

TITLE 9. HEALTH SERVICES
CHAPTER 10. DEPARTMENT OF HEALTH SERVICES –
HEALTH CARE INSTITUTION: LICENSING
ARTICLE 6. HOSPICES; HOSPICE INPATIENT FACILITIES

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ARTICLE 6. HOSPICES; HOSPICE INPATIENT FACILITIES

R9-10-601. Definitions

In this Article, unless the context otherwise requires:

- . “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
 - d. Helping to find resources to address the patient’s or the patient’s family’s concerns.
- . "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. Application Requirements

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a 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 an administrator, in writing, who has the qualifications established in subsection (A)(2)(b);
4. Approve a hospice’s policies and procedures;
5. Adopt a quality management plan that complies with R9-10-604;
6. Review and evaluate the effectiveness of the quality management program at least once every 12 months;

7. Designate an acting administrator, in writing, who has the qualifications establish 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; or
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.

B. An administrator is:

1. Directly accountable to the governing authority of a hospice for the daily operation of the hospice and services provided by or through the hospice;
2. Have the authority and responsibility to manage the hospice;
3. Except as provided in subsection (A)(8), shall designate, in writing, an individual who is responsible for services provided by 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 inpatient hospice facility's premises; and
4. Designate a personnel member to provide direction for volunteers.

C. An administrator shall:

1. Establish, document, and implement policies and procedures that:
 - a. Cover job descriptions, duties, and qualifications including required skills and knowledge 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. Include a method to identify a patient to ensure the patient receives hospice services as ordered;
 - e. Cover patient rights including assisting a patient who does not speak English or who has a disability to become aware of patient rights;
 - f. Cover health care directives;
 - g. Cover medical records, including electronic medical records; and
 - h. Cover quality management, including incident documentation;
2. Policies and procedures for hospice services are established, documented, and implemented 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 dispensing, administering, and disposing of medication and biologicals;
 - e. Cover infection control; and
 - f. Cover telemedicine, if applicable;
 3. For a hospice inpatient facility, establish, document, and implement policies and procedures 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; and
 - 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 24 months and updated as needed;
 5. Policies and procedures are available to personnel members;
 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 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;
 - c. A written copy of rates and charges, as required in A.R.S. § 36-436.03; and
 - d. A list of patient rights.

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, including contracted services;
 - 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 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 12 months after the date the report is submitted to the governing authority.

R9-10-605. Contracted Services

An administrator shall ensure that:

1. Contract services are provided according to the requirements in this Article, and
2. A documented list 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 or behavioral 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 or behavioral 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 and behavioral health services listed in the established job description,
 - ii. The type and duration of education that may allow the personnel member to acquire the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
 - iii. The type and duration of experience that may allow the personnel member to acquire the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented according to policies and procedures:
 - a. Before the personnel member provides physical health services or behavioral health services, and
 - b. At least once every 12 months; and
 3. There are personnel members present on a hospice'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, rubber stamp, or electronic signature code of each individual who participated in the in-service education; and
7. A personnel member or an employee or volunteer who has direct interaction with a patient provides evidence of freedom from infectious tuberculosis as specified in R9-10-113.

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

1. The individual's name, date of birth, home address, and home telephone number;
2. The starting date of employment, volunteer service, or contract service and, if applicable, the ending date;
3. As applicable, documentation of:
 - a. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
 - b. The individual's work experience;
 - c. The individual's completion of the orientation;
 - d. The individual's completion of in-service education;
 - e. The individual's documentation of CPR training; and
 - f. The individual's freedom from infectious tuberculosis as required in subsection (D);
4. Is maintained:
 - a. Throughout the individual's period of providing services in or for the hospice; and
 - b. For at least two years after the last date the individual provided services in or for the hospice; and
5. Personnel records for an individual who has not worked in the hospice during the previous 12 months are provided to the Department within 72 hours after the Department's request.

R9-10-607. Patient Admissions

- 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 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 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 social worker shall assess the social and psychological needs of a patient's family, if applicable.

R9-10-608. Transfer

Except for a transfer of a patient due to an emergency, an administrator shall ensure that:

1. Policies and procedures and developed, documented, and implemented that:
 - a. Specify the process by which the inpatient hospice facility personnel members coordinate the transfer and the services provided to a patient to protect the health and safety of the patient during the transfer;
 - b. Establish the criteria for determining what a patient evaluation includes based on the patient's psychological condition, medical condition, and the type of services the patient is expected to receive at the receiving health care institution;
 - c. Require an evaluation of the patient according to the criteria established by subsection (C)(1)(b), by a personnel member qualified according to policies and procedures before the patient is transferred;
 - d. Specify how medical record information for a patient that is not provided at the time of transport but is requested by the receiving health care institution, is provided to the receiving health care institution; and
 - e. Specify how a personnel member qualified according to policies and procedures explains the risks and benefits of the transfer to the patient or the patient's representative based on the:

- i. Patient's condition, and
 - ii. Mode of transportation;
 2. One of the following accompanies the patient during the transfer:
 - a. A copy of the patient's medical record for the current admission; or
 - b. All of the following for the current admission:
 - i. A medical practitioner's summary of behavioral health services and physical health services provided to the patient,
 - ii. If the patient received behavioral health services, a treatment plan containing current information,
 - iii. A record of medications administered to the patient for seven calendar days before the date of the transfer,
 - iv. Medical practitioner's orders in effect at the time of transfer, and
 - v. Any known allergy; and
 3. Documentation in the patient's medical record includes:
 - a. Consent for transfer by the patient or the patient's representative,
 - b. The acceptance of the patient by and communication with an individual at the receiving health care institution;
 - c. The date and the time of the transfer to the receiving health care institution;
 - d. The mode of transportation; and
 - e. The type of personnel member assisting in the transfer if an order requires that a patient be assisted during transfer.

R9-10-609. Patient Rights

- A. An administrator shall ensure:
 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. There are policies and procedures that 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 a patient:
 1. Is not subjected to:

- a. The intentional infliction of physical, mental or emotional pain unrelated to the patient's condition;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse according to A.R.S. § 13-1404;
 - g. Sexual abuse according to A.R.S. § 13-1406;
 - h. Seclusion or restraint if not necessary to prevent harm to self or others;
 - i. Retaliation for submitting a complaint to the Department or another entity; and
 - j. Misappropriation of personal and private property by a hospice's personnel members, employees, volunteers, or students; and
2. A patient or the patient's representative:
- a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse or withdraw consent to treatment before treatment is initiated;
 - c. Except in an emergency, is informed of proposed treatment alternatives to the treatment, associated risks, and possible complications;
 - d. Consents to photographs of the patient before a patient is photographed;
 - e. Except as otherwise permitted by law, provides written consent to the release of the patient's:
 - i. Medical records, and
 - ii. Financial records;
 - f. 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 policy on health care directives;
 - 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, diagnosis, or source of payment;

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 unable to provide physical health services or behavioral health services for 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, representative, or other individual in understanding, protecting, or exercising the patient's rights.

R9-10-610. Plan of Care

- A.** An administrator shall ensure that a plan of care 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. Social worker; 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 and biological 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 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. A 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. A 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.

R9-10-611. Hospice Service

A. An administrator shall ensure that the following are included in the hospice service provided by the hospice:

1. Medical services;
2. Nursing services;
3. Nutritional services, including menu planning and the designation of the kind and amount of food appropriate for a patient;
4. Medical social services, provided by an individual licensed under A.R.S. Title 32, Chapter 33, Article 5;
5. Bereavement counseling for a patient's family for at least one year after the death of a patient; and

6. Spiritual counseling services, consistent with a patient's customs, religious preferences, cultural background, and ethnicity.
- B.** In addition to the services specified in subsection (A), an administrator of a hospice service agency shall ensure that the following are included in the hospice service provided by the hospice:
1. Home health aide services;
 2. Respite care services, 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 a 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 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 home health aid 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.

R9-10-612. Medication Services

- A. If a hospice provides medication administration or assistance in the self-administration of medication, an administrator shall ensure that policies and procedures:
 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 response to a medication, or
 - iii. A medication overdose;
 - c. Procedures to ensure that a patient's medication regimen is reviewed by a medical practitioner and meets the patient's needs;
 - d. Procedures for documenting medication services and assistance in the self-administration of 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. A patient's refusal to take prescribed medication is documented in the patient's medical record;
 2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
 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; and
 4. If pain medication is administered to a patient, documentation in the patient's medical record includes:
 - a. An identification of the patient's pain before administering the medication, and
 - b. The effect of the pain medication administered.
- C. If a hospice provides assistance in the self-administration of medication, an administrator shall ensure that:
1. A patient's medication is stored by the hospice;
 2. The following assistance is provided to a patient:
 - a. A reminder when it is time to take the medication;
 - b. Opening the medication container for the patient;
 - c. Observing the patient while the patient removes the medication from the container;
 - d. Verifying that the medication is taken as ordered by the patient's medical practitioner by confirming that:
 - i. The patient taking the medication is the individual stated on the medication container label,
 - ii. The dosage of the medication is the same as stated on the medication container label, and
 - iii. The medication is being taken by the patient at the time stated on the medication container label; or
 - e. Observing the patient while the patient takes the medication;

3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner, a pharmacist, or a registered nurse;
 4. Training for a personnel member, other than a medical practitioner or a registered nurse, in the self-administration of medication:
 - a. Is provided by a medical practitioner or a registered nurse or an individual trained by a medical practitioner or registered nurse;
 - b. Includes:
 - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
 - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
 - iii. Process for notifying the appropriate entities when an emergency medical intervention is needed;
 5. A personnel member, other than a medical practitioner or a registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
 6. Assistance with the self-administration of medication provided to a patient:
 - a. Is in compliance with an order, and
 - b. Is documented in the patient's medical record.
- D. 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 medication, medication classifications, and biologicals are required to be automatically stopped after a specific time period unless the ordering medical staff member 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.
 - E. When medication is stored at a hospice inpatient facility, an administrator shall ensure that:
 - 1. There is a separate room, closet, or self-contained unit used for medication storage that includes a lockable door;
 - 2. If a room or closet is used to store medication, a locked cabinet or container is used for medication storage;
 - 3. Medication is stored according to the manufacturer's recommendations; and
 - 4. Policies and procedures are established, documented, and implemented 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.
 - F. 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.

R9-10-613. 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 or behavioral health professional 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 code is used to authenticate an order, the individual whose signature the stamp or electronic code represents is accountable for the use of the stamp or the electronic code;
 5. A patient's medical record is available to a personnel member, medical practitioner, or behavioral health professional authorized by recovery care center policies and procedures;
 6. Information in a patient's medical record is disclosed to an individual not authorized under subsection (4) only with the written consent of a patient or the patient's representative or as permitted by law; and
 7. A patient's medical record is protected from loss, damage or unauthorized use;
- B.** If a hospice keeps a patient's 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;
 - e. The name and contact information of the patient's representative, if applicable; and
 - f. Any known allergy;
 2. Admission date and date that the patient stopped receiving services from the hospice;
 3. Name and telephone number of the patient's physician;
 4. Admitting diagnosis;
 5. Documentation of general consent, and if applicable informed consent, for treatment by the patient or the patient's representative except in an emergency;
 6. Documentation of medical history;
 7. Copy of the patient's living will, health care power of attorney, or other health care directive, if applicable;
 8. Orders;

9. Assessment required in R9-10-609;
10. Care plans;
11. 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;
12. Documentation of hospice services provided to a patient;
13. Documentation of coordination of patient care;
14. Documentation of contacts with the patient's physician by a personnel member;
15. Discharge summary, if applicable;
16. If applicable, transfer documentation from a sending health care institution;
17. Documentation of a medication or a biological 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 PRN:
 - 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 PRN:
 - 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 or observing the self-administration of the medication or biological; and
 - f. Any adverse reaction a patient has to the medication or biological.

R9-10-614. Infection Control

- A. An administrator shall ensure that:
 1. An infection control program is established, under the direction of an individual qualified according to the hospice's 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 two years after the date of the documents;
 3. 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;
 - 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; and
 - g. 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;
 5. 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; and
 6. A personnel member washes hands or use a hand disinfection product after each patient contact and after handling soiled linen, soiled clothing, or potentially infectious material.

- B. An administrator shall comply with contagious disease reporting requirements in A.R.S. § 36-621 and communicable disease reporting requirements in 9 A.A.C. 6, Article 2.

R9-10-615. Food Services for a Hospice Inpatient Facility

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

1. A food menu:
 - a. Is prepared at least one week in advance,
 - b. Includes the foods to be served each day,
 - c. Is conspicuously posted at least one day before the first meal on the food menu will be served,
 - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
 - e. Is maintained for at least 60 days after the last day included in the food menu;
2. Meals and snacks provided by the hospice inpatient facility are served according to posted menus; and
3. Meals for each day are planned using:
 - a. The applicable meal planning guides in http://www.fns.usda.gov/cnd/Care/ProgramBasics/Meals/Meal_Pattern.htm; and
 - b. Preferences for meals and snacks obtained from patients.

- 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 containing 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. Is licensed 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;
 - 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 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.

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, transport, or transfer of patients,
 - ii. Assigned responsibilities for each 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 personnel 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 disaster;
 2. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months;
 3. An evacuation drill for employees is conducted on each shift at least once every three months;
 4. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
 - a. The date and time of the evacuation drill,
 - b. The amount of time taken for employees to evacuate the hospice inpatient facility,
 - c. Any problems encountered in conducting the evacuation drill, and
 - d. Recommendations for improvement, if applicable; 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 that cover:
 - a. Transport, storage, and cleaning 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 used to minimize the presence of insects and vermin;

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. Heating and cooling systems maintain the hospice inpatient facility at a temperature between 70° F and 84° F at all times;
7. Common areas;
 - a. Are lighted to assure the safety of patients, and
 - b. Have lighting sufficient to allow personnel members to monitor patient activity;
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 hospice inpatient 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 hospice inpatient facility in the original labeled containers or safety containers in a storage area that is locked and inaccessible to patients;
12. 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;
 - b. Licensed consistent with local ordinances; and
 - c. Vaccinated as follows:
 - i. A dog is vaccinated against rabies and leptospirosis; and
 - ii. A cat is vaccinated against rabies;
13. 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
- 14. 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

- A. An administrator shall ensure that a hospice inpatient facility complies with applicable requirements for Existing Health Care Occupancies in National Fire Protection Association 101, Life Safety Code, incorporated by reference in A.A.C. R9-1-412.
- 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.

C. 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,
 - 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.

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