

RULES AND REGULATIONS

FOR LICENSING

HOSPICE CARE

(R23-17-HPC)



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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INTRODUCTION

These *Rules and Regulations for Licensing Hospice Care (R23-17-HPC)* are promulgated pursuant to the authority conferred under Chapter 23-17 of the General Laws of Rhode Island, as amended, and are established for the purpose of adopting minimum standards for licensed hospice care in this state.

Pursuant to the provisions of section 42-35-3(C) of the General Laws of Rhode Island, as amended, the following were given consideration in arriving at the regulations: (1) alternative approaches to the regulations; and (2) duplication or overlap with other state regulations. No alternative approach, duplication or overlap was identified.

These amended regulations shall supercede all previous *Rules and Regulations for the Licensing of Hospice Care* promulgated by the Department of Health and filed with the Secretary of State.

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Part I ***Licensure Procedures and Definitions (Applies to All Facilities and Programs)***

Section 1.0 ***Definitions***

Wherever used in these rules and regulations the following terms shall be construed as follows:

- 1.1 ***"Attending practitioner"*** means a physician or a certified registered nurse practitioner (who may or may not be on the hospice staff) identified by the terminally ill patient/family as having a significant role in the determination and delivery of the patient's medical care.
- 1.2 ***"Bereavement"*** means the extended period of grief preceding the death and following (usually for one year) the death of a loved one, during which individuals experience, respond and adjust emotionally, physically, socially and spiritually to the loss of a loved one.
- 1.3 ***"Bereavement counseling"*** means counseling services provided to the patient's family after the patient's death.
- 1.4 ***"Branch office"*** means a fixed and established geographical location from which a licensed hospice program provides services within a portion of the total geographic area served by the licensed central office.
- 1.5 ***"Certified registered nurse practitioner (RNP)"*** means an advanced practice nurse utilizing independent knowledge of physical assessment and management of health care and illnesses. The practice includes prescriptive privileges, and collaboration with other licensed health care professionals, including, but not limited to, physicians, pharmacists, podiatrists, dentists and nurses.
- 1.6 ***"Change in operator"*** means a transfer by the governing body or operator of a hospice program to any other person (excluding delegations of authority to the medical or administrative staff of the facility) of the governing body's authority to:
 - a) hire or fire the chief executive officer of the hospice program;
 - b) maintain and control the books and records of the hospice program;
 - c) dispose of assets and incur liabilities on behalf of the hospice program; or
 - d) adopt and enforce policies regarding operation of the hospice program.

This definition is not applicable to circumstances wherein the governing body of a hospice program retains the immediate authority and jurisdiction over the activities enumerated in subsection (a) through (d) herein.

- 1.7 ***"Change in owner"*** means:
 - (1) in the case of a hospice program that is a partnership, the removal, addition or substitution of a partner which results in a new partner acquiring a controlling interest in such partnership;

- (2) in the case of a hospice program that is an unincorporated solo proprietorship, the transfer of the title and property to another person;
 - (3) in the case of a hospice program that is a corporation:
 - a) a sale, lease, exchange or other disposition of all, or substantially all of the property and assets of the corporation; or
 - b) a merger of the corporation into another corporation; or
 - c) the consolidation of two or more corporations, resulting in the creation of a new corporation; or
 - d) in the case of a hospice program that is a business corporation, any transfer of corporate stock that results in a new person acquiring a controlling interest in such corporation; or
 - e) in the case of a hospice program that is a non-business corporation, any change in membership that results in a new person acquiring a controlling vote in such corporation.
- 1.8 ***“Department”*** means the Rhode Island Department of Health.
- 1.9 ***“Director”*** means the Director of the Rhode Island Department of Health.
- 1.10 ***“Disqualifying information”*** means that information produced by a criminal records review pertaining to conviction, for the following crimes will result in a letter to the employee and employer disqualifying the applicant from said employment: murder, voluntary manslaughter, involuntary manslaughter, first degree sexual assault, second degree sexual assault, third degree sexual assault, assault on persons sixty (60) years of age or older, child abuse, assault with intent to commit specified felonies (murder, robbery, rape, burglary, or the abominable and detestable crime against nature), felony assault, patient abuse, neglect or mistreatment of patients, burglary, first degree arson, robbery, felony drug offenses, larceny or felony banking law violations.
- 1.11 ***“Equity”*** means non-debt funds contributed towards the capital costs related to an initial licensure or change in owner or change in operator of a hospice facility which funds are free and clear of any repayment or liens against the assets of the proposed owner and/or licensee and that result in a like reduction in the portion of the capital cost that is required to be financed or mortgaged.
- 1.12 ***“General inpatient care”*** means hospice care provided to terminally ill patients in an inpatient setting.
- 1.13 ***“Hospice care”*** (hereinafter referred to as ***“hospice program”***) means a program of palliative care that provides for the physical, psychological, social and spiritual needs of a terminally ill patient and his/her family, both in the home and in an inpatient setting.

- 1.14 **"Hospice inpatient facility"** means a health care facility that cares for hospice and palliative care patients requiring short-term, general inpatient, respite care, or routine home care and is operated directly by a hospice program under a license issued by the Department.
- 1.15 **"Initial licensure"** means a review conducted pursuant to the provisions contained in section 6.0 herein.
- 1.16 **"Inpatient respite care"** means short-term inpatient care provided to terminally ill patients to provide relief to family members or others caring for the patient.
- 1.17 **"Licensing agency"** means the Rhode Island Department of Health.
- 1.18 **"Medication technician"**, as used herein, means selected unlicensed personnel who have satisfactorily completed a state-approved course in drug administration who may administer oral or topical drugs (with the exception of Schedule II drugs) in accordance with the requirements of section 17.10 herein.
- 1.19 **"Nurse"** means an individual licensed to practice as a professional (registered) (RN) or licensed practical nurse (LPN) in this state under the provisions of Chapter 5-34 of the General Laws of Rhode Island, as amended.
- 1.20 **"Nursing assistant"** means a nurse's aide, orderly, or home health aide who is a paraprofessional, and who holds a Rhode Island certificate of registration pursuant to the provisions of Chapter 23-17.9 of the Rhode Island General Laws, as amended, and the rules and regulations promulgated thereunder, who is trained to give personal care and related health care and assistance based on his/her level of preparation to individuals who are sick, disabled, dependent, or infirm, and who are patients of or who are receiving services from health care facilities.
- 1.21 **"Palliative care"** means patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and facilitates patient autonomy, access to information, and choice.
- 1.22 **"Person"** means an individual, trust or estate, partnership, corporation (including associations, joint stock companies), limited liability company, state or political subdivision or instrumentality of a state.
- 1.23 **"Physician"** means any individual licensed to practice medicine in this state under the provisions of Chapter 5-37 of the General Laws of Rhode Island, as amended.
- 1.24 **"Residential area"** means a distinct living environment within an inpatient hospice facility that includes no more than sixty (60) beds.
- 1.25 **"Social worker"** means a person who has at least a bachelor's degree from a school accredited or approved by the Council on Social Work Education.
- 1.26 **"Spiritual counselor"** means clergy (individual ordained for religious service), pastoral or other counselor.

- 1.27 **"Terminally ill"** means that an individual has a medical prognosis of a life expectancy of six (6) months or less if the illness runs its normal course.

Section 2.0 ***General Requirements for Licensure***

- 2.1 No person acting alone or jointly with any other person, shall establish, conduct or maintain a hospice program in this state without a license in accordance with the requirements of section 23-17-4 of reference 1 and in accordance with the rules and regulations herein.
- 2.1.1 However, pursuant to section 23-17-2 (6) of the Act, any provider of hospice care who provides hospice care without charge shall be exempt from the licensing provisions above, but shall meet applicable standards of the National Hospice and Palliative Care Organization.
- 2.2 A certificate of need is required as a precondition to licensure of any hospice program providing inpatient hospice care, unless exempt, in accordance with reference 3.
- 2.3 Except for an inpatient hospice program that shall require a certificate of need, any initial licensure of a hospice program shall require prior review by the Health Services Council and approval of the licensing agency as provided in sections 6.1 and 6.2 herein, or for expedited reviews conducted pursuant to sections 6.5 and 6.6 herein, as a condition precedent to the transfer, assignment or issuance of a new license.
- 2.4 Any change in owner, operator, or lessee of a licensed hospice program shall require prior review by the Health Services Council and approval of the licensing agency as provided in sections 6.1 and 6.2 herein, or for expedited reviews conducted pursuant to sections 6.5 and 6.6 herein, as a condition precedent to the transfer, assignment or issuance of a new license.
- 2.5 No facility shall hold itself or represent itself as a hospice program or use the term "hospice" or other similar term in its advertising, publicity or any other form of communication, unless licensed as a hospice program in accordance with the provisions herein.
- 2.6 A hospice program shall organize, manage, and administer its hospice care services to attain and maintain the highest obtainable quality of life for each patient and address issues related to care at the end of life in a manner consistent with acceptable standards of practice.
- 2.7 Upon notification by the Department, any licensed hospice program that holds a nursing facility license shall be issued a new license as a hospice inpatient facility and shall surrender its nursing facility license to the Department.
- 2.8 Each hospice program that maintains a branch office shall disclose to the licensing agency the location of agency records (i.e., central office or branch office). At a minimum, all clinical records shall be maintained at the branch office for those patients served by the branch office.

Section 3.0 ***Application for License***

- 3.1 Application for a license to conduct, maintain or operate a hospice program shall be made to the licensing agency upon forms provided by the licensing agency and shall contain such

information as the licensing agency reasonably requires which may include affirmative evidence of ability to comply with the provisions of reference 1 and the rules and regulations herein.

- 3.1.1 Each application shall be accompanied by an application fee as set forth in the *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health*.
- 3.2 A notarized listing of names and addresses of direct and indirect owners whether individual, partnership or corporation with percentages of ownership designated shall be provided with the application for licensure and shall be updated annually. The list shall include each owner (in whole or in part) of any mortgage, deed or trust, note or other obligation secured (in whole or in part) by the hospice care program or any of the property or assets of the hospice program.
- 3.3 The list shall also include all officers, directors and other persons of any subsidiary corporation owning stock, if the hospice program is organized as a corporation and all partners if organized as a partnership.

Section 4.0 ***Issuance and Renewal of License***

- 4.1 Upon receipt of an application for a license, the licensing agency shall issue a license for a period of no more than one (1) year, if the applicant meets the requirements of reference 1 and the rules and regulations herein. The license issued, unless sooner suspended or revoked, shall expire by limitation on the 31st day of December following its issuance and may be renewed from year to year subject to inspection and approval by the licensing agency.
 - 4.1.1 All renewal applications shall be accompanied by a renewal fee as set forth in the *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health*.
 - 4.1.2 In accordance with section 23-17-38 of the Rhode Island General Laws, as amended, nonprofit hospice programs with current home nursing care provider licenses shall be exempt from the annual licensure fee stated herein.
 - 4.1.3 Each hospice program that maintains a branch office shall indicate on the application the location of the central office as well as the location(s) of the branch office(s).
- 4.2 Hospice programs operating under a single license may establish branch offices under that same single license and such license shall be maintained and posted in the central office.
- 4.3 A license issued shall not be transferable or assignable except with the written approval of the licensing agency.

Section 5.0 ***Application for Initial Licensure or Changes in Owner, Operator, or Lessee***

- 5.1 Application for review for initial licensure of a hospice program, with the exception of those facilities providing inpatient hospice care, or changes in the owner, operator, or lessee of a

hospice program shall be made on forms provided by the licensing agency and shall contain but not be limited to information pertinent to the statutory purpose expressed in section 23-17-3 of Chapter 23-17 or to the considerations enumerated in section 6.2 herein. Twenty-five (25) copies of such applications are required to be provided.

- 5.1.1 Each application filed pursuant the provisions of this section shall be accompanied by a non-refundable, non-returnable application fee, as set forth in the *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health*.

Section 6.0 ***Initial Licensure and Change in Owner, Operator, or Lessee Review***

- 6.1 Except for expedited reviews conducted pursuant to sections 6.5 and 6.6, and except for a hospice program providing inpatient hospice care that shall require a certificate of need, reviews of applications for initial licensure of a hospice program, or for changes in the owner, operator, or lessee of a licensed hospice program shall be conducted according to the following procedures:

- a) Within ten (10) working days of receipt, in acceptable form, of an application for initial licensure of a hospice program or for a license in connection with a change in the owner, operator or lessee of an existing hospice program, the licensing agency will notify and afford the public thirty (30) days to comment on such application.
- b) The decision of the licensing agency will be rendered within ninety (90) days from acceptance of the application.
- c) The decision of the licensing agency shall be based upon the findings and recommendations of the Health Services Council unless the licensing agency shall afford written justification for variance therefrom.
- d) All applications reviewed by the licensing agency and all written materials pertinent to licensing agency review, including minutes of all Health Services Council meetings, shall be accessible to the public upon request.

- 6.2 Except as otherwise provided in Chapter 23-17 of the General Laws of Rhode Island, as amended, a review by the Health Services Council of an application for initial licensure of a hospice program or for a license in the case of a proposed change in the owner, operator, or lessee of a licensed hospice program may not be made subject to any criteria, unless the criteria directly relate to the statutory purpose expressed in section 23-17-14.3 of the General Laws of Rhode Island, as amended. In conducting reviews of such applications the Health Services Council shall specifically consider and it shall be the applicant's burden of proof to demonstrate:

- 6.2.1 The character, commitment, competence, and standing in the community of the proposed owners, operators or directors of the hospice program as evidenced by:
- (A) In cases where the proposed owners, operators, or directors of the health care facility currently own, operate, or direct a health care facility, or in the past five years owned,

operated or directed a health care facility, whether within or outside Rhode Island, the demonstrated commitment and record of that (those) person(s):

- (i) in providing safe and adequate treatment to the individuals receiving the health care facility's services;
 - (ii) in encouraging, promoting and effecting quality improvement in all aspects of health care facility services; and
 - (iii) in providing appropriate access to health care facility services;
 - (B) A complete disclosure of all individuals and entities comprising the applicant; and
 - (C) The applicant's proposed and demonstrated financial commitment to the health care facility.
- 6.2.2 The extent to which the program will provide or will continue, without material effect on its viability at the time of change of owner, operator, or lessee, to provide safe and adequate treatment for individuals receiving the hospice services as evidenced by:
- (A) The immediate and long term financial feasibility of the proposed financing plan;
 - (i) The proposed amount and sources of owner's equity to be provided by the applicant;
 - (ii) The proposed financial plan for operating and capital expenses and income for the period immediately prior to, during and after the implementation of the change in owner, operator or lessee of the health care facility;
 - (iii) The relative availability of funds for capital and operating needs;
 - (iv) The applicant's demonstrated financial capability;
 - (v) Such other financial indicators as may be requested by the state agency;
- 6.2.3 The extent to which the program will provide or will continue to provide safe and adequate treatment for individuals receiving the hospice services and the extent to which the facility will encourage quality improvement in all aspects of the operation of the health care facility as evidenced by:
- (A) The applicant's demonstrated record in providing safe and adequate treatment to individuals receiving services at facilities owned, operated, or directed by the applicant; and
 - (B) The credibility and demonstrated or potential effectiveness of the applicant's proposed quality assurance programs;
- 6.2.4 the extent to which the program will provide or will continue to provide appropriate access with respect to traditionally under served populations as evidenced by:

- (A) In cases where the proposed owners, operators, or directors of the health care facility currently own, operate, or direct a health care facility, or in the past five (5) years owned, operated or directed a health care facility, both within and outside of Rhode Island, the demonstrated record of that person(s) with respect to access of traditionally underserved populations to its health care facilities; and
 - (B) The proposed immediate and long term plans of the applicant to ensure adequate and appropriate access to the programs and health care services to be provided by the health care facility.
- 6.2.5 In consideration of the proposed continuation or termination of health care services by the hospice program:
 - (A) The effect(s) of such continuation or termination on access to safe and adequate treatment of individuals, including but not limited to traditionally under served populations.
- 6.2.6 And, in cases where the application involves a merger, consolidation or otherwise legal affiliation of two or more health care facilities, the proposed immediate and long term plans of such health care facilities with respect to the health care programs to be offered and health care services to be provided by such health care facilities as a result of the merger, consolidation or otherwise legal affiliation.
- 6.3 Subsequent to reviews conducted under sections 6.1, 6.2, 6.5, and 6.6 of these regulations, the issuance of a license by the licensing agency may be made subject to any consideration, provided that no condition may be made unless it directly relates to the statutory purpose expressed in section 23-17-3 of the General Laws of Rhode Island, as amended, or to the review criteria set forth in section 6.2 herein. This shall not limit the authority of the licensing agency to require correction of conditions or defects which existed prior to the proposed change of owner, operator, or lessee and of which notice has been given to the hospice program by the licensing agency.
- 6.4 A license issued hereunder shall be the property of the state and loaned to such licensee, and it shall be kept posted in a conspicuous place.
- 6.5 Applicants for initial licensure may, at the sole discretion of the licensing agency, be reviewed under expedited review procedures established in section 6.6 if the licensing agency determines (a) that the legal entity seeking licensure is the licensee for one or more health care facilities licensed in Rhode Island pursuant to the provisions of Chapter 23-17 whose records of compliance with licensure standards and requirements are deemed by the licensing agency to demonstrate the legal entity's ability and commitment to provide quality health services; and (b) that the licensure application demonstrates complete and satisfactory compliance with the review criteria set forth in set forth in section 6.2 herein.
- 6.6 Expedited reviews of applications for initial licensure of a hospice program shall be conducted according to the following procedures:
 - a) Within ten (10) working days of receipt, in acceptable form, of an application for initial licensure the licensing agency will determine if such application will be granted

expedited review and the licensing agency will notify the public of the licensing agency's initial assessment of the application materials with respect to the review criteria in section 6.2 as well as the licensing agency's intent to afford the application expedited review. At the same time the licensing agency will afford the public a twenty (20) day period during which the public may review and comment on the application and the licensing agency's initial assessment of the application materials and the proposal to afford the application expedited review.

- b) Written objections from affected parties directed to the processing under the expedited procedures and/or the satisfaction of the review criteria shall be accepted during the twenty (20) day comment period. Objections must provide clear, substantial and unequivocal rationale as to why the application does not satisfy the review criteria and/or why the application ought not to be processed under the expedited review mechanism. The licensing agency may propose a preliminary report on such application provided such proposed report incorporates findings relative to the review criteria set forth in section 6.2. The Health Services Council may consider such proposed report and may provide its advisory to the Director of Health by adopting such report in amended or unamended form. The Health Services Council, however, is not bound to recommend to the Director that the application be processed under the provisions for expedited review as delineated in sections 6.5 and 6.6. The Health Services Council shall take under advisement all objections both to the merits of the application and to the proposed expedited processing of the proposed application and shall make a recommendation to the Director regarding each. Should the Health Services Council not recommend to the Director that the application be processed under expedited review procedures as initially proposed, such application may continue to be processed consistent with the time frames and procedures for applications not recommended for expedited review. If expedited review is not granted, then the comment period may be forthwith extended consistent with the time frames in section 6.1 for applications not proposed for expedited review. The Director, with the advice of the Health Services Council, shall make the final decision either to grant or to deny expedited review and shall make the final decision to grant or to deny the application on the merits within the expedited review mechanism and time frames.

Section 7.0 ***Change of Ownership, Operation and/or Location***

- 7.1 When a change of ownership or operation or location of a hospice program or when discontinuation or addition of a service(s) is contemplated, the licensing agency shall be notified in writing.
- 7.2 A license shall immediately become void and shall be returned to the licensing agency when operation of a hospice program is discontinued or when any changes in ownership occur in accordance with the rules and regulations herein and section 23-17-6 of reference 1.
 - a) When there is a change in ownership or in the operation or control of the hospice program, the licensing agency reserves the right to extend the expiration date of such license, allowing the program to operate under the same license which applied to the prior license for such time as shall be required for the processing of a new application or reassignment of patients, not to exceed six (6) weeks.

Section 8.0 ***Inspections***

- 8.1 The licensing agency shall make, or cause to be made, such inspections and investigations, as deemed necessary in accordance with section 23-17-10 of reference 1 and the rules and regulations herein.
 - 8.1.1 Such inspections and investigations may include on-site visits to patients, either in their homes, in the hospital, hospice inpatient facility, or nursing facilities, provided however, that a signed statement of approval for home visitation has been obtained by the licensing agency from the patient/family.
- 8.2 Refusal to permit inspections, other than in-home visits referred to in section 8.1.1 above, shall constitute a valid ground for license denial, suspension or revocation.
- 8.3 Every hospice program shall be given notice by the licensing agency of all deficiencies reported as a result of an inspection or investigation.

Section 9.0 ***Denial, Suspension, Revocation of License or Curtailment of Activities***

- 9.1 The licensing agency is authorized to deny, suspend or revoke the license or curtail activities of any hospice program which: (1) has failed to comply with the rules and regulations pertaining to the licensing of hospice care programs; or (2) has failed to comply with the provisions of reference 1.
 - 9.1.1 Reports of deficiencies shall be maintained on file in the licensing agency and shall be considered by the licensing agency in rendering determinations to deny, suspend or revoke the license or to curtail activities of a hospice program.
- 9.2 Whenever an action shall be proposed to deny, suspend or revoke a license for any hospice program or to curtail its activities, the licensing agency shall notify the hospice program by certified mail, setting forth reasons for the proposed action, and the applicant or licensee shall be given an opportunity for a prompt and fair hearing in accordance with section 23-17-8 of reference 1 and section 42-35-9 of reference 2, General Laws of Rhode Island, as amended, and in accordance with the provisions of section 47.0 herein.

- 9.2.1 However, if the licensing agency finds that public health, safety or welfare of patients requires emergency action and incorporates a finding to that effect in its order, the licensing agency may order summary suspension of license or curtailment of activities pending proceedings for revocation or other action in accordance with section 42-35-14(c) and 23-1-21 of the General Laws of Rhode Island, as amended.
- 9.3 The appropriate state and federal agencies shall be notified of any action taken by the licensing agency pertaining to either denial, suspension, or revocation of license, or curtailment of activities.

Organization and Management

Section 10.0 *Governing Body*

- 10.1 There shall be an organized governing body or equivalent legal authority ultimately responsible for: (1) the management, fiscal affairs, and operation of the hospice program; (2) the assurance of quality care and services; and (3) compliance with all federal, state and local laws and regulations pertaining to a hospice program and the rules and regulations herein.
- 10.2 The governing body or other legal authority shall furthermore be responsible to:
- a) make services available on a twenty-four (24) hour basis to meet the needs of patients/family as required under the provisions of sections 14.7 and 14.8 herein;
 - b) provide a sufficient number of appropriate personnel, physical resources and equipment to facilitate the delivery of prescribed services.
 - c) ensure conformity of the facility with all federal, state and local rules and regulations relating to fire, safety, sanitation, communicable and reportable diseases, and other relevant health and safety requirements and with all rules and regulations herein.
 - d) implement a policy of non-discrimination in the provision of services to patients and the employment of persons without regard to race, color, creed, national origin, gender, religion, sexual orientation, age, gender identity or expression, handicapping condition or degree of handicap, in accordance with Title VI of the Civil Rights Act of 1964; U.S. Executive Order #11246 entitled "Equal Employment Opportunity", U.S. Department of Labor regulations; Title V of the Rehabilitation Act of 1973, as amended; the Rhode Island Fair Employment Practices Act, Rhode Island General Laws Chapter 28-5-1 *et seq.*; the Americans with Disabilities Act; and any other federal or state laws relating to discriminatory practices.
- 10.3 The governing body or other legal authority shall designate: (a) an administrator who shall be responsible for the management and operation of the hospice program; and (b) a medical director who assumes overall responsibility for the medical component of patient care and to ensure achievement and maintenance of quality standards of professional practice.
- 10.4 The governing body or equivalent legal authority shall adopt and maintain bylaws or acceptable equivalent which defines responsibilities for the operation and performance of the organization,

identifies purposes and means of fulfilling such. In addition, the governing body or equivalent legal authority shall establish administrative policies pertaining to no less than the following:

- a) responsibilities of the administrator and the medical director;
- b) conflict of interest on the part of the governing body, professional staff and employees;
- c) the services to be provided;
- d) criteria for the selection, admission and transfer of terminally ill patient/families;
- e) patient/family consent and involvement in the development of patient care plan;
- f) developing support network when relatives are not available and patient needs and wants that support;
- g) linkages and referrals with community and other health care facilities or agencies that shall include a mechanism for recording, transmitting and receiving information essential to the continuity of patient/family care.

Such information must contain no less than the following:

- i. patient identification data; such as name, address, age, gender, name of next of kin, health insurance coverage;
- ii. diagnosis and prognosis, medical status of patient, brief description of current illness, medical and nursing plans of care including such information as medications, treatments, dietary needs, baseline laboratory data;
- iii. functional status;
- iv. special services such as physical therapy, occupational therapy, speech therapy and such other;
- v. psychosocial needs;
- vi. such other information pertinent to ensure continuity of patient care;
- vii. any additional information as cited in the “Continuity of Care” form available on the Department’s website: www.health.ri.gov;

Designated licensed personnel shall complete the “Continuity of Care” form approved by the Department for each patient who is discharged to another health care facility, such as a hospital, or who is discharged home with follow-up home care required. Said form shall be provided to the receiving facility or agency prior to or upon transfer of the patient.

- h) professional management responsibilities for contracted services;

- i) reports of patient's condition and transmission thereof to patients' physician; and
- j) such other matters, as may be relevant to the organization and operation of hospice care.

Section 11.0 ***Organization of Services***

11.1 The governing body or other legal authority shall organize hospice program services to provide an integrated continuum of care for terminally ill patients/families and to ensure that such care is rendered under the professional management responsibility of the hospice program.

11.1.1 An organizational chart with written description of the organization, authorities, responsibilities, accountabilities and relationships shall be maintained, that shall include but not be limited to:

- a) a description of each level of care and services;
- b) policies and procedures pertaining to hospice care and services that are consistent with professionally recognized standards of practice;
- c) a description of the system for the maintenance of patient records; and
- d) such other related provisions as deemed appropriate.

Section 12.0 ***Quality Improvement***

12.1 Each hospice program shall establish a written quality improvement plan that shall be reviewed by the Department during the facility's annual survey and that includes:

- a) program objectives;
- b) oversight responsibility (e.g., reports to the governing body);
- c) hospice-wide scope;
- d) involvement of all patient care disciplines/services; and
- e) provides criteria to monitor nursing care, including medication administration;
- f) prevention and treatment of decubitus ulcers;
- g) accidents and injuries, resulting in unexpected death;
- h) any other data necessary to monitor quality of care; and
- i) methods to identify, evaluate, and correct problems.

12.2 All patient care services, including services rendered by a contractor, shall be evaluated.

12.3 Each licensed hospice program administrator shall designate a qualified individual to coordinate and manage the hospice program's quality improvement program.

12.4 A quality improvement committee for a hospice program shall be established and shall annually review and approve the quality improvement plan for the hospice program. Said plan shall be available to the public upon request.

12.5 The hospice program's quality improvement committee shall include at least the following members:

- The hospice program administrator;
 - The director of nursing;
 - The medical director; and
 - A social worker.
- 12.6 The quality improvement committee shall meet at least quarterly; shall maintain records of all quality improvement activities; and shall keep records of committee meetings that shall be available to the Department during any on-site visit.
- 12.7 The Director may not require the quality improvement committee to disclose the records and the reports prepared by the committee except as necessary to assure compliance with the requirements of this section.
- 12.8 Good faith attempts by the quality improvement committee to identify and correct quality deficiencies will not be used as a basis for hospice licensure sanctions.
- 12.9 If the Department determines that a hospice program is not implementing its quality improvement program effectively and that quality improvement activities are inadequate, the Department may impose sanctions on the hospice program to improve quality of patient care.
- 12.10 The program shall take and document appropriate remedial action to address problems identified through the quality improvement program. The outcome(s) of the remedial action shall be documented and submitted to the governing body for their consideration.

Section 13.0 ***Written Agreements***

- 13.1 There shall be written agreements for the provision of those services required in section 14.2 herein, not provided directly by the hospice program. The agreement shall clearly delineate the responsibilities of the parties involved and shall include no less than the following provisions:
- a) a stipulation that services may be provided only with the express authorization of the hospice;
 - b) the responsibility of the licensed hospice program for the admission of patients/families to service;
 - c) identification of services to be provided that must be within the scope and limitations set forth in the plan of care and that must not be altered in type, amount, frequency or duration (except in case of adverse reaction) by the individual, agency, or institution;
 - d) the manner in which the contracted services are coordinated, supervised and evaluated by the hospice program;
 - e) assurance of compliance with the patient care policies of the licensed hospice program;
 - f) establishment of procedures for and frequency of patient/family care assessment;
 - g) furnishing the hospice plan of care to other health care facilities upon transfer of patient;

- h) assurance that personnel and services contracted for meet the requirements specified herein pertaining to personnel and services, including licensure, personnel qualifications, functions, supervision, hospice training and orientation, inservice training, and attendance at case conferences;
- i) reimbursement mechanism, charges, and terms for the renewal or termination of the agreement;
- j) such other provisions as may be mutually agreed upon or as may be relevant and deemed necessary;
- k) assurance that the inpatient provider has established policies consistent with those of the hospice program and that the inpatient care facility agrees to abide by the patient care plan and protocol established by the hospice program;
- l) assurance the medical record shall include a record of all inpatient services and events, and a copy of the discharge summary and, if requested, a copy of the medical record to be provided to the hospice program;
- m) the party responsible for the implementation of the provisions of the agreement.

13.2 The hospice program shall retain professional management responsibility for contracted services to ensure that they are furnished in a safe and effective manner by persons meeting the qualifications stated herein, in accordance with the patient's plan of care.

Section 14.0 ***Minimum Services Required/Availability and Accessibility of Services***

14.1 Any service available through a hospice program shall be provided to patients/families, with the consent of the terminally ill patient and family.

14.2 Services that are to be provided directly through staff personnel of a hospice program shall include the following core services:

- a) physician services (may include attending physicians' or certified registered nurse practitioners' services in accordance with section 17.1 herein);
- b) nursing services;
- c) social services;
- d) counseling services, including spiritual counseling, when required;
- e) pain assessment; and
- f) availability of drugs and biologicals on a 24-hour basis.

14.3 A hospice program may use contracted staff if necessary to supplement hospice staff personnel in order to meet the needs of patients during periods of peak patient loads or under

extraordinary circumstances. If contracting is used, the hospice shall maintain professional management responsibility for the services and shall assure that the qualifications of staff and services provided meet the requirements herein.

- 14.4 In addition to the minimum services listed in section 14.2 above, a hospice program shall ensure that the following services are provided, as applicable, to patients/families directly by hospice staff personnel or under written arrangement as specified in section 13.0 herein.
- a) home health aide and homemaker services;
 - b) short-term respite care, and general inpatient care;
 - c) physical therapy, occupational therapy, and speech-language pathology services;
 - d) medical supplies and appliances, and
 - e) nutritional counseling.

Pain Assessment

- 14.5 All health care providers licensed by this state to provide health care services and all health care facilities licensed under Chapter 23-17 of the Rhode Island General Laws, as amended, shall assess patient pain in accordance with the requirements of the ***Rules and Regulations Related to Pain Assessment (R5-37.6-PAIN)*** promulgated by the Department.

Availability of Services

- 14.6 A hospice program shall make:
- a) nursing services, physicians services, drugs and biologicals routinely available on a twenty-four (24) hour basis, seven (7) days a week, as may be required in accordance with the plan of care;
 - b) all other services available on a twenty-four (24) hour basis to the extent necessary to meet the needs of individuals for care that is reasonable and necessary for the palliation and management of terminal illness and related conditions in accordance with the plan of care; and
 - c) patient visiting and assessment capability available on a twenty-four (24) hour basis, seven (7) days a week to respond to acute and urgent patient/family needs.
- 14.7 Additional health services or related services may be provided as may be deemed appropriate to meet patient/family needs and such services must be rendered in a manner consistent with acceptable standards of practice.

Accessibility to Hospice Care

- 14.8 Each hospice program shall establish a mechanism to enable patients/families to make telephone contact with responsible staff personnel on a twenty-four (24) hour basis, seven (7) days a week. Mechanical answering devices shall not be acceptable.

Accessibility to Pharmacy Services

- 14.9 Each hospice program shall provide on a twenty-four (24) hour basis, seven (7) days a week, accessibility to pharmacy services to enable patient/family to obtain prescription drugs and biologicals, for the palliative care and management of the terminally ill patient.
- 14.10 ***Continuity of Care:*** The hospice program shall assure the continuity of patient/family care in the home and inpatient settings through written policies, procedures and criteria pertaining to no less than the following:
- a) admission criteria and initial assessment of the patient/family need and decision for care;
 - b) signed informed consent;
 - c) ongoing assessment of patient/family needs;
 - d) development and review of the plan of care by the interdisciplinary team;
 - e) transfer of patients to inpatient care facilities for inpatient respite care and general inpatient care;
 - f) the provision of appropriate patient/family information at the point of transfer between levels of care settings;
 - g) community or other resources to insure continuity of care and meet patient/family needs;
 - h) management of symptom control through palliative care and utilization of therapeutic services (see section 14.5 herein);
 - i) provision of continuing care for patients transferred to inpatient care facilities;
 - j) constraints imposed by limitations of services, family conditions; and
 - k) such other criteria as may be deemed appropriate.

Section 15.0 Plan of Care

- 15.1 After an initial assessment of patient/family needs, a written plan of care shall be established by the medical director or physician designee, the attending physician and the interdisciplinary team for each patient/family admitted to the hospice program. Such plan of care shall be developed with the participation of the patient and family, and shall include only those services that are acceptable to the patient and family. Furthermore, the family shall be involved whenever possible in the implementation and continuous assessment of the plan of care. The hospice shall ensure

that each patient and family/ primary caregiver(s) receive education and training provided by the hospice appropriate to the care and services identified in the plan of care.

15.2 The plan of care shall include, but not be limited to, provisions pertaining to:

- a) pertinent diagnosis and prognosis;
- b) interventions to facilitate the management of pain and symptoms;
- c) measurable targeted outcomes anticipated from implementing and coordinating the plan of care;
- d) a detailed statement of the patient/family needs addressing the physical, psychological, social, and spiritual needs of the patient/family; the scope of services required; the frequency of visits; the need for inpatient care (respite and/or general inpatients); nutritional needs; medications; management of discomfort and symptom control; management of grief;
- e) drugs and treatments necessary to meet the needs of the patient;
- f) medical supplies and appliances necessary to meet the needs of the patient;
- g) the interdisciplinary group's documentation of patient and family understanding, involvement, and agreement with the plan of care, in accordance with the hospice's own policies, in the clinical record;
- h) consent of patient/family; and
- i) such other relevant modalities of care and services as may be appropriate to meet patient/family care needs.

15.3 The plan of care shall be reviewed and updated at periodic intervals by the interdisciplinary team.

15.4 A revised plan of care shall include information from the patient's updated comprehensive assessment and the patient's progress toward outcomes specified in the plan of care.

Section 16.0 *Levels of Care*

16.1 **Home Care:** Home care services shall be provided to hospice patients/families either as routine home care or continuous home care during periods of crisis, in order to maintain the terminally ill patient at home.

16.2 **General Inpatient Care:** Short-term general inpatient care for the control of pain or management of acute and severe clinical conditions that cannot be managed in the current setting shall be provided only in licensed hospitals, licensed nursing facilities, or hospice inpatient facilities that meet the requirements of sections 21.0 through 43.0 herein. Hospice care provided in a nursing facility or hospital shall have a binding written agreement with a hospice program that includes the provisions of section 13.0 herein.

- 16.3 ***Inpatient Respite Care:*** Inpatient respite care may be provided for short periods of time to relieve family members or others caring for the terminally ill patient in the home. Such care shall be provided only in a licensed hospital, nursing facility or hospice inpatient facility that meets the requirements of sections 21.0 through 43.0 herein, and with whom the hospice program has entered into a binding agreement as provided in section 13.0 herein.

Section 17.0 ***Hospice Services***

- 17.1 ***Attending Practitioner Services:*** Attending practitioner services shall be provided by a physician or a certified registered nurse practitioner to meet the general medical needs of patients for the management of the terminal illness and related conditions, through palliative and supportive care and in accordance with hospice policies.
- 17.1.1 Such policies shall include provisions governing the relationship of the attending physician or the certified registered nurse practitioner to the medical director, and the interdisciplinary team.
- 17.1.2 In addition to palliation and management of terminal illness and related conditions, staff physician(s) and/or certified registered nurse practitioner(s) of the hospice program including the physician member(s) and/or the certified registered nurse practitioner member(s) of the interdisciplinary group shall also meet the general medical needs of the patients to the extent that these needs are not met by the attending physician and/or the certified registered nurse practitioner.
- 17.2 ***Nursing Services:*** Nursing services shall be provided under the direction of a licensed professional (registered) nurse to meet the nursing care needs of patients/families as prescribed in the plan of care and in accordance with acceptable standards of practice and hospice policies.
- 17.3 ***Social Services:*** Social services shall be provided by a person with at least a bachelor's degree from a school accredited or approved by the Council on Social Work Education. Such services shall be provided as prescribed in the plan of care and in accordance with acceptable standards of practice and hospice care policies.
- 17.4 ***Bereavement Counseling Services:*** Bereavement counseling services shall be provided to meet the needs of the members of families both before and after the death of the patient. Such services shall be provided by a professional person qualified by training and experience for the development, implementation and assessment of a plan of care to meet the needs of the bereaved.
- 17.5 ***Spiritual Counseling Services:*** Spiritual counseling services shall be available. Patients/families shall be notified of the availability of such services.
- 17.6 ***Nutritional Counseling:*** Dietary counseling services for the patient/family shall be available as may be required, while the individual is in hospice care.
- 17.7 ***Home-Health Aide/Nursing Assistant Services:*** Each hospice program shall provide home-health aide/nursing assistant services pursuant to section 14.5 herein and as prescribed by the patient/family plan of care and consistent with policies of the hospice program.

17.7.1 The home-health aide/nursing assistant shall provide personal care and other related support services under the supervision of a registered nurse from the licensed hospice program and/or a therapist when the aide carries out simple procedures as an extension of physical, speech or occupational therapy or social services. Duties of home-health aides/nursing assistants shall include, but not be limited to:

- a) performance of simple procedures as an extension of therapy services;
- b) personal care;
- c) ambulation and exercise;
- d) assistance with medications that are ordinarily self-administered;
- e) preparing meals and assisting patients with eating;
- f) household services that are essential to the patient's health care at home;
- g) reporting changes in patient's condition and needs; and
- h) completing appropriate records.

17.8 ***Volunteer Services:*** The development and utilization of trained lay and professional volunteers shall be required of a hospice program. Direct patient care rendered by volunteers shall be provided under the supervision of a qualified and experienced staff member of the hospice program and shall be consistent with the established patient/family plan of care. Furthermore, direct patient care volunteers shall:

- a) have the necessary qualifications and skills to provide the prescribed service;
- b) have participated in an appropriate orientation and training program of hospice care; and
- c) be responsible to record patient care services rendered.

17.9 ***Medical Supplies:*** Medical supplies and appliances, including drugs and biologicals, as may be needed, shall be provided (either directly or by arrangement) for the palliation and management of the terminal illness and related conditions in accordance with section 14.5 herein.

17.10 ***Administration of Drugs and Biologicals:*** Drugs and biologicals as prescribed by the physician or other practitioner working within the scope of his/her practice in the plan of care may be administered by the following individuals:

- a) A licensed nurse, certified registered nurse practitioner, or physician;
- b) Selected non-licensed personnel with demonstrated competence who have satisfactorily completed a State-Approved Program on Drug Administration may

administer oral or topical drugs, if adequate medical and nursing supervision is provided in accordance with reference 4, and agency policies.

- c) The patient may self-administer drugs, or a member of the family/caregiver may also administer drugs to the patient, upon written approval of the attending physician or certified registered nurse practitioner.

17.11 **Pharmacy Services:** Hospice programs shall have policies pertaining to the disposal of controlled substances and legend drugs that are consistent with the *Rules and Regulations Governing the Disposal of Legend Drugs (R21-31-LEG)* of reference 5.

17.12 **Other Services:** such as physical, occupational, speech and hearing therapy services must be available and when provided, such services must be rendered in accordance with the plan of care and in a manner consistent with accepted standards of practice.

Clinical Records

17.13 A clinical record shall be established for every patient receiving care and services. The record shall be completed promptly and accurately documented, readily accessible and systematically organized to facilitate retrieval.

17.14 Each clinical record shall include a comprehensive compilation of information. Entries shall be made for all services provided, signed by the staff providing the services. The record shall include entries on all services rendered whether furnished directly or under arrangements with the hospice. Each patient's record shall contain no less than:

- a) the initial and subsequent assessment;
- b) the plan of care;
- c) identification data;
- d) consent form;
- e) any advance directives;
- f) pertinent medical history; and
- g) complete documentation of all services and events (including evaluations, treatment, progress notes).

17.15 Records shall be maintained by the agency for a period of at least five (5) years following the date of discharge and shall be safeguarded against loss or unauthorized use.

17.16 Each program shall establish policies and procedures to govern the use and removal of records and determine the conditions for release of information in accordance with statutory provisions pertaining to confidentiality.

Section 18.0 *Personnel*

- 18.1 A registered nurse with training and experience in hospice care shall be designated to coordinate the overall plan of care for each patient/family.
- 18.2 Each hospice program shall designate a sufficient number of staff personnel (including volunteers) with training and experience in hospice care and whose qualifications are commensurate with their duties and responsibilities to provide care services to patients/families.
- 18.2.1 Staff personnel shall provide evidence of current registration, certification or licensure as may be required by law. For every person employed by the hospice program who is licensed, certified, or registered by the Department, a mechanism shall be in place to electronically verify such licensure via the Department's electronic licensure database.
- 18.3 A job description for each classification of position shall be established, clearly delineating qualifications, duties, authority and responsibilities inherent in each position.
- 18.4 An ongoing program for the training of all personnel shall be conducted by the hospice program, that shall include: (1) an orientation program for new staff personnel (including volunteers); and (2) a continuing program for the development and improvement of skills of staff to ensure the delivery of quality hospice care services.

Administrator

- 18.5 The governing body or other legal authority shall appoint an individual who possesses appropriate education and experience to serve as administrator of the hospice program, and who shall be responsible for: (1) the management and operation of the program; (2) the enforcement of policies, rules and regulations and statutory provisions pertaining to the program; (3) serving as liaison between the governing body and staff; and (4) the planning, organizing and directing of such other activities as may be delegated by the governing body.
- 18.5.1 A hospice inpatient facility shall have a full-time administrator. Any change in administrators shall be reported in writing to the Department within fifteen (15) days. The administrator shall designate in writing the person to act in his/her absence in order to provide the hospice inpatient facility with administrative direction at all times.

Medical Director

- 18.6 The overall responsibility for the medical component of patient care shall be under the direction of a physician, qualified by training and experience in hospice care, who shall also be responsible for no less than the following:
- a) coordination of medical care provided by the hospice program;
 - b) ensuring and maintaining quality standards of professional practice;
 - c) implementation of patient care policies;
 - d) the achievement and maintenance of quality assurance of professional practices through a mechanism for the assessment of patient/family care outcomes;

- e) ensuring completion of health care worker screening and immunization requirements as contained in reference 7 herein.
- f) the certification of terminally ill patients admitted to the hospice program;
- g) participation as a member of the interdisciplinary team, in the development, implementation and assessment of patient/family plan of care; and
- h) consulting with attending physicians and/or certified registered nurse practitioner member regarding patient care plans.

18.6.1 Upon appointment, the name of the medical director shall be submitted to the Department. Each time a new medical director is appointed, the name of said physician shall be reported promptly to the Department. The medical director's Rhode Island medical license number, medical office address, telephone number, emergency telephone number, hospital affiliation and other credentialing information shall be maintained on file by the hospice program and updated as needed.

Criminal Records Check

- 18.7 Pursuant to section 23-17-34 of the General Laws, any person offered employment in a hospice program having routine contact with a patient without the presence of other employees, shall be subject to a criminal background check, to be initiated prior to, or within one (1) week of employment.
- 18.8 Said employee through the employer shall apply to the bureau of criminal identification of the state or local police department for a statewide criminal records check. Fingerprinting shall not be required as part of this check.
- 18.9 In those situations in which no disqualifying information has been found, the bureau of criminal identification (BCI) of the state or local police shall inform the applicant and the employer in writing.
- 18.10 Any disqualifying information, as defined herein, according to the provisions of section 23-17-34 of the General Laws, will be conveyed to the applicant in writing, by the bureau of criminal identification. The employer shall also be notified that disqualifying information has been discovered, but shall not be informed by the BCI of the nature of the disqualifying information.
- 18.11 The employer shall maintain on file, subject to inspection by the Department of Health, evidence that criminal records checks have been initiated on all employees who have been offered and accepted employment as well as the results of said check. Failure to maintain this evidence shall be grounds to revoke the license or registration of the employer.
- 18.12 If an applicant has undergone a statewide criminal records check within eighteen (18) months of an application for employment, then an employer may request from the bureau a letter indicating if any disqualifying information was discovered. The bureau will respond without disclosing the nature of the disqualifying information. This letter may be maintained on file to satisfy the requirements of Chapter 23-17-34.

- 18.13 An employee against whom disqualifying information has been found may request that a copy of the criminal background report be sent to the employer who shall make a judgment regarding the continued employment of the employee.

Photo Identification

- 18.14 A hospice program shall require all persons, including students, who examine, observe, or treat a patient or patient of such facility to wear a photo identification badge which states, in a reasonably legible manner, the first name, licensure/registration status, if any, and staff position of such person.

Hospice Inpatient Facilities

- 18.15 In addition to the personnel requirements contained above, each hospice inpatient facility shall have a registered nurse on the premises twenty-four (24) hours a day. In addition, the necessary nursing service personnel (licensed and non-licensed) shall be in sufficient numbers on a 24-hour basis, to assess patients' needs, to develop and implement patient care plans, to provide direct patient care services, and to perform other related activities to maintain the health, safety and welfare of patients.

In-Service Education

- 18.16 An in-service educational program shall be conducted on an ongoing basis, that shall include an orientation program for new personnel and a program for the development and improvement of skills of all personnel. The in-service program shall be geared to the needs of the population and shall include annual programs on prevention and control of infection, food services and sanitation (as appropriate), fire prevention and safety, confidentiality of patient information, patient rights and any other areas related to hospice care.

- 18.16.1 Provisions shall be made for written documentation of inservice educational programs, including attendance.

Health Screening

- 18.17 Upon hire and prior to delivering services, a pre-employment health screening shall be required for each individual who has or may have direct contact with a patient in the hospice. Such health screening shall be conducted in accordance with the *Rules and Regulations Pertaining to Immunization, Testing, and Health Screening for Health Care Workers (R23-17-HCW)* promulgated by the Department of Health.

Latex

- 18.18 Any hospice program that utilizes latex gloves shall do so in accordance with the provisions of the *Rules and Regulations Pertaining to the Use of Latex Gloves by Health Care Workers, in Licensed Health Care Facilities, and by Other Persons, Firms, or Corporations Licensed or Registered by the Department* promulgated by the Department of Health.

Section 19.0 *Interdisciplinary Team*

- 19.1 The governing body or other legal authority shall designate an interdisciplinary team composed of staff personnel that includes:
- a) physician; (may include the medical director, attending physician, or certified registered nurse practitioner);
 - b) professional (registered) nurse or certified registered nurse practitioner;
 - c) social worker;
 - d) spiritual counselors; and
 - e) such other staff and non-staff personnel as may be deemed appropriate.
- 19.2 The interdisciplinary team shall be responsible to develop, implement and assess patient/family plans of care, and in addition:
- a) the supervision of care, personnel and services provided;
 - b) the provision of direct patient care as may be required and appropriate;
 - c) the development of a patient/family plan of care, and the revision of such plan of care as may be required;
 - d) the development of policies and procedures governing patient/family care and services; and
 - e) such other duties as may be deemed appropriate by the governing body.

Section 20.0 ***Rights of Patients***

- 20.1 Each hospice program shall adopt applicable "rights of patients" pursuant to the provisions of section 23-17-19.1 of reference 1 and shall make such available to patients/families.
- 20.2 Such rights shall include no less than the following:
- a) The patient shall be afforded considerate and respectful care.
 - b) Upon request, the patient shall be furnished with the name of the physician and/or certified registered nurse practitioner member responsible for coordinating his/ her care.
 - c) Upon request, the patient shall be furnished with the name of the physician or other person responsible for conducting any specific test or other medical procedure performed by the health care facility in connection with the patient's treatment.
 - d) The patient shall have the right to refuse any treatment by the health care facility to the extent permitted by law.

- e) The patient's right to privacy shall be respected to the extent consistent with providing adequate medical care to the patient and with the efficient administration of the health care facility. Nothing in this section shall be construed to preclude discreet discussion of a patient's case or examination of appropriate medical personnel.
- f) The patient's right to privacy and confidentiality shall extend to all records pertaining to the patient's treatment except as otherwise provided by law.
- g) The health care facility shall respond in a reasonable manner to the request of a patient's physician, certified nurse practitioner and/or a physician's assistant for medical services to the patient. The health care facility shall also respond in a reasonable manner to the patient's request for other services customarily rendered by the health care facility to the extent the services do not require the approval of the patient's physician, certified nurse practitioner and/or a physician's assistant or are not inconsistent with the patient's treatment.
- h) Before transferring a patient to another facility, the health care facility must first inform the patient of the need for and alternatives to a transfer.
- i) Upon request, the patient shall be furnished with the identities of all other health care and educational institutions that the health care facility has authorized to participate in the patient's treatment and the nature of the relationship between the institutions and the health care facility.
- j) If the health care facility proposes to use the patient in any human experimentation project, it shall first thoroughly inform the patient of the proposal and offer the patient the right to refuse to participate in the project.
- k) Upon request, the patient shall be allowed to examine and shall be given an explanation of the bill rendered by the health care facility irrespective of the source of payment of the bill.
- l) Upon request, the patient shall be permitted to examine any pertinent health care facility rules and regulations that specifically govern the patient's treatment.
- m) The patient shall be offered treatment without discrimination as to race, color, creed, national origin, gender, religion, source of payment, sexual orientation, age, gender identity or expression, handicapping condition or degree of handicap,
- n) Patients shall be provided with a summarized medical bill within thirty (30) days of discharge from a health care facility. Upon request, the patient shall be furnished with an itemized copy of his or her bill. When patients are patients of state-operated institutions and facilities, the provisions of this subsection shall not apply.
- o) Upon request, the patient shall be allowed the use of a personal television set provided that the television complies with underwriters' laboratory standards and O.S.H.A. standards, and so long as the television set is classified as a portable television.
- p) No charge shall be made for furnishing a health record or part of a health record to a patient, his or her attorney or authorized representative if the record or part of the record is necessary for the purpose of supporting an appeal under any provision of the Social Security Act, 42 U.S.C. § 301 et seq., and the request is accompanied by documentation

of the appeal or a claim under the provisions of the Workers' Compensation Act, Chapters 29 – 38 of Title 28. Additionally, charges shall not be made if the record is requested for immunization records required for school admission or by the applicant or beneficiary or individual representing an applicant or beneficiary for the purposes of supporting a claim or appeal under the provision of the Social Security Act or any federal or state needs-based benefit program such as Medical Assistance, RItE Care, Temporary Disability Insurance (TDI) or unemployment compensation.

A provider shall furnish a health record requested pursuant to this section within thirty (30) days of the request.

- q) The patient shall have the right to have his or her pain assessed on a regular basis.
- r) Notwithstanding any other provisions of this section, upon request, patients receiving care through hospitals, nursing homes, assisted living residences and home health care providers, shall have the right to receive information concerning hospice care, including the benefits of hospice care, the cost, and how to enroll in hospice care.
- s) The hospice program shall provide the patient/family with written information concerning its policies on advance directives, including a description of any applicable state law.

Reporting of Patient Abuse or Neglect, Accidents and Death

20.3 Any physician, nurse or other employee of a hospice program who has reasonable cause to believe that a patient has been abused, exploited, mistreated, or neglected shall within 24 hours of the receipt of said information, transfer such to the Director. Any person required to make a report pursuant to this section shall be deemed to have complied with these requirements if a report is made to a high managerial agent. Once notified, the administrator or the director of nursing services shall be required to meet the above reporting requirements.

20.4 The hospice program shall maintain evidence that all allegations of abuse, neglect, and/or mistreatment have been thoroughly investigated and that further potential abuse has been prevented while the investigation is in progress. The results of said investigation shall be reported to the Department. Appropriate corrective action shall be taken, as necessary.

20.5 Accidents resulting in hospitalization or death of any patient shall be reported in writing to the licensing agency before the end of the next working day. A copy of each report shall be retained by the facility for review during subsequent surveys.

20.6 All patient deaths occurring within a hospice program or in a hospice inpatient facility that are:

- suspicious or unnatural;
- the result of trauma, remote or otherwise;
- the decedent is less than eighteen (18) years of age;
- as a result of a drug overdose or poisoning, remote or otherwise, and
- as a result of an infectious disease with epidemic potential.

shall be reported to the program medical director and to the Office of the State Medical Examiners in accordance with Title 23, Chapter 4 of the General Laws of Rhode Island, as amended.

- 20.7 The death of any hospice patient occurring within twenty-four (24) hours of admission to a hospice program providing care in the home or a program at an inpatient hospice unit shall be reported to the Office of the State Medical Examiners, unless declared exempt by the Chief Medical Examiner.
- 20.8 Reporting requirements, pursuant to Chapter 23-17.8 of the Rhode Island General Laws shall be posted.

PART II *General Requirements for Inpatient Hospice Settings*

Section 21.0 *Hospice Inpatient Facilities*

21.1 A licensed hospital, a licensed nursing facility or a hospice inpatient facility with whom a hospice program enters into a written agreement for the provision of inpatient care (general inpatient, or respite care, as described above) for hospice patients shall be required to meet the following provisions pertaining to: (1) staffing (see also sections 18.15 and 18.16 herein); and (2) patient areas (as below). Additionally, said facilities providing general inpatient care or inpatient respite care shall be required to meet the provisions of sections 22.0 through 43.0 herein.

Patient Areas

21.2 The patient areas must be designed and equipped for the comfort and privacy of each patient/family that includes:

- a) physical space for private patient/family visiting;
- b) accommodations for family members, including children, if they wish to remain with patient overnight;
- c) accommodation for family privacy after a patient's death; and
- d) home-like interior.

21.3 Patients shall be permitted to receive visitors, including small children and pets, at any hour, provided that a therapeutic environment is maintained for all patients.

Section 22.0 *Dietetic Services*

22.1 Each facility shall maintain a dietetic service under the supervision of a full-time person who, as a minimum, is a graduate of a state approved course that provided instruction in food service supervision and nutrition and has experience in the organization and management of food service.

22.1.1 When the dietary manager is absent, a responsible person shall be assigned to supervise dietetic service personnel and food service operations.

22.2 The facility's food service operation shall comply with all appropriate standards of reference 10.

- a) Diet kitchens, nourishment stations, and any other related areas shall be the responsibility of the dietetic service.

22.3 There shall be a supply of staple foods for a minimum of seven (7) days and of perishable foods for a minimum of two (2) days in the facility.

Section 23.0 *Infection Control*

23.1 Infection control provisions shall be established for the mutual protection of patients, employees, and the public.

23.2 The facility shall be responsible for no less than the following:

- a) establishing and maintaining a facility-wide infection surveillance program;
- b) developing and implementing written policies and procedures for the surveillance, prevention, and control of infections in all patient care departments/services;
- c) establishing policies governing the admission and isolation of patients with known or suspected infectious diseases;
- d) developing, evaluating and revising on a continuing basis infection control policies, procedures and techniques for all appropriate areas of facility operation and services;
- e) developing and implementing a system for evaluating and recording the occurrences of all infections relevant to employment (e.g., skin rash) among personnel and infections among patients; such records shall be made available to the licensing agency upon request;
- f) Consistent with reference 11, implementing a tuberculosis (TB) infection control program requiring risk assessment and development of a TB infection control plan; early identification, treatment and isolation of strongly suspected or confirmed infectious TB patients; effective engineering controls; an appropriate respiratory protection program; health care worker TB training, education, counseling and screening; and evaluation of the program's effectiveness, per guidelines in reference 11.
- g) developing and implementing an institution-specific strategic plan for the prevention and control of vancomycin resistance, with a special focus on vancomycin-resistant enterococci, per guidelines in reference 12. (See also reference 13 herein for additional information on this issue).
- h) developing and implementing protocols for: 1) discharge planning that includes full instruction to the family or caregivers regarding necessary infection control measures; and 2) hospital transfer of patients with infectious diseases which may present the risk of continuing transmission. Examples of such diseases include, but are not limited to, tuberculosis (TB), Methicillin resistant *staphylococcus aureus* (MRSA), vancomycin resistant enterococci (VRE), and clostridium difficile.
- i) assuring that all patient care staff are available in order to assist in the prevention and control of infectious diseases and are provided with adequate direction, training, staffing and facilities to perform all required infection surveillance, prevention and control functions.

23.3 A continuing education program on infection control shall be conducted periodically for all staff.

Reporting of Communicable Diseases

- 23.4 Each facility shall report promptly to the Department, cases of communicable diseases designated as "reportable diseases" when such cases are diagnosed in the facility in accordance with reference 14.
- 23.5 When infectious diseases present a potential hazard to patients or personnel, these shall be reported to the Rhode Island Department of Health, Division of Disease Prevention & Control even if not designated as "reportable diseases."
- 23.6 When outbreaks of food-borne illness are suspected, such occurrences shall be reported immediately to the Rhode Island Department of Health, Division of Disease Prevention & Control or to the Office of Food Protection.
- 23.7 Facilities shall comply with the provisions of section 23-28.36-3 of the Rhode Island General Laws, as amended, that requires notification of fire fighters, police officers and emergency medical technicians after exposure to infectious diseases.

Section 24.0 ***Pharmaceutical Services***

- 24.1 Each facility shall provide pharmaceutical services either directly within the facility or per contractual arrangement. Such services shall be provided in accordance with the requirements of reference 15 herein.
- 24.1.1 In either instance, appropriate methods and procedures for the procurement and the dispensing of drugs and biologicals shall be established in accordance with appropriate federal and state laws and regulations.
- 24.2 There shall be written policies and procedures relating to the pharmaceutical service that shall require no less than:
- a) the authority, responsibility and duties of the registered pharmacist;
 - b) the selection, procurement, distribution, storage, dispensing or other disposition of drugs and biologicals in accordance with appropriate federal and state laws and regulations;
 - c) maintenance of records of all transactions, including recording of receipt and dispensing or other disposition of all drugs and biologicals;
 - d) inspection of all drug and biological storage and medication areas and documented evidence of findings;
 - e) automatic stop orders for drugs or biologicals;
 - f) the use of only approved drugs and biologicals;
 - g) control of medications from any source;
 - h) a requirement that when automated storage and distribution devices are utilized, all pertinent provisions of reference 15 herein shall be met;

- i) a monitoring program to identify adverse drug reactions, interactions and incompatibilities and antibiotic antagonisms; and
 - j) drugs and biological stored outside of an automated storage and distribution device shall be labeled with the name of the patient, name of the physician, drug dosage, cautionary instructions, and expiration date.
- 24.3 Adequate space, equipment, supplies and locked storage areas shall be provided for the storage of drugs and biologicals based on the scope of services provided.
- 24.4 Refrigerated food storage units shall not be utilized for storage of drugs and/or biologicals except in facilities of 30 beds or less, provided they are locked in an appropriate container.
- 24.5 Drugs may be administered to patients from bulk inventories of non-legend and non-controlled substance items such as aspirin or milk of magnesia, as ordered by a licensed physician.
- 24.6 An emergency medication kit, approved by the pharmaceutical service committee or its equivalent, shall be kept at each nursing station.
- 24.7 There shall be adequate drug and biological preparation areas with provisions for locked storage in accordance with federal and state laws and regulations.
- 24.8 The pharmaceutical service committee or its equivalent, consisting of not less than a registered pharmacist, a registered nurse, a physician and the administrator, shall:
- a) serve as an advisory body on all matters pertaining to pharmaceutical services;
 - b) establish a program of accountability for all drugs and biologicals;
 - c) develop and review periodically all policies and procedures for safe and effective drug therapy; and
 - d) monitor the pharmaceutical service.
- 24.9 A registered pharmacist shall assist in developing, coordinating and supervising all pharmaceutical services in conjunction with the pharmaceutical services committee. In addition, a registered pharmacist shall:
- a) review the drug and biological regimen of each patient at least monthly;
 - b) report any irregularities to the attending physician and/or medical director. These reports shall show documentation of review and response; and
 - c) document in writing the performance of such review, which documentation shall be kept on file by the facility and shall be made accessible to the Department upon request.

Section 25.0 ***Laboratory and Radiologic Services***

- 25.1 All facilities shall make provisions for laboratory, x-ray and other services to be provided either directly by the facility or per contractual arrangements with an outside provider.
- 25.2 If the facility provides its own laboratory and x-ray services, these shall meet all applicable statutory and regulatory requirements.
- 25.3 All services shall be provided only per order of the attending physician who shall be promptly notified of the findings in accordance with a protocol established by the facility. Such a protocol shall describe which laboratory values mandate a call to the patient's attending physician.
- 25.4 Signed and dated reports of all findings shall become part of the patient's medical record.

Section 26.0 ***Equipment***

- 26.1 Each facility shall maintain sufficient and appropriate types of equipment consistent with patient needs and sufficient to meet emergency situations.
- 26.2 All equipment to meet the needs of the patients shall be maintained in safe and effective operational condition.

Section 27.0 ***Housekeeping***

- 27.1 An employee of the facility shall be designated responsible for housekeeping services, supervision, and training of housekeeping personnel.
- 27.2 Sufficient housekeeping and maintenance personnel shall be employed to maintain a comfortable, safe, clean, sanitary and orderly environment in the facility.
- 27.3 Written housekeeping policies and procedures shall be established in accordance with section 23.0 herein on infection control, for the operation of housekeeping services throughout the facility. Copies shall be made available to all housekeeping personnel.
- 27.4 Housekeeping personnel may assist in food distribution but not food preparation. Careful hand washing should be done prior to assisting in food distribution.
- 27.5 All parts of the facility and its premises shall be kept clean, neat and free of litter and rubbish and offensive odors.
- 27.6 Equipment and supplies shall be provided for cleaning of all surfaces. Such equipment shall be maintained in a safe, sanitary condition and shall be properly stored.
- 27.7 Hazardous cleaning solutions, compounds, and substances shall be labeled, stored in a safe place, and kept in an enclosed section separate from other cleaning materials.
- 27.8 Cleaning shall be performed in such a manner so as to minimize the development and spread of pathogenic organisms in the facility environment.

- 27.9 Exhaust ducts from kitchens and other cooking areas shall be equipped with proper filters and cleaned at regular intervals. The ducts shall be cleaned as often as necessary and inspected by the facility no less than twice (2) per year.
- 27.10 Facilities contracting with outside resources for housekeeping services shall require conformity with the regulations contained herein.
- 27.11 Each facility shall be maintained free from insects and rodents through the operation of a pest control program.

Section 28.0 ***Laundry Services***

- 28.1 Each facility shall make provisions for the cleaning of all linens and other washable goods.
- 28.2 Facilities providing laundry service shall have adequate space and equipment for the safe and effective operation of laundry service and, in unsewered areas, shall obtain approval of the sewage system by the licensing agency to ensure its adequacy.
- 28.3 Written policies and procedures for the operation of the laundry service including special procedures for the handling and processing of contaminated linens, shall be established in accordance with section 23.0 herein on infection control.
- 28.4 There shall be distinct areas for the separate storage and handling of clean and soiled linens.
- a) The soiled linen area and the washing area shall be negatively pressurized or otherwise protected to prevent introduction of airborne contaminants.
 - b) The clean linen area and the drying area shall be physically separated from the soiled linen area and the washing area.
- 28.5 All soiled linen shall be placed in closed containers prior to transportation.
- 28.6 To safeguard clean linens from cross-contamination they shall be transported in containers used exclusively for clean linens which shall be kept covered at all times while in transit and stored in areas designated exclusively for this purpose.
- 28.7 A quantity of linen equivalent to three (3) times the number of beds including the set of linen that is in use shall be available and in good repair at all times.
- 28.8 Facilities contracting for services with an outside resource in accordance with section 13.0 herein shall require conformity with these regulations as part of the contract.

Section 29.0 ***Disaster Preparedness***

- 29.1 Each facility shall develop and maintain a written disaster preparedness plan that shall include plans and procedures to be followed in case of fire or other emergencies. The plan and procedures

shall be developed with the assistance of qualified safety, emergency management, and/or other appropriate experts and shall be coordinated with the local emergency management agency.

29.2 The plan shall include procedures to be followed pertaining to no less than the following:

- a) fire, explosion, severe weather, loss of power and/or water, flooding, failure of internal systems and/or equipment, and other calamities;
- b) transfer of casualties;
- c) transfer of records;
- d) location and use of alarm systems, signals and fire fighting equipment;
- e) containment of fire;
- f) notification of appropriate persons;
- g) relocations of patients and evacuation routes;
- h) feeding of patients;
- i) handling of drugs and biologicals;
- j) missing patients; and
- k) any other essentials as required by the local emergency management agency.

29.3 A copy of the plan shall be available to the staff and to the public.

29.4 Emergency steps of action shall be clearly outlined and posted in conspicuous locations throughout the facility.

29.5 Inservice training related to the disaster preparedness plan shall be conducted for all shifts at least semi-annually. Written documentation of all drills shall be maintained by the facility.

29.6 All personnel shall receive training in disaster preparedness as part of their employment orientation.

Physical Plant

Section 30.0 *New Construction, Addition or Modification*

30.1 All new construction, alterations, extensions or modifications of an existing facility, as defined in rules and regulations pursuant to reference 16, shall be subject to the following provisions:

Reference 16 (Certificate of Need)
Reference 17 (Department of Health)
Reference 10 (Food Code)

Reference 8 (AIA Construction Guidelines)
Reference 18 (State Fire Code)
Reference 19 (Sewage regulations)
Reference 20 (ANSI Code)
Reference 21 (State Building Code)
Reference 22 (Americans with Disabilities Act).

- 30.2 In addition, any other applicable state and local laws, codes and regulations shall apply. Where there is a difference between codes, the code having the higher standard shall apply.
- 30.3 All plans for new construction or the renovation, alteration, extension, modification or conversion of an existing facility that may affect compliance with sections 33.0, 35.0, 36.0, 37.0, 38.0, and 42.0 herein, and reference 8 shall be reviewed by a Rhode Island licensed architect. Said architect shall certify that the plans conform to the construction requirements of sections 33.0, 35.0, 36.0, 37.0, 38.0, and 42.0 herein, and reference 8, prior to construction. The facility shall maintain a copy of the plans reviewed and the architect's signed certification, for review by the Department of Health upon request.
- 30.3.1 In the event of non-conformance for which the facility seeks a variance, the general procedures outlined in section 44.0 shall be followed. Variance requests shall include a written description of the entire project, details of the non-conformance for which the variance is sought and alternate provisions made, as well as detailing the basis upon which the request is made. The Department may request additional information while evaluating variance requests.
- 30.3.2 If variances are granted, a licensed architect shall certify that the plans conform to all construction requirements of sections 33.0, 35.0, 36.0, 37.0, 38.0, and 42.0 herein, and reference 8, except those for which variances were granted, prior to construction. The facility shall maintain a copy of the plans reviewed, the variance(s) granted and the architect's signed certification, for review by the Department upon request.
- 30.4 Upon completion of construction, the facility shall provide written notification to the Department describing the project, and a copy of the architect's certification. The facility shall obtain authorization from the Department prior to occupying/re-occupying the area. At the discretion of the Department, an on-site visit may be required.

Section 31.0 ***General Provisions - Physical Environment***

- 31.1 Each facility shall be constructed, equipped and maintained to protect the health and safety of patients, personnel and the public. All equipment and furnishings shall be maintained in good condition, properly functioning and replaced when necessary.
- 31.2 All steps, stairs and corridors shall be suitably lighted, both day and night. Stairs used by patients shall have banisters, handrails or other types of support. All stair treads shall be well maintained to prevent hazards.
- 31.3 All rooms utilized by patients shall have proper ventilation and shall have outside openings with satisfactory screens. Shades or Venetian blinds and draperies shall be provided for each window.

- 31.4 Grounds surrounding the facility shall be accessible to and usable by patients/families and shall be maintained in an orderly and well-kept manner.

Section 32.0 ***Fire Safety***

- 32.1 Each facility shall meet the provisions of reference 18.
- 32.2 Each facility shall establish a monitoring program for the internal enforcement of all applicable fire and safety laws and regulations. Such a program shall include written procedures for the implementation of said rules and regulations and logs shall be maintained.

Section 33.0 ***Emergency Power***

- 33.1 The facility shall provide an emergency source of electrical power necessary to protect the health and safety of patients in the event the normal electrical supply is interrupted.
- a) Such emergency power system shall supply power adequate at least for: (1) lighting all means of egress; (2) equipment to maintain detection, alarm and extinguishing systems; and (3) life support systems, where applicable.
 - b) Where life support systems are used, emergency electrical service shall be provided by an emergency generator located on the premises.

Section 34.0 ***Facility Requirements for the Physically Handicapped***

- 34.1 Each facility shall be accessible to, and functional for patients, personnel, and the public. All necessary accommodations shall be made to meet the needs of persons with mobility disabilities, or sight, hearing and coordination or perception disabilities in accordance with reference 22.
- 34.2 Blind, non-ambulatory, physically handicapped or patients with mobility disabilities that limit self-preservation capability shall not be housed above the street level floor unless the facility is equipped with an elevator and meets other requirements of reference 18. Further, the facility must meet one of the following as defined in the N.F.P.A. Standards No. 220:
- a) is of fire resistive construction, one (1) hour protected non-combustible construction; or
 - b) is fully sprinklered one (1) hour protected ordinary construction; or
 - c) is fully sprinklered one (1) hour protected wood frame construction.

Section 35.0 ***Residential Area***

- 35.1 Each residential area, as defined in section 1.24 herein, shall have at least the following:
- a) staff areas with adjacent hand washing facility;
 - b) storage rooms for walkers, wheelchairs and other equipment;

- c) appropriate clean and soiled utility space; and
 - d) a telephone with outside line.
- 35.2 In addition, each residential area shall be equipped with a communication system which, as a minimum, shall be:
- a) electrically activated;
 - b) operated from the bedside of each occupant and from all areas used by occupants, including multipurpose rooms, toilet and bathing facilities; and
 - c) capable of alerting the responsible person or persons on duty twenty-four (24) hours a day, regardless of the location of the person on duty.

Section 36.0 ***Patient Rooms and Toilet Facilities***

- 36.1 Patient rooms shall be designed with a personalized, homelike environment, and equipped for adequate nursing care, comfort, and privacy of patients with no more than one (1) bed per room.
- 36.2 Bedrooms shall be no less than 100 square feet in area and no less than eight (8) feet wide exclusive of toilet rooms, closets, lockers, wardrobes, alcoves or vestibules. In new construction, single bedrooms shall be constructed in accordance with the American Institute of Architects Academy of Architecture for Health guidelines of reference 8 herein.
- 36.3 Each room shall have a window that can be easily opened. The window sill shall not be higher than three feet (3'0") above the floor and shall be above grade level.
- 36.4 The size of each window shall be no less than 2'6" wide by 4'5" high, double hung or an approved equivalent.
- 36.5 Each room shall have direct access to a corridor and outside exposure with the window at or above grade level.
- 36.6 Lavatories and bathing areas to be used by the handicapped shall be equipped with grab-bars for the safety of the patients and shall meet the requirements of reference 8.
- 36.7 All facilities constructed after the 20th of March 1977 shall have as a minimum, connecting toilet rooms between patients' rooms in accordance with the requirements of section 30.0 herein. In addition, in facilities constructed prior to 20 March 1977, there shall be no less than one toilet per eight beds or fraction thereof on each floor where patient rooms are located.
- 36.8 In all facilities constructed after 1 August 2001, patient toilet rooms shall be equipped with facilities for cleaning bedpans.
- 36.9 Separate lavatory and toilet facilities shall be provided for employees and the general public commensurate with the needs of the facility.

- 36.10 A minimum of one (1) bathtub or shower shall be provided for every twelve (12) patients, not otherwise served by bathing facilities in patient rooms. At least one bathtub shall be provided in each residential area.
- 36.11 Each bathtub or shower shall be in an individual room or enclosure which provides space for the private use of the bathing fixture, for drying and dressing and for a wheelchair and an attendant.
- 36.12 Complete privacy shall be provided to each patient in semi-private rooms by the use of overhead type fire resistive screens and/or cubicle fire resistive curtains suspended by inset overhead tracks in accordance with reference 18.
- a) When overhead type screens and/or cubicle curtains are not provided, each semi-private room shall be equipped with a fire resistant portable screen.
- 36.13 Each patient shall be provided with a bed of proper size and height for the convenience and comfort of the patient, box spring and clean, comfortable mattress, bedside stand, straight-back chair, comfortable chair, dresser and individual closet space for clothing with clothes racks and shelves accessible to patients in each room, and a reading lamp equipped with bulb of adequate candlepower.
- a) Bedding including bedspread, shall be seasonally appropriate.

Section 37.0 ***Special Care Unit***

- 37.1 A patient room shall be designated for isolation purposes. Such room shall be properly identified with precautionary signs, shall have outside ventilation, private toilet, and hand washing facilities, and shall conform to other requirements established for the control of infection in accordance with section 23.0 herein.

Section 38.0 ***Dining and Patient Activity Rooms***

- 38.1 The facility shall provide one or more clean, orderly, appropriately furnished and easily accessible room(s) of adequate size designed for patient and family dining, as applicable.
- a) These areas shall be appropriately lighted and ventilated with non-smoking areas identified.
 - b) If a multipurpose room is used, there must be sufficient space to accommodate dining to prevent interference with each other.

Section 39.0 ***Plumbing***

- 39.1 All plumbing shall be installed in such a manner as to prevent back siphonage or cross connections between potable and non-potable water supplies in accordance with reference 21.
- 39.2 Fixtures from which grease is discharged may be served by a line in which a grease trap is installed in accordance with standards of reference 21. The grease trap shall be cleaned sufficiently often to sustain efficient operation.

Section 40.0 ***Water Supply***

40.1 Water shall be distributed to conveniently located taps and fixtures throughout the building and shall be adequate in volume and pressure for all purposes including fire fighting.

- a) In patient areas, hot water temperatures shall not be less than 100 degrees Fahrenheit nor exceed 110 degrees Fahrenheit (plus or minus two degrees). Thermometers (accuracy of which can be plus or minus two degrees) shall be provided in each residential area to check water temperature periodically on that unit and at each site where patients are immersed or showered.
- b) Thermostatic or pressure balanced mixing valves are required at each site or fixture used for immersion or showering of patients. Thermometers and tactile (skin sense) method shall be used to verify the appropriateness of the water temperature prior to each use.
- c) In addition to temperature-regulating devices controlling the generation of domestic hot water, hot water supplies to patient care areas shall be regulated by anti-scalding, water tempering or mixing valves (approved by the Director or his/her designee) in order to maintain the temperature standards of section 40.1 (a) herein.

Waste Disposal Systems

40.2 Any new facility shall be connected to a public sanitary sewer if available, or otherwise shall be subject to the requirements of reference 19 herein.

Section 41.0 Maintenance

41.1 All essential mechanical, electrical and patient care equipment shall be maintained in safe operating condition and logs/records shall be maintained of periodic inspections.

Section 42.0 Other Provisions

42.1 Facilities shall make provisions to ensure that the following are maintained:

- a) adequate and comfortable lighting levels in all areas in accordance with Appendix “A”;
- b) limitation of sounds at comfort levels;
- c) comfortable temperature levels for the patients in all parts of patient occupied areas with a centralized heating system to maintain a minimum of 70°F degrees Fahrenheit during the coldest periods;
- d) adequate ventilation through windows or by mechanical means; and
- e) corridors equipped with firmly secured handrails on each side.
- f) ***Heat relief:*** any hospice inpatient facility that does not provide air conditioning in every patient room shall provide an air conditioned room or rooms in a residential section(s) of the facility to provide relief to patients when the outdoor temperature exceeds eighty (80) degrees Fahrenheit.

Waste Disposal

Section 43.0 *Medical waste:*

43.1 Medical waste as defined in the *Rules and Regulations Governing the Generation, Transportation, Storage, Treatment, Management & Disposal of Regulated Medical Waste in Rhode Island (DEM-DAH-MW-01-92)*, Rhode Island Department of Environmental Management (June 1994), shall be managed in accordance with the provisions of the aforementioned regulations.

Other Waste:

43.2 Wastes which are not classified as infectious waste, hazardous wastes or which are not otherwise regulated by law or rule may be disposed in dumpsters or load packers provided the following precautions are maintained:

- a) Dumpsters shall be tightly covered, leak proof, inaccessible to rodents and animals, and placed on concrete slabs preferably graded to a drain. Water supply shall be available within easy accessibility for washing down of the area. In addition, the pick-up schedule shall be maintained with more frequent pick-ups when required. The dumping site of waste materials must be in sanitary landfills approved by the Department of Environmental Management.
- b) Load packers must conform to the same restrictions required for dumpsters and, in addition, load packers shall be:
 - a) high enough off the ground to facilitate the cleaning of the underneath areas of the stationary equipment; and
 - b) the loading section shall be constructed and maintained to prevent rubbish from blowing from said area site.
- c) ***Recycleable waste:*** Containers for recyclable waste, including paper and cardboard, shall be tightly covered, leak proof, inaccessible to rodents and animals, and placed on concrete slabs preferably graded to a drain. In addition, the pick-up schedule shall be maintained with more frequent pick-ups when required.

Practices and Procedures, Confidentiality, and Severability

Section 44.0 *Variance Procedure*

44.1 The licensing agency may grant a variance either upon its own motion or upon request of the applicant from the provisions of any rule or regulation in a specific case if it finds that a literal enforcement of such provision will result in unnecessary hardship to the applicant and that such variance will not be contrary to the public interest.

44.2 A request for a variance shall be filed by an applicant in writing setting forth in detail the basis upon which the request is made.

- 44.2.1 Upon the filing of each request for variance with the licensing agency and within a reasonable time thereafter, the licensing agency shall notify the applicant by certified mail of its approval or in the case of a denial, a hearing date, time and place may be scheduled if the hospice program appeals the denial.

Section 45.0 ***Deficiencies and Plans of Correction***

- 45.1 The licensing agency shall notify the governing body or other legal authority of a facility of violations of individual standards through a notice of deficiencies which shall be forwarded to the facility within fifteen (15) days of inspection of the facility unless the Director determines that immediate action is necessary to protect the health, welfare, or safety of the public or any member thereof through the issuance of an immediate compliance order in accordance with section 23-1-21 of the General Laws of Rhode Island, as amended.
- 45.2 A facility that received a notice of deficiencies must submit a plan of correction to the licensing agency within fifteen (15) days of the date of the notice of deficiencies. The plan of correction shall detail any requests for variances as well as document the reasons therefor.
- 45.3 The licensing agency will be required to approve or reject the plan of correction submitted by a facility in accordance with section 45.2 above within fifteen (15) days of receipt of the plan of correction.
- 45.4 If the licensing agency rejects the plan of correction, or if the facility does not provide a plan of correction within the fifteen (15) day period stipulated in section 45.2 above, or if a facility whose plan of correction has been approved by the licensing agency fails to execute its plan within a reasonable time, the licensing agency may invoke the sanctions enumerated in section 9.0 herein. If the facility is aggrieved by the action of the licensing agency, the facility may appeal the decision and request a hearing in accordance with Chapter 42-35 of the General Laws.
- 45.5 The notice of the hearing to be given by the Department shall comply in all respects with the provisions of Chapter 42-35 of the General Laws. The hearing shall in all respects comply with the provisions therein.

Section 46.0 ***Uniform Reporting System***

- 46.1 Each hospice program shall establish and maintain records and data in such a manner as to make uniform a system of periodic reporting. The manner in which the requirements of this regulation may be met shall be prescribed from time to time in directives promulgated by the Director.
- 46.2 Each hospice program shall report to the licensing agency detailed statistical data pertaining to its operation and services. Such reports and data shall be made at such intervals and by such dates as determined by the Director.
- 46.3 The licensing agency is authorized to make the reported data available to any state or federal agency concerned with or exercising jurisdiction over the hospice program.

- 46.4 The directives promulgated by the Director pursuant to these regulations shall be sent to each hospice program to which they apply. Such directives shall prescribe the form and manner in which the statistical data required shall be furnished to the licensing agency.

Section 47.0 ***Rules Governing Practices and Procedures***

- 47.1 All hearings and reviews required under the provisions of Chapter 23-17 of the General Laws of Rhode Island, as amended, shall be held in accordance with the provisions of the *Rules and Regulations of the Rhode Island Department of Health Regarding Practices and Procedures Before the Department of Health and Access to Public Records of the Department of Health (R42-35-PP)*.

Section 48.0 ***Confidentiality***

- 48.1 Disclosure of any health care information relating to individuals shall be subject to the provisions of the "Confidentiality of Health Care Information" Chapter 5-37.3 of the General Laws of Rhode Island, as amended, and other relevant state and federal statutory and regulatory requirements.

Section 49.0 ***Severability***

- 49.1 If any provision of these regulations or the application thereof to any facility or circumstances shall be held invalid, such invalidity shall not affect the provisions or application or the regulations which can be given effect, and to this end the provisions of the regulations are declared to be severable.

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Monday, 17 September 2012

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APPENDIX A

Recommended Lighting Levels for Areas Unique to Hospice Inpatient Facilities

Minimum Foot Candles on Tasks At Any Time¹

	<i>Foot Candles</i>
Administrative Spaces: General Office, Medical Records, Conference/interview area/room(s)	50
Corridors – Nursing Areas: Day: Night:	20 10
Dietary	50
Elevators	15
Examination Rooms	50
Employee: Lounge(s): Locker Room(s):	50 20
Linens: Sorting soiled linen: Central clean linen supply: Linen room(s)/closets	30 30 10
Stairways	15
Lobby area(s): Receptionist: General:	30 20
Physical therapy	30
Occupational therapy area(s): Work benches/tables: Work area – general:	50 30
Speech therapy	30
Patient Lounge(s): Reading General	30 15
Patient dining area(s)	30
Patient care area(s): Room/bed/toilet/reading: General:	30 15
Nursing station(s): Desk, medication area, nourishment center: General: Corridors day/night (see “corridors” above):	50 30 20 - 10
Mechanical-electrical room/space:	30
Utility room: Clean and soiled	30
Janitor’s closet	15
Storage – general	20
Toilet – bathing – shower facilities	30
Barber and beautician areas	50
Waiting area(s): Reading General	30 20

¹ Source: *Guidelines for Construction and Equipment of Hospital and Medical Facilities*, The American Institute of Architects Press, Washington, D.C., 1992--1993 edition.