospice inpatient facility are served according to a patient’s dietary needs and preferences;
   2. Meals and snacks for each day are planned using:
      a. The applicable guidelines in http://www.health.gov/dietaryguidelines/2010.asp, and
      b. Preferences for meals and snacks obtained from patients;
   3. 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; and
   4. Water is available and accessible to patients at all times, unless otherwise stated in a patient’s care plan.

B. 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;
   4. 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 145°F for 15 seconds, except that:
         i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155°F;
         ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contain meat are cooked to heat all parts of the food to at least 165°F;
         iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155°F;
         iv. Raw shell eggs for immediate consumption are cooked to at least 145°F for 15 seconds and any food containing raw shell eggs is cooked to heat
R9-10-616. Emergency and Safety Standards for a Hospice Inpatient Facility

A. An administrator of a hospice inpatient facility shall ensure that:

1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
   a. When, how, and where patients will be relocated, including:
      i. Instructions for the evacuation or transfer of patients,
      ii. Assigned responsibilities for each employee and personnel member, and
      iii. A plan for providing continuing services to meet patient’s needs;
   b. How each patient's medical record will be available to individuals providing services to the patient during a disaster;
   c. A plan to ensure each patient's medication will be available to administer to the patient during a disaster; and
   d. A plan for obtaining food and water for individuals present in the hospice inpatient facility or the hospice inpatient facility's relocation site during a

2. If the hospice inpatient facility contracts with food establishment, as defined in 9 A.A.C. 8, Article 1, to prepare and deliver food to the hospice inpatient facility a copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the hospice inpatient facility; and

3. Food is stored, refrigerated, and reheated to meet the dietary needs of a patient.

all parts of the food to at least 155 °F;

v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and

vi. Leftovers are reheated to a temperature of at least 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.

C. An administrator shall ensure that:

1. For a hospice inpatient facility with a licensed capacity of more than 20 beds, the hospice inpatient facility:
   a. Has a license or permit as a food establishment under 9 A.A.C. 8, Article 1, and
   b. Maintains a copy of the hospice inpatient facility’s food establishment license or permit;

2. If the hospice inpatient facility contracts with food establishment, as defined in 9 A.A.C. 8, Article 1, to prepare and deliver food to the hospice inpatient facility a copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the hospice inpatient facility; and

3. Food is stored, refrigerated, and reheated to meet the dietary needs of a patient.
disaster;
2. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months;
3. Documentation of a disaster plan review required in subsection (A)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
   a. The date and time of the disaster plan review;
   b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
   c. A critique of the disaster plan review; and
   d. If applicable, recommendations for improvement;
4. A disaster drill for employees is conducted on each shift at least once every three months and documented; and
5. An evacuation path is conspicuously posted on each hallway of each floor of the hospice inpatient facility.

B. An administrator shall:
1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
2. Make any repairs or corrections stated on the fire inspection report, and
3. Maintain documentation of a current fire inspection.

R9-10-617. Environmental Standards for a Hospice Inpatient Facility
A. An administrator of a hospice inpatient facility shall ensure that:
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
   a. Cleaning and storing of soiled linens and clothing,
   b. Housekeeping procedures that ensure a clean environment, and
   c. Isolation of a patient who may spread an infection;
2. The premises and equipment are:
   a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness or infection; and
   b. Free from a condition or situation that may cause a patient or other individual to suffer physical injury or illness;
3. A pest control program is implemented and documented;
4. Equipment used at the hospice inpatient 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;

4. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;

5. Garbage and refuse are:
a. Stored in covered containers lined with plastic bags, and
b. Removed from the premises at least once a week;

6. Soiled linen and clothing are:
a. Collected in a manner to minimize or prevent contamination;
b. Bagged at the site of use; and
c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas;

7. Heating and cooling systems maintain the hospice inpatient facility at a temperature between 70° F and 84° F at all times;

8. Common areas:
a. Are lighted to assure the safety of patients, and
b. Have lighting sufficient to allow personnel members to monitor patient activity;

9. 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;

10. Oxygen containers are secured in an upright position;

11. Poisonous or toxic materials stored by the hospice inpatient facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to patients;

12. Except for medical supplies needed by a patient, combustible or flammable liquids and hazardous materials are stored by the hospice inpatient facility in the original labeled containers or safety containers in a locked area inaccessible to patients;

13. If pets or animals are allowed in the hospice inpatient facility, pets or animals are:
a. Controlled to prevent endangering the patients and to maintain sanitation, and
b. Licensed consistent with local ordinances;

14. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
a. The water source is tested at least once every 12 months for total coliform
bacteria and fecal coliform or *E. coli* bacteria;

b. If necessary, corrective action is taken to ensure the water is safe to drink, and

c. Documentation of testing is retained for at least 12 months after the date of the test; and

15. 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.

B. An administrator of a hospice inpatient facility shall ensure that a patient is allowed to use and display personal belongings.

**R9-10-618. Physical Plant Standards for a Hospice Inpatient Facility**


**B.** An administrator of a hospice inpatient facility shall ensure that the premises and equipment are sufficient to accommodate:

1. The services stated in the hospice inpatient facility’s scope of services, and
2. An individual accepted as a patient by the hospice inpatient facility.

**C.** 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.

D. An administrator of a hospice inpatient facility shall ensure that there is:
1. For every six patients, a toilet room that contains:
   a. At least one working toilet that flushes and has a seat;
   b. At least one working sink with running water;
   c. Soap for hand washing;
   d. Paper towels or a mechanical air hand dryer;
   e. Grab bars attached to a wall that an individual may hold onto to assist the individual in becoming or remaining erect;
   f. A mirror;
   g. Lighting;
   h. Space for a personnel member to assist a patient;
   i. A bell, intercom, or other mechanical means for a patient to alert a personnel member; and
   j. An operable window to the outside of the hospice inpatient facility or other means 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. A designated toilet room, other than a patient toilet room, for personnel and visitors that:
   a. Provides privacy; and
b. Contains:
   i. A working sink with running water,
   ii. A working toilet that flushes and has a seat,
   iii. Toilet tissue,
   iv. Soap for hand washing,
   v. Paper towels or a mechanical air hand dryer,
   vi. Lighting, and
   vii. A window that opens or another means of ventilation;

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.