

TITLE 9. HEALTH SERVICES
CHAPTER 10. DEPARTMENT OF HEALTH SERVICES –
HEALTH CARE INSTITUTIONS: LICENSING

ARTICLE 6. HOSPICES

Section

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ARTICLE 6. HOSPICES

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 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; **and**
 - l. Cover info and education to patient and patient representative of proper disposal of schedule II controlled substances in compliance with ARS § 36-425.04;**
- 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, 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;
 - h. Cover clergy visitation procedures in compliance with A.R.S. § 36-407.02:**
- 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 students; 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.

R9-10-610. 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:
 - 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 participate in religious visitation by a clergy member according to A.R.S. § 36-407.02; and**
- 8-9. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.**

R9-10-612. 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 **by a personnel member**:
 - a. ~~By a personnel member qualified~~ **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** ~~By a personnel member who~~ **Who** is licensed under A.R.S. Title 32, Chapter 33, Article 5, **if applicable;**

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.

R9-10-615. 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> most recent dietary guidelines according to the U.S. Department of Health and Human Services and U.S. Department of Agriculture, 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 contains 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 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.