MINIMUM

STANDARDS OF

OPERATION FOR

HOSPICE

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Part I

General
Hospices

Every Hospice located inside the boundaries of a municipality shall comply with all local municipal codes and ordinances applicable thereto. In addition, each hospice shall comply with all applicable federal laws and state laws under the Mississippi Code Annotated '41-85-1 through '41-85-25.

100

Section A - Legal Authority

100.1

Adoption of Rules, Regulations, and Minimum Standards - By virtue of authority vested in it by the Legislature of the State of Mississippi as per House Bill #379 enacted by the Regular 1995 Session of the Legislature of the State of Mississippi, the Mississippi State Department of Health does hereby adopt and promulgate the following Minimum Standards of Operation for Hospice.

100.2

Effective date of Rules, Regulations, and Minimum Standards for Hospice - The Mississippi State Department of Health does hereby adopt these Minimum Standards of Operation for Hospice Services. These Minimum Standards of Operation are effective as of August 21, 1995. Any hospice agency which is in operation on July 1, 1995, shall be given a reasonable time under the particular circumstances, not to exceed one (1) year from July 1, 1995, within which to comply with these Minimum Standards of Operation for Mississippi Hospices.

100.3

Fire Safety - No freestanding hospice may be licensed until it shows conformance to the safety regulations providing minimum standards for prevention and detection of fire as well as for protection of life and property against fire.

101

Section B - Definitions

Unless a different meaning is required by the context, the following terms as used in these rules and regulations shall have the meaning hereinafter respectively ascribed to them:

101.1

Administrator means the person who is responsible for the management of the overall operation of the hospice;

101.2

Attending Physician means the physician who is responsible for medical care of the hospice patient;

101.3

Autonomous means a separate and distinct operational entity which functions under its own administration and bylaws, either within or independently of a parent organization.

101.4

Bed Capacity means the largest number which can be installed or set up in the freestanding hospice at any given time for use of patients. The bed capacity shall be based upon space designed and/or specifically intended for such use whether or not the beds are actually installed or set up.

101.5

Bed Count means the number of beds that are actually installed or set for patients in freestanding hospice at a given time.

101.6

Bereavement Services means the supportive services provided to the family unit to assist it in coping with the patient's death, including follow-up assessment and assistance through the first year after death.

101.7

Alternative Office Site means a location or site from which a hospice agency provides services within a portion of the total geographic area served by the parent agency. The alternate site is part of the hospice agency and is located sufficiently close to share administration, supervision and services in a manner that renders it unnecessary to obtain a separate license as a hospice agency. An alternate site shall be staffed with at least one (1) registered nurse on a full-time basis.

101.8

Change of Ownership means but is not limited to, intervivos gifts, purchases transfers, leases, cash and/or stock transactions or other comparable arrangements whenever the person or entity acquires a majority interest (fifty percent (50%) or more) of the facility or service. Changes of ownership from partnerships, single proprietorships or corporations to another form of

ownership are specifically included. Provided, however, "Change of Ownership" shall not include any inherited interest acquired as a result of a testamentary instrument or under the laws of descent and distribution of the State of Mississippi. The change of IRS exemption status also constitutes a change of ownership.

101.9

Member of Clergy means an individual representative of a specific spiritual belief who is qualified by education received through accredited academic or theological institutions, and/or experience thereof, to provide counseling and who serves as a consultant for and/or core member of the hospice care team;

101.10

Clinical/Medical Record means a legal document containing all pertinent information relating to the care of an individual patient.

101.11

Core Services means those services directly provided by the hospice agency to include nursing services, medical social work services, physician services and pastoral or counseling services.

101.12

Counselor means an individual who has at least a bachelor's degree in psychology, a master's or bachelor's degree from a school of social work accredited by the Council on Social Work Education, a bachelor's degree in counseling or is a Certified Pastoral Counselor, or the documented equivalent of any of the above in education, training, and/or experience, and who is currently licensed in the state of Mississippi, if applicable.

101.13

Criminal History Record Checks.

Affidavit. For the purpose of fingerprinting and criminal background history checks, the term Aaffidavit@ means the use of Mississippi State Department of Health (MSDH) Form #210, or a copy thereof, which shall be placed in the individual=s personal file.

Employee. For the purpose of fingerprinting and criminal background history checks, employee shall mean any individual employed by a **covered entity**. The term Aemployee@, also includes any individual who by contract with the **covered entity** provides patient care in a patient=s, resident=s, or client=s room or in treatment rooms.

The term employee does not include healthcare professional/technical students, as defined in

Section 37-29-232, performing clinical training in a licensed entity under contracts between their schools and the licensed entity, and does not include students at high schools who observe the treatment and care of patients in a licensed entity as part of the requirements of an allied health course taught in the school if:

1. The student is under the supervision of a licensed healthcare provider; and

2. The student has signed the affidavit that is on file at the student=s school stating that he or she has not been convicted of or plead guilty or nolo contendere to a felony of possesion or sale of drugs, murder, manslaugter, armed robbery, rape, sexual battery, any sex offenses listed in section 45-33-23 (g), child abuse, arson, grand larceny, burglary, gratification of lust, aggravated assault, or felonious abuse and/or battery of a vulnerable adult, or that any such conviction or plea was reversed on appeal or a pardon was granted for the conviction or plea.

c. Further, applicants and employees of the University of Mississippi Medical Center for whom criminal history record checks and fingerprinting are obtained in accordance with Section 37-115-41 are exempt from aplication of the term employee under Section 43-11-13.

Covered Entity. For the purpose of criminal history record checks, Acovered entity@ means a licensed entity or a healthcare professional staffing agency.

Licensed Entity. For the purpose of criminal history record checks, the term Alicensed entity@ means a hospital, nursing home, personal care home, home health agency or hospice.

Health Care Professional/Vocational Technical Academic Program. For the purpose of criminal history record checks, Ahealth care professional/vocational technical academic program@ means an academic program in medicine, nursing, dentistry, occupational therapy, physical therapy, social services, speech therapy, or other allied-health professional whose purpose is to prepare professionals to render patient care services.

Health Care Professional/Vocational Technical Student. For purposes of criminal history record checks, the term means a student enrolled in a healthcare professional/vocational technical academic program.

Direct Patient Care or Services. For the purposes of fingerprinting and criminal background history checks, the term Adirect patient care@ means direct hands-on medical patient care and services provided by an individual in a patient, resident or client=s room, treatment room or recovery room. Individuals providing direct patient care may be directly employed by the facility or provides patient care on a contractual basis.

Documented disciplinary action. For the purpose of fingerprinting and criminal background history checks, the term Adocumented disciplinary action@ means any action taken against an

employee for alleged abuse or neglect of a patient.

101.14

Department means the Mississippi Department of Health.

101.15

Dietitian means a person who is registered by the Commission on Dietetic Registration of the American Dietetic Association or who has the documented equivalent in education, training and/or experience.

101.16

Family Unit means the terminally ill person and his or her family, which may include spouse, children, siblings, parents, and others with significant personal ties to the patient.

101.17

Freestanding Hospice means a hospice that is not a part of any other type of health care provider.

101.18

Governing Body means the board of directors, trustees, partnership, association, or person or group of persons who maintain and control the operation of the hospice and who are legally responsible for its operation.

101.19

Home Care means care delivery in the residence of the hospice patient, whether that place be his/her permanent or temporary residence.

101.20

Hospice means an autonomous, centrally administered, nonprofit or profit medically directed, nurse-coordinated program providing a continuum of home, outpatient and homelike inpatient care for not less than four (4) terminally ill patients and their families. It employs a hospice care team to assist in providing palliative and supportive care to meet the special needs arising out of the physical, emotional, spiritual, social and economic stresses which are experienced during the

final stages of illness and during dying and bereavement. This care is available twenty-four (24) hours a day, seven (7) days a week, and is provided on the basis of need regardless of inability to pay.

101.21

Hospice Care Team means an interdisciplinary team which is a working unit composed by the integration of the various helping professions and lay persons providing hospice care. Such team shall, as a minimum, consist of a licensed physician, a registered nurse, a social worker, a member of the clergy or a counselor and volunteers.

101.22

Hospice Services shall mean items and services furnished to an individual by a hospice, or by others under arrangements with such a hospice program.

101.23

Home Health Aide means individual who is currently qualified in the state of Mississippi to provide personal care services to hospice patients under the direction of a registered nurse of the hospice.

101.24

Inpatient Care means 24 hour care within the confines of a licensed hospital, nursing home, or freestanding hospice.

101.25

Inpatient Continue Care means care provided directly by the hospice 24 hours a day in a facility which is considered the patient's residence.

101.26

License means authorization granted by the Mississippi State Department of Health to the governing body to operate a hospice.

101.27

Licensing Agency means the Mississippi State Department of Health.

101.28

Medically Directed means that the delivery of medical care is directed by a licensed physician who is employed by the hospice for the purpose of providing ongoing palliative care as a participating caregiver on the hospice care team.

101.29

Nurse Practitioner shall mean an individual who is currently licensed as such in the State of Mississippi and is performing duties in accordance with the Mississippi Nurse Practice Act.

101.30

Occupational Therapist means a person registered with the American Occupational Therapy Association.

101.31

Outpatient Care means any care rendered or coordinated by the hospice care team that is not "home care" or "inpatient care."

101.32

Palliative Care means the reduction or abatement of pain and other troubling symptoms by appropriate coordination of all elements of the hospice care team needed to achieve needed relief of distress.

101.33

Patient shall mean the terminally ill individual receiving hospice services.

101.34

Person means an individual, a trust or estate, partnership, corporation, association, the state, or a political subdivision or agency of the state.

101.35

Physical Therapist means an individual who is currently licensed to practice physical therapy in the State of Mississippi.

101.36

Physician means an individual currently licensed by the proper authority in his state to practice medicine or osteopathy.

101.37

Primary Careperson means a person designated by the patient who agrees to give continuing support and/or care.

101.38

Registered Nurse shall mean an individual who is currently licensed as such in the State of Mississippi and is performing nursing duties in accordance with the Mississippi Nurse Practice Act.

101.39

Respite Care means care provided for the patient to provide relief for the family from the stress of providing care at home.

101.40

Social Worker means an individual who has a degree from a school of social work accredited by the Council on Social Work Education and is licensed if applicable.

101.41

Speech Pathologist shall mean an individual who meets the educational and experience requirements for a Certificate of Clinical Competence granted by the American Speech and Hearing Association and is currently licensed as a speech and language pathologist in the State of Mississippi.

101.42

Terminally Ill refers to a medical prognosis of limited expected survival, of one (1) year or less at the time of referral to a hospice, of an individual who is experiencing an illness for which therapeutic strategies directed toward cure and control of the disease alone outside the context of symptom control are no longer appropriate.

101.43

Volunteer means a trained individual who provides support and assistance to the patient and family without remuneration, in accord with the plan of care developed by the hospice core

team, and under the supervision of a member of the hospice staff appointed by the governing body or its designee.

101.44

Director of Volunteers means a person who directs the volunteer program in accordance with the acceptable standards of hospice practice.

102

Section C - Procedure Governing Adoption And Amendment

102.1

Authority - The Mississippi State Department of Health shall have the power to adopt, amend, promulgate and enforce such minimum standards of operation as it deems appropriate, within the law.

102.2

Amendments - The minimum standards of operation for hospice may be amended by the Mississippi State Department of Health from time to time as necessary to promote the health, safety, and welfare of persons receiving services.

Part II

Classification of Hospice

200

Section A - Classification

200.1

For the purpose of these rules, regulations, and minimum standards, hospice shall be classified as:

a. Freestanding Hospice
b. Hospital Hospice
c. Nursing Home Hospice
d. Home Health Agency Hospice

201

Section B - Hospice Core Service

To be classified as a Hospice these core services shall be provided but need not be limited to the following:

a. Physician Service

b. Nursing Service
c. Medical Social Service
d. Pastoral/Counseling Services

202

Section C - Inpatient Continue Care

To be classified as an Inpatient Continue Care Hospice that provides inpatient care, the core services (physician, nursing, medical social and counseling) shall be provided on the premises. Inpatient Continue Care Hospice must have a registered nurse on duty seven days a week, twenty-four hours a day to provide direct patient care. Other members and types of personnel sufficient to meet the total needs of the patient shall be provided.

Part III

The License

300

Section A - Types Of Licenses

300.1

Regular License - A license shall be issued to each hospice that meets the requirements as set forth in these regulations. The license shall show the classification Home Health, Hospital, Nursing Home, Freestanding) and the type of building in which it is operated.

300.2

Provisional License - Within its discretion, the Mississippi State Department of Health may issue a provisional license when a temporary condition of non-compliance with these regulations exists in one or more particulars. A provisional license shall be issued only if the Department of Health is satisfied that preparations are being made to qualify for a regular license and that the health and safety of patients will not be endangered meanwhile. One condition on which a provisional license may be issued is as follows: A new Hospice Agency may be issued a provisional license prior to opening and subsequent to meeting the required minimum staffing personnel. The license issued under this condition shall be valid until the issuance of a regular license or June 30 following date of issuance whichever may be sooner. A provisional license may be reissued only if it is satisfactorily proven to the Department of Health that efforts are

being made to fully comply with these regulations by a specified time.

A hospice program against which a revocation or suspension proceeding is pending at the time of license renewal may be issued a conditional license effective until final disposition by the department of such proceeding. If judicial relief is sought from the final disposition, the court having jurisdiction may issue a conditional permit for the duration of the judicial proceeding.

301

Section B - Application For License

301.1

A hospice shall not be operated in Mississippi without a valid license.

301.2

Any person or organization desiring to operate a hospice shall file with the State Department of Health an application on a form prescribed and furnished by the Department of Health.

301.3

The application shall include complete information concerning the name and address of the applicant; the ownership of the hospice; if organized as a corporation, the names and addresses of each officer and director of the corporation; if organized as a partnership, the names and addresses of each partner; membership of the governing body; the identities of the medical director and administrator; and any other relevant information which the Mississippi State Department of Health may require.

301.4

Ownership of the hospice shall be fully disclosed in the application. This disclosure shall include the names and addresses of all corporate officers and any person(s) having a five percent (5%) or more financial interest.

301.5

A license shall be issued to the person(s) named only for the premises listed on the application for licensure. Separate applications and licenses are required for hospices maintained separately, even if they are owned or operated by the same person(s), business or corporation, and may be doing business under the same trade name.

301.6

Licenses are not transferable or assignable.

301.7

Each planned change of ownership or lease shall be reported to the Department at least sixty (60) days prior to such change along with an application from the proposed new owners/lessees for a new license.

301.8

The application is considered a continuing application. A written amendment to the current application shall be filed when there is a change in any of the information reported in the application.

301.09

Fee - $100 annually.

301.10

Name of Institution - Every hospice shall be designated by a permanent and distinctive name which shall be used in applying for a license and shall not be changed without first notifying the licensing agency in writing and receiving written approval of the change from the licensing agency. Such notice shall specify the name to be discontinued as well as the new name proposed. Only the official name by which the institution is licensed shall be used in telephone listing, on stationery, in advertising, etc. Two or more facilities shall not be licensed under similar names in the same vicinity.

301.11

Number of Beds - Each application for license shall specify the maximum number of inpatient beds in the hospice as determined by these regulations. The maximum number of inpatient beds for which the facility is licensed shall not be exceeded.

301.12

A licensed for a hospice program shall not be issued if the hospice is to be located in an area in violation of any local zoning ordinances or regulations.

302

Section C - Licenses

302.1

Following inspection and evidence of compliance with these regulations, the Mississippi State Department of Health may issue a license. Only licensed hospices shall be authorized to use the name "hospice."

302.2

A license issued for the operation of a hospice program unless sooner suspended or revoked, shall expire automatically one (1) year from the date of issuance. Sixty (60) days prior to the expiration date, an application for renewal shall be submitted to the department on forms furnished by the department; and the license shall be renewed if the applicant has first met the requirements established under this act and all rules promulgated hereunder and has provided the information described in subsection (1) in addition to the application. However, the application for license renewal shall be accompanied by an update of the plan for delivery of hospice care only if information contained in the plan submitted pursuant to subsection (2) is no longer applicable.

302.3

A license shall be displayed in a prominent place in the hospice's administrative offices.

303

Section D - Inspections

(1) Observation and examination of the hospice operation shall be available at all reasonable hours to properly identified representatives of the Department.

(2) The Department prior to licensure and periodically, at least annually, thereafter shall inspect each hospice to ensure that the licensee is providing quality care to its patients.

(3) Hospice inspections shall include personal contacts with recipients of the hospice service.

304

Section E - Denial, Suspension, Or Revocation Of License

304.1

Denial or Revocation of License: Hearings and Review - The licensing agency after notice and opportunity for a hearing to the applicant or licensee is authorized to deny, suspend, or

revoke a license in any core in which it finds that there has been a substantial failure to comply with the requirements established under the law and these regulations. Also, the following shall be grounds for denial or revocation of license:

a. Fraud on the part of the licensee in applying for license.

b. Willful or repeated violations by the licensee of any of the provisions of (Sections 43-11-1 et seq., of the Mississippi Code of 1972), as amended, and/or of the rules, regulations, and minimum standards established by the Department of Health.

c. Addiction to narcotic drug(s) by the licensee or other employees or personnel of the hospice.

d. Excessive use of alcoholic beverages by the licensee or other personnel of the hospice to the extent which threatens the well-being or safety of the patient or resident.

e. Conviction of the licensee of a felony.

f. Publicly misrepresenting the hospice and/or its services.

g. Permitting, aiding, abetting the commission of any unlawful act.

h. Conduct or practices detrimental to the health or safety of patients or residents and employees of said institutions provided that this provision shall not be construed to have any reference to healing practices authorized by law. Detrimental practices include but are not necessarily limited to:
   (1) Cruelty to patient or resident or indifference to their needs which are essential to their general well-being and health.
   (2) Misappropriation of the money or property of a patient or resident.
   (3) Failure to provide food adequate for the needs of the patient or resident, when residing in an inpatient facility.
   (4) Inadequate staff to provide safe care and supervision of patient or resident.
   (5) Failure to call a physician when required by patient's or resident's condition.
   (6) Failure to notify next of kin or designated individual when patient's or resident's conditions become critical.
   (7) Failure to provide appropriate level of care.
   (8) If, three (3) months after the date of obtaining a license, or at any time thereafter, a hospice does not have in operation the home-care component of hospice care, the department shall immediately revoke the license or such hospice.
   (9) If, twelve (12) months after the date of obtaining a license, or at any time thereafter, a hospice does not have in operation the outpatient and homelike inpatient components of hospice, care, the department shall immediately revoke the license of such hospice.

305

Section F - Provision of Hearing And Appeal Following Denial Or Revocation Of License; Penalties

305.1

Administrative Decision - The Mississippi State Department of Health will provide an opportunity for a fair hearing to every applicant or licensee who is dissatisfied with administrative decisions made in the denial or revocation of license.

a. The licensing agency shall notify the applicant or licensee by registered mail or personal service the particular reasons for the proposed denial or revocation of license. Upon written request of applicant or licensee within ten (10) days of the date of notification the licensing agency shall fix a date not less than thirty (30) days from the date of such service at which time the applicant or licensee shall be given an opportunity for a prompt and fair hearing.

b. On the basis of such hearing or upon default of the applicant or licensee, the licensing agency shall make a determination specifying its findings of fact and conclusions of law. A copy of such determination shall be sent by registered mail to the last known address of the applicant or licensee or served personally upon the applicant or licensee.

c. The decision revoking, suspending, or denying the application or license shall become final thirty (30) days after it is so mailed or served unless the applicant or licensee, within such thirty (30) day period, appeals the decision to the Chancery Court pursuant to Section 12 (6964-12), Chapter 384, Laws 1952. An additional period of time may be granted at the discretion of the licensing agency.

305.2

Penalties - Any person establishing, conducting, managing, or operating a hospice without a license shall be declared in violations of these regulations and Laws of Mississippi.

306

Section G - Termination Of Operation

306.1

General - In the event that a Hospice ceases operation, voluntarily or otherwise, the agency shall:

1. Inform the attending physician, patient, and persons responsible for the patient's care in

ample time to provide for alternate methods of care.

2. Provide the receiving facility or agency with a complete copy of the clinical record.
3. Inform the community through public announcement of the termination.
4. Ensure the safekeeping, confidentiality, and storage of all clinical records for a period of five (5) years, following discharge.
5. Return the license to the licensing agency.

Part IV

Administration

400

Section A - Administration

400.1

Governing Body - A hospice shall have a governing body that assumes full legal responsibility for compliance with these regulations and for setting policy, appointing persons to carry out such policies, and monitoring the hospice's total operation.

400.2

Medical Director -

(a) Each hospice shall have a medical director, who, on the basis of training, experience and interest, shall be knowledgeable about the psychosocial and medical aspects of hospice care.

(b) The medical director shall be appointed by the governing body or its designee.

(c) The duties of the medical director shall include, but not be limited to:
   1. Consultation with attending physicians, as requested, regarding pain and symptom management;
   2. Determination of patient medical eligibility for hospice services in accordance with hospice program policy;
   3. Acting as a medical resource to the hospice care team;

4. Coordination of efforts with each attending physician to provide care in the event that the attending physician is unable to retain responsibility for patient care; and
5. Acting as a medical liaison with physicians in the community.

400.3

Administrator - A person shall be designated by the governing body or its designee to be responsible for the management of the hospice program in matters of overall operation. This person may be a member of the hospice care team.

400.4

Personnel - A separate personnel folder shall be maintained on each employee. This personnel file shall contain all pertinent information concerning the employee, including application, qualifications, evidence of professional licensure if applicable, job description, and, on an annual basis, a physician's statement that the employee who has direct contact with patients and/or family members is free from communicable disease.

400.5

Advertising - If a hospice advertises its services, such advertisement shall be factual and not contain any element which might be considered coercive or misleading. Any written advertising describing services offered by the hospice shall contain notification that services are available regardless of ability to pay.

400.6

Annual Budget -

1. The annual budget shall include income plus expenses related to overall cost of the program.

2. The overall plan and budget shall be reviewed and updated at least annually by the governing body.

3. The annual budget should reflect a comparative analysis of the cost savings of the volunteers.

Part V

Policies and Procedures

500

Section A - General

500.1

The hospice shall maintain operational policies and procedures, which shall be kept current.

500.2

Such policies and procedures shall accurately reflect a description of the hospice's goals, methods by which these goals are sought, and mechanisms by which the basic hospice care services are delivered.

500.3

Policies and procedures shall be available to hospice team members, patients and their families/primary careperson, potential applicants for hospice care, and the Department.

501

Section B - Personnel Policies

501.1

Personnel Policies. Each hospice agency shall adopt and enforce personnel policies applicable and available to all full- and part-time employees. These policies shall include but not be limited to the following:

1. Fringe benefits, hours of work and leave time.

2. Requirements for initial and periodic health examinations;

3. Orientation to the hospice and appropriate continuing education;

4. Job descriptions for all positions utilized by the agency;

5. Annual performance evaluations for all employees;

6. Compliance with all applicable requirements of the Civil Rights Act of 1964;
7. Provision for confidentiality of personnel records.

501.2

Personnel Records - Each licensed hospice shall maintain complete personnel records for all employees on file at each licensed site. Personnel records for all employees shall include an application for employment including name and address of the employee, social security number, date of birth, name and address of next of kin, evidence of qualifications, (including reference checks), current licensure and/or registration (if applicable), performance evaluation, evidence of health screening, evidence of orientation, and a contract (if applicable), date of employment and separation from the hospice and the reason for separation. A Hospice that provides other services under arrangement through a contractual purchase of services shall ensure that these services are provided by qualified personnel; currently licensed and/or registered if applicable, under the supervision of the agency.

501.3

Criminal History Record Checks.

a) Pursuant to Section 43-11-13, Mississippi Code of 1972, the covered entity shall require to be preformed a disciplinary check with the professional licensing agency, if any, for each employee to determine if any disciplinary action has been taken against the employee by the agency, and a criminal history record check on:

   1) Every new employee of a covered entity_who provides direct patient care or services and who is employed after or on July 01, 2003.

   2) Every employee of a covered entity_employed prior to July 01, 2003, who has documented disciplinary action by his or her present employer.

b) Except as otherwise provided in this paragraph, no employee hired on or after July 01, 2003, shall be permitted to provide direct patient care until the results of the criminal

history record check have revealed no disqualifying record or the employee has been granted a waiver. Provided the covered entity has documented evidence of submission of fingerprints for the background check , any person may be employed and provide direct patient care on a temporary basis pending the results of the criminal history record check by any employment offer, contract, or arrangement with the personal shall be voidable, if he/she receives a disqualifying criminal record check.

c) If such criminal history record check discloses a felony conviction; a guilty plea; and/or a plea of nolo contendere to a felony for one (1) or more of the following crimes which has not been reversed on appeal, or for which a pardon has not been granted, the applicant/employee shall not be eligible to be employed at the license facility:

(1) possession or sale of drugs
(2) murder
(3) manslaughter
(4) armed robbery
(5) rape
(6) sexual battery
(7) sex offense listed in Section 45-33-23, Mississippi Code of 1972
(8) child abuse
(9) arson
(10) grand larceny
(11) burglary
(12) gratification of lust
(13) aggravated assault
(14) felonious abuse and/or battery of vulnerable adult

d) Documentation of verification of the employee=s disciplinary status, if any, with the employee=s professional licensing agency as applicable, and evidence of submission of the employee=s fingerprints to the licensing agency must be on file and maintained by the facility prior to the new employees first date of employment. The covered entity shall maintain on file evidence of verification of the employee=s disciplinary status from any applicable professional licensing agency and submission and/or completion of the criminal record check, the signed affidavit, if applicable, and/or a copy of the referenced notarized letter addressing the individual=s suitability for such employment.

e) Pursuant to Section 43-11-13, Mississippi Code of 1972, the covered entity shall require every employee of a licensed facility employed prior to July 01, 2003, to sign an affidavit stating that he or she does not have a criminal history as outlined in paragraph (c) above.

f) From and after December 31, 2003, no employee of a covered entity hired before July 01, 2003, shall be permitted to provide direct patient care unless the employee has signed the affidavit required by this section. The covered entity shall place the affidavit in the

employee=s personnel file as proof of compliance with this section.

g) If a person signs the affidavit required by this section, and it is later determined that the person actually had been convicted of or pleaded guilty or nolo contendere to any of the offenses listed herein, and the conviction or pleas has not been reversed on appeal or a pardon has not been granted for the conviction or plea, the person is guilty of perjury as set out in Section 43-11-13, Mississippi Code of 1972. The covered entity shall immediately institute termination proceedings against the employee pursuant to the facility=s policies and procedures.

h) The covered entity-may, in its discretion, allow any employee unable to sign the affidavit require by paragraph (g) of this subsection or any employee applicant aggrieved by the employment decision under this subsection to appear before the licensed entity=s hiring officer, or his or her designee, to show mitigating circumstances that may exist and allow the employee or employee applicant to be employed at the **covered entity**. The covered entity, upon report and recommendation of the hiring officer, may grant waivers for those mitigating circumstances, which shall include, but not be limited to: (1) age at which the crime was committed; (2) circumstances surrounding the crime; (3) length of time since the conviction and criminal history since the conviction; (4) work history; (5) current employment and character references; and (6) other evidence demonstrating the ability of the individual does not pose a threat to the health or safety of the patients in the licensed facility.

i) The licensing agency may charge the covered entity submitting the fingerprints a fee not to exceed Fifty Dollars ($50.00).

j) Should results of an employee applicant=s criminal history record check reveal no disqualifying event, then the covered entity shall, within two (2) weeks of the notification of no disqualifying event, provide the employee applicant with a notarized letter signed by the chief executive officer of the covered entity, or his or her authorized designee, confirming the employee applicant=s suitability for employment based on his or her criminal history record check. An employee applicant may use that letter for a period of two (2) years from the date of the letter to seek employment at any covered entity licensed by the Mississippi State Department of Health without the necessity of an additional criminal record check. Any covered entity presented with the letter may rely on the letter with respect to an employee applicant=s criminal background and is not required for a period of two (2) years from the date of the letter to conduct or have conducted a criminal history record check as required in this subsection.

k) For individuals contracted through a third party who provide direct patient care as defined herein, the covered entity shall require proof of a criminal history record check.

l) Pursuant to Section 43-11-13, Mississippi Code of 1972, the licensing agency, the covered entity, and their agents, officers, employees, attorneys and representatives, shall

be presumed to be acting in good faith for any employment decision or action taken under this section. The presumption of good faith may be overcome by a preponderance of the evidence in any civil action. No licensing agency, covered entity, nor their agents, officers, employees, attorneys and representatives shall be held liable in any employment discrimination suit in which an allegation of discrimination is made regarding an employment decision authorized under this section.

501.4

Insurance Coverage - For the protection of the owner, administrator, and the patients served, it is strongly recommended that every hospice carry liability insurance coverage.

501.5

Employee Health Screening - Every employee of a hospice who comes in contact with patients shall receive a health screening by a licensed physician, nurse practitioner or designated Employee Health Nurse who conduct exams under approved policies prior to employment and annually thereafter.

501.6

Staffing Pattern - Each hospice and alternate site shall maintain on site current staffing patterns for all health care personnel including full-time, part-time, contract staff and staff under arrangement. The staffing pattern shall be developed at least one week in advance, updated daily as needed, and kept on file for a period of one year. The staffing pattern shall indicate the following for each working day:

1. Name and position of each staff member.

2. Patients to be visited.

3. Scheduled supervisory visits.

4. Staff on call after office hours.

502

Section C - Contract Services

502.1

Contract Services - Contract services may be provided when necessary to supplement hospice

employees in order to meet the needs of patients during peak patient loads or under extraordinary circumstances. If contracting is used, the hospice must maintain professional, financial and administrative responsibility for the services. The hospice must assure that the personnel contracted are legally and professionally qualified to perform the services.

Part VI

Admissions

600

Section A - Admissions

600.1

The hospice shall have written criteria which addresses the eligibility for admission into the program. At a minimum this agreement shall contain:

1. Informed consent that specifies the type of care and services provided by the Hospice agency.

2. An election statement for hospice care.

3. A statement of authorization for hospice care by a physician.

600.2

There shall be documented evidence that the patient has been informed of the nature and extent of his/her illness prior to admission.

600.3

If a hospice accepts a patient who does not have a designated primary careperson, the hospice shall define its responsibility to identify and instruct a primary careperson and to delineate that person's role in patient care.

600.4

Hospice care shall be provided regardless of the patient or family's ability to pay.

600.5

Such care shall be available without regard to age, race, creed, color, religion, sex, national origin, or individuals with disabilities.

Part VII

Basic Hospice Care

700

Section A - Core Services

700.1

Hospice care shall be provided by a hospice care team. Medical, nursing and counseling services are basic to hospice care and shall be provided directly. Hospice care will be available twenty-four (24) hours a day, seven (7) days a week.

(a) Medical services shall be under the direction of the medical director.

(b) Nursing services shall be under the direction of a registered nurse and shall include, but not be limited to: assessment, planning and delivery of nursing care; carrying out physicians' orders; documentation; evaluation of nursing care; and direction of patient care provided by non-professionals.

(c) Counseling services shall be provided in a manner which best assists the patient and family unit to cope with the stresses related to the patient's condition. These services may be provided by a member of the clergy who is qualified through training and/or experience to provide such services, or by other qualified counselor(s). Such counselors shall be licensed, if applicable.

(d) Social services shall be directed by a social worker, and shall consist primarily of assisting the patient and family unit to deal with problems of social functioning affecting the health or well-being of the patient.

701

Section B - Other Services

701.1

Coordination of patient care shall be the responsibility of a registered nurse of hospice care team. Duties shall include coordination of team meetings, care delivery, and evaluation of activities.

701.2

Spiritual services shall be available and offered to the patient and family unit; however, no value or belief system may be imposed.

701.3

Volunteer services shall be provided by the hospice. These services shall be provided according to written policies and procedures. These policies and procedures shall address at a minimum:

(a) Recruitment and retention;

(b) Screening;

(c) Orientation;

(d) Scope of function;

(e) Supervision;

(f) Ongoing training and support;

(g) Documentation of volunteer activities.

701.4

Bereavement services shall be available for a period of at least one year following the patient's death. Such services shall be defined by policy. Documentation of such services shall be maintained.

701.5

Home Health aide services and homemaker services shall be available and adequate to meet the needs of the patient. The home health aide shall meet the federal and state training requirements.

701.6

Hospice assures that a Registered Nurse visits the patient home site every 2 weeks to assess aide

services. (This visit need not be solely for the purpose of supervision but can be in conjunction with providing nursing care).

702

Section C - Respite - Inpatient Care

702.1

If a hospice is not based in a licensed facility (hospital or nursing home), a contractual arrangement shall be made with one or more such facilities for provision of respite-inpatient services. Inpatient beds under such contract may be used by the hospice when needed or may remain otherwise available to the inpatient unit at other times without a change in licensing.

702.2

Such contract shall be maintained with an inpatient provider who contractually agrees to support the policies of hospice.

702.3

The hospice care team shall retain the responsibility for coordinating the patient's care during inpatient hospice care.

702.4

The aggregate number of inpatient days provided by a hospice through all contractual arrangements between the hospice and licensed health care facilities providing inpatient hospice care may not exceed twenty percent (20%) of the aggregate total number of days of hospice care provided to all patients receiving hospice care from the hospice during a twelve (12) month period. However, the provisions of this paragraph (a) shall not apply to a hospice facility providing freestanding hospice care.

702.5

The designation of a specific room or rooms for inpatient hospice care shall not be required if beds are available through contract between an existing health care facility and a hospice.

702.6

Licensed beds designated for inpatient hospice care through contract between an existing health care facility and a hospice shall not be required to be delicensed from one type of bed in order to

enter into a contract with a hospice, nor shall the physical plant of any facility be required to be altered, except that a homelike atmosphere may be required.

702.7

Staffing standards for inpatient hospice care provided through a contract may not exceed the staffing standards required under the license held by the contractee.

702.8

Under no circumstance may a hospice contract for the use of a licensed bed in a health care facility or another hospice that has, or has had within the last eighteen (18) months, a suspended, revoked or conditional license, accreditation or rating.

703

Section D - Plan of Care

703.1

A written plan of care for each hospice patient shall be completed within 7 days of the patient's acceptance into the hospice program. At a minimum, this care plan shall be reviewed and updated every two weeks.

703.2

The hospice core team shall meet as a group to review the plan of care.

703.3

Documentation of care plan review shall include a record of those present, and shall also include a record of the attending physician's review or medical director's review and concurrence.

704

Section E - Individual Rights

704.1

The patient's participation in a hospice program is voluntary, and he/she may sever this relationship at any time.

704.2

Every patient shall sign a consent form that specifies the type of care and services that shall be provided as hospice care during the course of the illness.

704.3

The patient shall have the right to refuse any treatment without severing relationship with the hospice.

704.4

The patient shall retain the right to choose his/her own private physician as long as the attending physician agrees to abide by the policies and procedures of the hospice program.

704.5

The patient shall have the right to religious freedom, including the right to espouse no religious belief.

704.6

The patient and family unit shall have the right to consideration, dignity, and privacy in the provision of hospice services.

704.7

Confidentiality shall be maintained.

704.8

The patient shall have the right to have family present any time during an inpatient stay related to the terminal illness, except during procedures which might endanger the family, or when the presence of the family poses a risk to the patient. Such circumstances shall be documented in the medical record by the attending physician, or a hospice physician.

704.9

The patient and primary careperson shall have the right to participation in the formulation of his/her plan of care.

704.10

A hospice shall provide oral and written explanations of the individual's rights to the patient and family/primary careperson prior to admission into the hospice care program.

705

Section F - In-Service Training

705.1

The hospice shall provide ongoing, relevant in-service training for all members of the hospice care team.

705.2

Documentation of training shall be maintained.

706

Section G - Records

706.1

In accordance with acceptable principles of practice, the hospice shall establish and maintain a clinical record for every patient admitted for care and services. The records must be complete, promptly and accurately documented, readily accessible and systematically organized to facilitate retrieval.

706.2

Content - Each clinical record shall be comprehensive compilation of information. Entries shall be made for all services provided and shall be signed and dated within 7 days by the individual providing the services. The record shall include all services whether furnished directly or under arrangements made by the hospice. Each patient's record shall contain:

(a) Identification data;

(b) The initial and subsequent assessments;

(c) The plan of care;

(d) Consent and authorization forms;

(e) Pertinent medical and psychosocial history;

(f) Complete documentation of all services and events (including evaluations, treatments, progress notes, etc.);

(g) Transfer and discharge records.

706.3

Protection of information. The hospice shall safeguard the clinical record against loss, destruction and unauthorized use.

706.4

Clinical records shall be preserved as original records, micro-films or other usable forms and shall be such as to afford a basis for complete audit of professional information. Hospices shall retain all clinical records or shall assure that they are maintained in a manner acceptable to the Department at least until the sixth anniversary of the patient's death or discharge. In the event the hospice shall cease operation, the Department shall be advised of the location of said records.

707

Section H - Supplies And Equipment

707.1

The hospice shall provide supplies and equipment appropriate to the services being offered.

708

Section I - Drug Administration

708.1

The hospice shall have a written policy for procurement, administration and destruction of drugs.

708.2

Drug administration shall be in compliance with all applicable state and federal laws.

709

Section J - Quality Assurance

709.1

The hospice shall conduct an ongoing, comprehensive self-assessment of the quality of care provided, including the appropriateness of care, services, and evaluations of services by the

volunteers. The findings shall be used by the hospice to correct identified problems and to revise hospice policies.

Part VIII

Physical Facilities

800

Physical Facilities. Each hospice office shall be commensurate in size for the volume of staff, patients, and services provided. Offices shall be well lighted, heated, and cooled. Offices should be accessible to the individuals with disabilities.

801

Section A - Administrative Offices

801.1

Each Hospice shall provide adequate office space and equipment for all administrative and health care staff. An adequate number of desks, chairs, filing cabinets, telephones, tables, etc., shall be available.

802

Section B - Storage Facilities

802.1

Each Hospice shall provide sufficient areas for the storage of:

1. Administrative records and supplies

2. Clinical Records

3. Medical equipment and supplies.

803

Section C - Toilet Facilities

803.1

Each hospice office shall be equipped with an adequate number of toilet rooms. Each toilet room shall include: lavatories, soap, towels, and water closets.

804

Section D - Communication Facilities

804.1

Each Hospice Agency shall have an adequate number of telephones and extensions, located so as to be quickly accessible from all parts of the building. The telephone shall be listed under the official licensed name of the agency.

900

Section A - Food Service Inpatient Continue Care Hospice

901

General
Direction and Supervision - The inpatient continue care hospice shall provide patients with well-planned, attractive, and satisfying meals which will meet their nutritional, social, emotional, and therapeutic needs. The dietary department of a hospice shall be directed by a Registered Dietitian, certified dietary manager, or a qualified dietary manager. If a food service supervisor is the director, she must receive frequent, regularly scheduled consultation from a registered dietitian.

902

Food Handling Procedures

902.1

Clean Rooms - Floors, walls, and ceilings of rooms in the food service area shall be free of an accumulation of rubbish, dust, grease and dirt.

902.2

Clean Equipment - Equipment within the food service area shall be clean and free of dust, grease, and dirt.

902.3

Tables and Counters - Tables and counters which are used for food service shall be kept clean.

902.4

Clean Utensils - Service utensils shall be cleaned after each use. Utensils used for food storage shall be kept clean.

902.5

Dish and Utensil Washing - Dishes and utensils used for eating, drinking, and in preparation or

serving of food and drink shall be cleaned after each use in accordance with the regulations of the Mississippi State Department of Health governing food handling establishments.

902.6

Ice - Ice to be served shall be of sanitary quality. Ice shall be handled, crushed, and stored in clean equipment and shall not be served by direct contact of fingers or hands but only with spoons, scoops, or the like.

902.7

Protection from Contamination - All foods and food ingredients shall be so stored, handled, and served so as to be protected from dust, flies, roaches, rats, unsanitary handling, droplet infection, overhead leakage, sewage backflow and any other contamination. Sugar, syrup, and condiment receptacles shall be provided with lids and shall be kept covered when not in use.

902.8

Storage and Service of Milk and Ice Cream -

a. All milk and fluid milk products shall be stored and served in accordance with regulations of the State Department of Health governing the production and sale of milk and milk products.

b. All ice cream and other frozen desserts shall be from an approved source. Ice cream shall be stored in covered containers. No contaminating substance shall be stored with ice cream.

902.9

Kitchen Garbage and Trash Handling -

a. Kitchen garbage and trash shall be placed in suitable containers with tight-fitting lids and stored in a screened or refrigerated space pending removal. Kitchen garbage and trash shall not be allowed to accumulate in the kitchen and shall be removed from the premises at frequent intervals.

b. After being emptied, all garbage and trash cans shall be washed and dried before re-use.

902.10

Employees' Cleanliness -

a. Employees engaged in handling, preparation, and/or serving of food shall wear clean clothing at all times. They shall wear hair nets, head bands, or caps to prevent the falling of hair.

b. Employees handling food shall wash their hands thoroughly before starting to work, immediately after contact with any soiled matter, and before returning to work after each visit to the toilet room.

c. Street clothing of employees shall be stored in lockers or dressing rooms.

902.11

Smoking and Expectorating - Smoking or expectorating within the food service area shall not be permitted.

902.12

Dining in Kitchen - Dining in the kitchen shall not be permitted.

903

Meal Service

903.1

Meals and Nutrition - At least three (3) meals in each twenty-four hours shall be provided. The daily food allowance shall meet the current recommended dietary allowances of the Food and Nutrition Board of National Research Council adjusted for individual needs.

903.2

Menu - The menu shall be planned and written at least one week in advance. The current week's menu shall be signed by the dietitian, dated, posted in the kitchen and followed as planned. Substitutions and changes on all diets shall be documented in writing. Copies of menus and substitutions shall be kept on file for at least thirty (30) days.

903.3

Timing of Meals - A time schedule for serving meals to patients or residents and personnel shall be established. Meals shall be served approximately five (5) hours apart with no more than fourteen (14) hours between a substantial evenings meal and breakfast. The time schedule of

meals shall be posted with the menu on the board. Bedtime/in between meal snacks of nourishing quality must be offered to patients not on diets prohibiting such nourishment.

903.4

Modification in Regular Diets - Modified diets which are a part of medical treatment shall be prescribed in written orders by the physician, for example; sodium restricted diets; bland-low residue diets; and modification in carbohydrates, protein, or fat. All modified diets shall be planned in writing and posted along with regular menus. A current diet manual shall be available to personnel. The registered dietitian shall approve all modified diet menus and the diet manual used in the facility.

903.5

Food Preparation - Foods shall be prepared by methods that conserve optimum nutritive value, flavor, and appearance. Also, the food shall be acceptable to the individuals served.

903.6

Food Supply - Supplies of perishable foods for at least a twenty-four (24) hour period and or non-perishable foods for a three (3) day period shall be on the premises to meet the requirements of the planned menus. The non-perishable foods shall consist of commercial type processed foods.

903.7

Serving of Meals -

a. Tables should be made available for all patients. Patients who are not able to go to the dining room shall be provided sturdy tables (not TV trays) of proper heights. For those who are bedfast or infirm, tray service shall be provided in their rooms with the tray resting on a firm support.

b. Personnel eating meals or snacks on the premises shall be provided facilities separate from and outside of food preparation, tray service, and dish washing areas.

c. Foods shall be attractively and neatly served. All foods shall be served at proper temperature. Effective equipment shall be provided and procedures established to maintain food at proper temperature during serving.

d. All trays, tables, utensils and supplies such as china, glassware, flatware, linens and paper placemats or tray covers used for meal service shall be appropriate, sufficient in quantity, and in compliance with the applicable sanitation standard.

e. Food Service personnel. A competent person shall be designated by the administrator to be responsible for the total food service of the home. Sufficient staff shall be employed to meet the established standards of food service. Provision should be made for adequate supervision and training of the employees.

904

Physical Facilities

904.1

Floors - Floors in food service areas shall be of such construction so as to be easily cleaned, sound, smooth, non-absorbent, and without cracks or crevices. Also, floors shall be kept in good repair.

904.2

Walls and Ceilings. Walls and ceilings of food service areas shall be tight and substantial construction, smoothly finished, and painted in a light color. The walls and ceilings shall be without horizontal ledges and shall be washable up to the highest level reached by splash and spray. Roofs and walls shall be maintained free of leaks. All openings to the exterior shall be provided with doors or windows that will prevent the entrance of rain or dust during inclement weather.

904.3

Screens on Outside Openings - Openings to the outside shall be effectively screened. Screen doors shall open outward and be equipped with self-closing devices.

904.4

Lighting - The kitchen, dish washing area, and dining room shall be provided with well distributed and unobstructed natural light or openings. Artificial light properly distributed and of an intensity of not less than thirty (30) foot candles shall be provided.

904.5

Ventilation - The food service area shall be ventilated in a manner that will maintain comfortable working conditions, remove objectionable odors and fumes, and prevent excessive condensations.

904.6

Employee Toilet Facilities - Toilet facilities shall be provided for employees. Toilet rooms shall not open directly into any room in which food is prepared, stored, displayed, or served, nor into any room in which utensils are washed or stored. Toilet rooms shall have a lavatory and shall be well lighted and ventilated.

904.7

Handwashing Facilities - Handwashing facilities with hot and cold water, soap dispenser and a supply of soap, and disposable towels shall be provided in all kitchens. The use of a common towel is prohibited. Hands shall not be washed in sinks where food is prepared or where utensils are cleaned.

904.8

Refrigeration Facilities - Adequate refrigeration facilities, automatic in operation, for the storage of perishable foods shall be provided. Where separate refrigeration can be provided, the recommended temperatures for storing perishable foods are thirty-two (32°) to thirty-eight (38°) degrees Fahrenheit for meats, forty (40°) degrees Fahrenheit for dairy products, and forty-five (45°) to fifty (50°) degrees Fahrenheit for fruits and vegetables. All refrigerators shall be provided with thermometers. Homes with more than twenty-four (24) beds shall have commercial or institutional type refrigeration.

904.9

Equipment or Utensil Construction - Equipment and utensils shall be constructed so as to be easily cleaned and shall be kept in good repair.

904.10

Separation of Kitchen from Resident Rooms and Sleeping Quarters - Any room used for sleeping quarters shall be separated from the food service area by a solid wall. Sleeping accommodations such as a cot, bed, or couch shall not be permitted within the food service area.

905

Areas and Equipment

905.1

Location and Space Requirements - Food service facilities shall be located in a specifically designated area and shall include the following rooms and/or spaces: Kitchen, dishwashing, food

storage, and dining room.

905.2

Kitchen -

a. Size and Dimensions - The minimum area of kitchen (food preparation only) for less than twenty-five (25) beds shall be two hundred (200) square feet. In homes with twenty-five (25) to sixty (60) beds a minimum area of ten (10) square feet per bed shall be provided. In homes with sixty-one (61) to eighty (80) beds, a minimum of six (6) square feet per bed shall be provided for each bed over sixty (60) in the home. In homes with eighty-one (81) to one hundred (100) beds, a minimum of five (5) square feet per bed shall be provided for each bed over eighty (80). In homes with more than one hundred (100) beds proportionate space approved by the licensing agency shall be provided. Also, the kitchen shall be of such size and dimensions in order to:

(1) Permit orderly and sanitary handling and processing of food.
(2) Avoid overcrowding and congestion of operations.
(3) Provide at least three (3) feet between working areas and wider if space is used as a passageway.
(4) Provide a ceiling height of at least eight (8) feet.

b. **Minimum equipment in kitchen shall include** -

(1) Range and cooking equipment - Facility with more than twenty-four (24) beds shall have institutional type ranges, ovens, steam cookers, fryers, etc., in appropriate sizes and numbers to meet the food preparation needs of the facility. The cooking equipment shall be equipped with a hood vented to the outside as appropriate.
(2) Refrigerator and Freezers - Facilities with more than twenty-four (24) beds shall have sufficient commercial or institutional type refrigeration/freezer units to meet the storage needs of the facility.
(3) Bulletin Board
(4) Clock
(5) Cook's table
(6) Counter or table for tray set-up
(7) Cans, garbage (heavy plastic or galvanized)
(8) Lavatories, handwashing; conveniently located throughout the department
(9) Pots, pans, silverware, dishes, and glassware in sufficient numbers with storage space for each
(10) Pot and Pan Sink - A three compartment sink shall be provided for cleaning pots and pans. Each compartment shall be a minimum of twenty-four (24) inches by twenty-four (24) inches by sixteen (16) inches. A drain board of approximately thirty (30) inches shall be provided at each end of the sink, one to be used for stacking soiled utensils and the other for draining clean utensils.

(11) Food Preparation Sink - A double compartment food preparation sink shall be provided for washing vegetables and other foods. A drain board shall be provided at each end of the sink.
(12) Fire extinguisher, 20 BC rated (sodium bicarbonate or potassium bicarbonate)
(13) Ice Machine - At least one ice machine shall be provided. If there is only one (1) ice machine in the facility, it shall be located adjacent to but not in the kitchen. If there is an ice machine located at nursing station, then the ice machine for dietary shall be located in the kitchen.
(14) Office - An office shall be provided near the kitchen for the use of the food service supervisor. As a minimum, the space provided shall be adequate for a desk, two chairs and a filing cabinet.
(15) Coffee, Tea and Milk Dispenser - (Milk dispenser not required if milk is served in individual cartons.)
(16) Tray assembly line equipment with tables, hot food tables, tray slide, etc.
(17) Ice Cream Storage
(18) Tray Cart - (Hot food carts are desirable but not specifically required.)
(19) Mixer - Institutional type mixer of appropriate size for facility.

905.3

Dishwashing - Commercial or institutional type dishwashing equipment shall be provided in homes with more than twenty-four (24) beds. The dishwashing area shall be separated from the food preparation area by a partition wall. If sanitizing is to be accomplished by hot water, a minimum temperature of one hundred eighty degrees (180°) Fahrenheit shall be maintained during the rinsing cycle. An alternate method of sanitizing through use of chemicals (chlorine) may be provided if sanitizing standards of the Mississippi State Department of Health are observed. Adequate counter space for stacking soiled dishes shall be provided in the dishwashing area at the most convenient place of entry from the dining room, followed by a disposer with can storage under the counter. There shall be a pre-rinse sink, then the dishwasher and finally a counter or drain for clean dishes. The dishwashing areas shall have a wall or partition separating soiled and clean dish areas.

905.4

Food Storage - A food-storage room with cross ventilation shall be provided. Adequate shelving, bins, and heavy plastic or galvanized cans shall be provided. The storeroom shall be of such construction as to prevent the invasion of rodents and insects, the seepage of dust and water leakage, or any other source of contamination. The food-storage room should be adjacent to the kitchen and convenient to the receiving area. There shall be sufficient food storage area to meet need of the facility.

906

Section B - Sanitation And Housekeeping In Inpatient Care

906.1

Sanitation

906.1

Water Supply -

a. If at all possible, all water shall be obtained from a public water supply. If not possible to obtain water from a public water supply source, the private water supply shall meet the approval of the local county health department and/or the State Department of Health.

b. Water under pressure sufficient to operate fixtures at the highest point during maximum demand periods shall be provided. Water under pressure of at least fifteen (15) pounds per square inch shall be piped to all sinks, toilets, lavatories, tubs, showers, and other fixtures requiring water.

c. It is recommended that the water supply into the building can be obtained from two (2) separate water lines if possible.

d. A dual hot water supply shall be provided. The temperature of hot water to lavatories and bathing facilities shall not exceed one hundred ten degrees (110°) Fahrenheit, nor shall hot water be less than one hundred degrees (100°) Fahrenheit. The temperature in rinsing cycle of dishwashing shall be at least one hundred eighty degrees (180°) Fahrenheit.

906.2

Disposal of Liquid and Human Wastes -

a. There shall be installed within the building a properly designed waste disposal system connecting to all fixtures to which water under pressure is piped.

b. All liquid and human waste, including floor-wash water and liquid waste from refrigerators, shall be disposed of through trapped drains into a public sewer system where such system is available.

c. In localities where a public sanitary sewer is not available, liquid and human waste shall be disposed of through trapped drains into a sewerage disposal system approved by the local county health department and/or the State Department of Health. The sewerage disposal system shall be of a size and capacity based on the number of patients and personnel housed and employed in the institution. Where the sewerage disposal system is installed prior to the opening of the home, it shall be assumed, unless proven otherwise, that the system was designed for ten (10) or fewer persons.

906.3

Premises - The premises shall be kept neat, clean, and free of an accumulation of rubbish, weeds, ponded water, or other conditions which would have a tendency to create a health hazard.

906.4

Control of Insects, Rodents, Etc. - The institution shall be kept free of ants, flies, roaches, rodents, and other insects and vermin. Proper methods for their eradication and control shall be utilized.

906.5

Toilet Room Cleanliness - Floors, walls, ceilings, and fixtures of all toilet rooms shall be kept clean and free of objectionable odors. These rooms shall be kept free of an accumulation of rubbish, cleaning supplies, toilet articles, etc.

906.6

Garbage Disposal -

a. Garbage must be kept in water-tight suitable containers with tight fitting covers. Garbage containers must be emptied at frequent intervals and cleaned before using again.

b. Proper disposition of infectious materials shall be observed.

907

Housekeeping And Physical Plant Maintenance

907.1

Housekeeping Facilities and Services -

a. The physical plant shall be kept in good repair, neat, and attractive. The safety and

comfort of the resident shall be the first consideration.

b. Janitor closets shall be provided with a mop-cleaning sink and be large enough in area to store house cleaning supplies and equipment. A separate janitor closet area and equipment should be provided for the food service area.

907.2

Bathtubs, Showers, and Lavatories - Bathtubs, showers, and lavatories shall be kept clean and in proper working order. They shall not be used for laundering or for storage of soiled materials. Neither shall these facilities be used for cleaning mops, brooms, etc.

907.3

Patient Bedrooms - Patient bedrooms shall be cleaned and dusted as often as necessary to maintain a clean, attractive appearance. All sweeping should be damp sweeping, all dusting should be damp dusting with a good germicide or detergent-germicide.

907.4

Storage -

a. Such items as beds, mattresses, mops, mop buckets, dust rags, etc., shall not be kept in hallways, corners, toilet or bathrooms, clothes closets, or patient bedrooms.

b. The use of attics for storage of combustible materials is prohibited.

c. If basements are used for storage, they shall meet acceptable standards for storage and for fire safety.

908

Medical Waste

908.1

Regulated Medical Waste - "Infectious Medical Wastes" includes solid or liquid wastes which may contain pathogens with sufficient virulence and quantity such that exposure to the waste by a susceptible host has been proven to result in an infectious disease. For purposes of this Regulation, the following wastes shall be considered to be infectious medical wastes:

(1) Wastes resulting from the care of patients and animals who have Class I and/or II

diseases that are transmitted by blood and body fluid as defined in the rules and regulations governing reportable diseases as defined by the Mississippi State Department of Health;

(2) Cultures and stocks of infectious agents; including specimen cultures collected from medical and pathological laboratories, cultures and stocks of infectious agents from research and industrial laboratories, wastes from the production of biologicals, discarded live and attenuated vaccines, and culture dishes and devices used to transfer, inoculate, and mix cultures;

(3) Blood and blood products such as serum, plasma, and other blood components;

(4) Pathological wastes, such as tissues, organs, body parts, and body fluids that are removed during surgery and autopsy;

(5) Contaminated carcasses, body parts, and bedding of animals that were exposed to pathogens in medical research;

(6) All discarded sharps (e.g., hypodermic needles, syringes, Pasteur pipettes, broken glass, scalpel blades) which have come into contact with infectious agents;

(7) Other wastes determined infectious by the generator or so classified by the State Department of Health.

908.2

Medical Waste - Means all waste generated in direct patient care or in diagnostic or research areas that is non-infectious but aesthetically repugnant if found in the environment."

908.3

Medical Waste Management Plan - All generators of infectious medical waste and medical waste shall have a medical waste management plan that shall include, but is not limited to, the following:

908.4

Storage and Containment of Infectious Medical Waste and Medical Waste -

a. Containment of infectious medical waste and medical waste shall be in a manner and location which affords protection from animals, rain and wind, does not provide a breeding place or a food source for insects and rodents, and minimizes exposure to the

public.

b. Infectious medical waste shall be segregated from other waste at the point of origin in the producing facility.

c. Unless approved by the Mississippi State Department of Health or treated and rendered non-infectious, infectious medical waste (except for sharps in approved containers) shall not be stored at a waste producing facility for more than seven days above a temperature of 6° C (38° F). Containment of infectious medical waste at the producing facility is permitted at or below a temperature of 0° C(32° F) for a period of not more than 90 days without specific approval of the Department of Health.

d. Containment of infectious medical waste shall be separate from other wastes. Enclosures or contains used for containment of infectious medical waste shall be so secured so as to discourage access by unauthorized persons and shall be marked with prominent warning signs on, or adjacent to, the exterior of entry doors, gates, or lids. Each container shall be prominently labeled with a sign using language to be determined by the Department and legible during daylight hours.

e. Infectious medical waste, except for sharps capable of puncturing or cutting, shall be contained in double disposable plastic bags or single bags (1.5 mills thick) which are impervious to moisture and have strength sufficient to preclude ripping, tearing, or bursting under normal conditions of usage. The bags shall be securely tied so as to prevent leakage or expulsion of solid or liquid wasted during storage, handling, or transport.

f. All sharps shall be contained for disposal in leak proof, rigid, puncture-resistant containers which are taped closed or tightly lidded to preclude loss of the contents.

g. All bags used for containment and disposal of infectious medical waste shall be of distinctive color or display the Universal Symbol for infections waste. Rigid containers of all sharps waste shall be labeled.

h. Compactors or grinders shall not be used to process infectious medical waste unless the waste has been rendered non-infectious. Sharps containers shall not be subject to compaction by any compacting device except in the institution itself and shall not be placed for storage or transport in a portable or mobile trash compactor.

i. Infectious medical waste and medical waste contained in disposable containers as prescribed above, shall be placed for storage, handling, or transport in disposable or reusable pails, cartons, drums, or portable bins. the containment system shall be leak proof, have tight-fitting covers and be kept clean and in good repair.

j. Reusable containers for infectious medical waste and medical waste shall be thoroughly washed and decontaminated each time they are emptied by a method specified by the Mississippi State Department of Health, unless the surfaces of the containers have been protected from contamination by disposable liners, bags, or other devices removed with the waste, as outlined in E.

k. Approved methods of decontamination include, but are not limited to, agitation to remove visible soil combined with one or more of the following procedures:
   1. Exposure to hot water at least 180 F for a minimum of 15 seconds.
   2. Exposure to a chemical sanitizer by rinsing with or immersion in one of the following for a minimum of 3 minutes:
      (a) Hypochlorite solution (500 ppm available chlorine).
      (b) Phenolic solution (500 ppm active agent).
      (c) Iodoform solution (100 ppm available iodine).
      (d) Quaternary ammonium solution (400 ppm active agent).

l. Reusable pails, drums, or bins used for containment of infectious waste shall not be used for containment of waste to be disposed of as non-infectious waste or for other purposes except after being decontaminated by procedures as described in part (J) of this section.

m. Trash chutes shall not be used to transfer infectious medical waste.

n. Once treated and rendered non-infectious, previously defined infectious medical waste will be classified as medical waste and may be landfilled in an approved landfill.

908.5

Treatment Or Disposal Of Infectious Medical Waste Shall Be By One Of The Following Methods -

a. By incineration in an approved incinerator which provides combustion of the waste to carbonized or mineralized ash.

b. By sterilization by heating in a steam sterilizer, so as to render the waste non-infectious. Infectious medical waste so rendered non-infectious shall be disposable as medical waste. Operating procedures for steam sterilizers shall include, but not be limited to, the following:
   1. Adoption of standard written operating procedures for each steam sterilizer including time, temperature, pressure, type of waste, type of container(s), closure

on container(s), pattern of loading, water content, and maximum load quantity.

2. Check or recording and/or indicating thermometers during each complete cycle to ensure the attainment of a temperature of 121 C (250 F) for one-half hour or longer, depending on quantity and density of the load, in order to achieve sterilization of the entire load. Thermometers shall be checked for calibration at least annually.
3. Use of heat sensitive tape or other device for each container that is processed to indicate the attainment of adequate sterilization conditions.
4. Use of the biological indicator Bacillus stearothermophilus placed at the center of a load processed under standard operating conditions at least monthly to confirm the attainment of adequate sterilization conditions.
5. Maintenance of records of procedures specified in (1), (2), (3) and (4) above for period of not less than a year.

c. By discharge to the approved sewerage system if the waste is liquid or semi-liquid, except as prohibited by the State Department of Health.

d. Recognizable human anatomical remains shall be disposed of by incineration or internment, unless burial at an approved landfill is specifically authorized by the Mississippi State Department of Health.

e. Chemical sterilization shall use only those chemical sterilants recognized by the U. S. Environmental Protection Agency, Office of Pesticides and Toxic Substances. Ethylene oxide, glutaraldehyde, and hydrogen peroxide are examples of sterilants that, used in accordance with manufacturer recommendation, will render infectious waste non-infectious. Testing with Bacillus subtilis spores or other equivalent organisms shall be conducted quarterly to ensure the sterilization effectiveness of gas or steam treatment.

908.6

Treatment and Disposal of Medical Waste Which Is Not Infectious Shall Be By One Of The Following

a. By incineration in an approved incinerator which provides combustion of the waste to carbonized or mineralized ash.

b. By sanitary landfill, in an approved landfill which shall mean a disposal facility or part of a facility where medical waste is placed in or on land, and which is not a treatment facility. All the requirements of these standards shall apply, without regard to the quantity of medical waste generated per month, to any generator of medical waste.

909

Section C - Laundry In Inpatient Continue Care Hospice

909.1

General

Direction and Supervision - Responsibility for laundry services shall be delegated to a competent employee.

909.2

Commercial Laundry - Institutions for the aged or infirm may use commercial laundries or they may provide a laundry within the institution.

910

Physical Facility

910.1

Location and Space Requirements - Each inpatient continue care hospice shall have laundry facilities unless commercial laundries are used. The laundry shall be located in specifically designated areas, and there shall be adequate room and space for sorting, processing, and storage of soiled material. Laundry rooms or soiled linen storage areas shall not open directly into a patient bedroom or food service area. Soiled materials shall not be transported through the food service area. If commercial laundry is used, separate satisfactory storage areas shall be provided for clean and soiled linens.

a. There should be provided a sewing and clean linen separate from the laundry.

b. Housekeeping office and/or space should be provided which may be in connection with the clean linen room.

910.2

Ventilation - Provisions should be made for proper mechanical ventilation of the laundry. Provisions shall be made to prevent the recirculation of air through the heating and air condition systems.

910.3

Lint Traps - Adequate and effective lint traps shall be provided for driers.

910.4

Laundry Chutes - When laundry chutes are provided they shall have a minimum diameter of two (2) feet; and they shall be installed with flushing ring, vent, and drain.

a. An automatic sprinkler shall be provided at the top of the laundry chute and in any receiving room for a chute.

b. A self-closing door shall be provided at the bottom of the chute.

910.5

Laundry Equipment - Laundry equipment shall be of the type to adequately perform the laundry needs of the institution. The equipment shall be installed to comply with all local and state codes.

911

Section D - Physical Plant

911.1

General

Location - All the inpatient continue care hospice care established or constructed after the adoption of these regulations shall be located so that they are free from undue noise, smoke, dust, or foul odors and shall not be located adjacent to disposal plants, cemeteries, etc.

911.2

Site - The proposed site for a inpatient continue care hospice must be approved by the Department of Health. Factors to be considered in approving a site may be convenience to medical and hospital services, approved water supply and sewerage disposal, public transportation, community services, services of an organized fire department, and availability to labor supply. Not more than one-third (1/3) of a site shall be covered by a building(s) except by special approval of the Department of Health.

One example whereby approval may be granted is where the structure is to be placed in a very desirable location where the grounds are limited and very expensive. Where such approval is granted, the structure will be required to have a living room, day room, sun room, and recreational areas adequate to compensate for lack of required outside area.

911.3

Local Restrictions - The site and structure of all facilities shall comply with local building, fire, and zoning ordinances. Evidence to this effect signed by local building, fire, and zoning officials shall be presented.

911.4

Transportation - Facilities shall be located on streets or roads which are passable at all times. They should be located convenient to public transportation facilities.

911.5

Communication - There shall be not less than one telephone in the home and such additional telephones as are necessary to summon help in event of fire or other emergency. The telephone shall be listed under the official licensed name or title of the home.

911.6

Occupancy - No part of the facility may be rented, leased, or used for any commercial purpose not related to the operation of the home.

911.7

Basement -

a. The basement shall be considered as a story if one-half (1/2) or more of its clear height is above the average elevation of the ground adjoining the building on all sides.

b. No patient or resident shall be housed on any floor that is below ground level.

Call System - Some type of signal for summoning aid shall be conveniently provided for each patient.

912

Building Requirements

912.1

One-Story Building Non-Combustible Construction -

a. One-hour fire resistive rating generally. After adoption of these regulations, one-story buildings shall be of at least one-hour fire resistive rating throughout except as provided in subparagraph of this section ("hazardous areas and combustible storage").

b. Hazardous areas and combustible storage. Heating apparatus and boiler and furnace rooms, basements, or attics used for the storage of combustible material and workrooms, such as carpenter or paint shop, kitchen, laundry, etc., shall be classified as hazardous areas and shall be separated from other areas by construction having a fire resistive rating of at least two (2) hours.

912.2

Multi-Story Building -

a. Fire resistive construction. After adoption of these regulations all institutions for the aged or infirm containing two (2) or more stories shall be fire resistive construction.

b. Elevator required. No patient shall be housed above the first floor unless the building is equipped with an elevator. The minimum cab size of the elevator shall be approximately five (5) feet four. (4) inches by eight (8) feet no (0) inches and constructed of metal. The width of the shaft door shall be at least three (3) feet ten (10) inches. The load weight capacity shall be at least two thousand five hundred (2,500) pounds. The elevator shaft shall be enclosed in fire resistant construction of not less than two-hour fire resistive rating. Elevators shall not be counted as required exits. Exceptions to sub-paragraphs a and b may be granted to existing facilities at the discretion of the licensing agency.

912.3

Building Codes - All construction shall be in accordance with applicable local building codes and regulations and with these regulations. In areas not covered in either local codes or these regulations, the following shall apply:

a. Southern Standard Build Code.

b. National Build Code.

c. Uniform Building Code.

912.4

Structural Soundness and Repair; Fire Resistive Rating - The building shall be structurally sound, free from leaks and excessive moisture, in good repair, and painted at sufficient intervals to be reasonably attractive inside and out. One-story structures shall have a one-hour fire resistance rating except that walls and ceilings of high fire hazard areas shall be of two-hour fire resistance rating in accordance with NFPA #220. Multi-storied buildings shall be of fire resistive materials. (See paragraph 1103.20 for alternate requirements for existing institutions).

912.5

Temperature - Adequate heating shall be provided in all rooms used by patients so that a minimum temperature of seventy-five (75°) to eighty (80°) degrees Fahrenheit may be maintained.

912.6

Lighting - Each patient's room shall have artificial light adequate for reading and other uses as needed. There should be a minimum of ten (10) foot-candles of lighting for general use in patient's room and a minimum of thirty (30) foot-candles of lighting for reading purposes. All entrances, corridors, stairways, ramps, cellars, attics, storerooms, kitchens, laundries, and service units shall have sufficient artificial lighting to prevent accidents and promote efficiency of service. Night lights shall be provided in all corridors, stairways, toilets, and bathing rooms.

912.7

Emergency Lighting - All inpatient continue care hospice shall provide an emergency lighting system to be used in the event of electrical power failure. As a minimum, dry cell battery operated lighting shall be provided.

912.8

Screens - All screen doors and non-stationary windows shall be equipped with tight fitting, full length, sixteen (16) mesh screens. Screen doors shall swing out and shall be equipped with self-closing devices.

912.9

Floors - All floors shall be smooth and free from defects such as cracks and be finished so that they can be easily cleaned. Floors in corridors, patient bedrooms, toilets, bathing rooms, kitchens, utility rooms, and other areas where frequent cleaning is necessary should be covered wall-to-wall with inlaid linoleum, resilient tile, hard tile, or the equivalent.

912.10

Walls and Ceilings - All walls and ceilings shall be of sound construction with an acceptable surface and shall be maintained in good repair. Generally the walls and ceilings should be painted a light color.

912.11

Ceiling Height - All ceilings shall have a height of at least eight (8) feet except that a height of seven (7) feet six (6) inches may be approved for corridors or toilets and bathing rooms where the lighting fixtures are recessed. Exception may be made for existing facilities.

912.12

Handrails - Handrails shall be installed on both sides of all corridors and hallways used by patients. The handrails should be installed from thirty-two (32) inches to thirty-six (36) inches above the floor. The handrails should have a return to the wall at each rail ending.

912.13

Ramps and Inclines - Ramps and inclines, where installed for the use of patients, shall not exceed one (1) foot of rise in teen (10) feet of run, shall be furnished with a non-slip floor, and shall be provided with handrails on both sides.

912.14

Stairways -

a. Stairways shall have a minimum width of forty-four (44) inches with risers not to exceed seven and three-fourths (7 3/4) inches and treads not less than nine (9) inches. Treads shall be of uniform width and risers of uniform height in any one flight of stairs. All stairways and stairway landings shall be equipped with handrails on both sides.

b. A landing with width not less than the width of the stairs shall be provided at the top and bottom of each flight of stairs.

c. Winding stairways or triangular treads are prohibited.

d. Stairways shall be enclosed with noncombustible materials of at least two-hour fire resistance rating.

e. Openings to stairways shall be equipped with doors with self-closing devices.

f. Doors to stairways shall open in the direction of exit travel and be equipped with a vision window of wired glass. The doors shall open on a landing of the same width as the stair width.

g. Stairways shall be individually enclosed and separated from any public hall.

912.15

Corridors and Passageways -

a. Corridors in patient areas shall be not less than eight (8) feet wide. Exception may be granted to existing structures where it is structurally or feasibly impossible to comply.

b. Exit passageways other than corridors in patient areas shall be not less than four (4) feet wide between handrails.

c. Corridors and passageways shall be kept unobstructed.

d. Corridors and passageways which lead to the outside from any required stairway shall be enclosed as required for stairways.

912.16

Doors General -

a. All stairway doors; doors providing egress from corridors (other than to the exterior): and all doors to shafts, utility closets, boiler and incinerator rooms, in fire walls, and other spaces which are a possible source of fire shall be equal to Underwriters' Laboratories "Class B-1 1/2 hour" self-closing doors.

b. All corridor doors except doors to janitor closets, toilets, and bathrooms shall be 20 minute rated fire doors or solid wooden doors of the flush type of nominal thickness of at least one and three-fourths (1 3/4) inches.

c. Bedroom, patient bath, and toilet doors shall not be equipped with hardware that will allow a patient to lock himself within the room.

912.17

Exit Doors - Exit doors shall meet the following:

a. They shall be of a fire resistive rating equal to the stairway or passage.

b. Doors leading to stairways shall be not less than forty-four (44) inches wide.

c. Doors to the exterior shall be not less than forty-four (44) inches wide except where the capacity of a first floor exceeds sixty (60) persons or a floor above the first floor exceeds thirty (30) persons in which case wider doors may be required.

d. Exit doors shall swing in the direction of exit and shall not obstruct the travel along any required exit.

e. Revolving doors shall not be used as required exits.

912.18

Door Widths - All exit doors shall be a minimum of forty-four (44) inches wide and open outward. Doors to patient bedrooms shall be a minimum of forty-four (44) inches wide. All other doors through which patients must pass (doors to living and day rooms, dining rooms, recreational areas, toilet and bathrooms, physical and occupational therapy rooms, etc.) shall be a minimum of thirty-six (36) inches wide. Doors to patient closets shall be not less than twenty (20) inches wide. Exception may be granted to existing facilities.

912.19

Door Swing -

a. Exit doors, other than from a living unit, shall swing in the direction of exit from the structure.

b. Patient bedroom doors. Patient bedroom doors opening from a corridor shall open to the inside of the room.

c. Toilet or bathroom doors. Doors to toilet and bathrooms accessible from the patient's bedroom shall open into the bedroom. Doors to toilet or bathroom accessible from a corridor shall open into the toilet or bathroom.

912.20

Floor levels - All differences in floor levels within the building shall be accomplished by stairs of not less than three (3) six-inch risers, ramps, or inclines; and they shall be equipped with handrails on both sides.

912.21

Space Under Stairs - Space under stairs shall not be used for storage purposes. All walls and doors shall meet the same fire rating as the stairwell.

912.22

Interior Finish and Decorative Materials - All combustible, decorative, and acoustical material shall be rendered and maintained flame resistant. It is recommended that curtains be of fiberglass or other flame resistant material.

912.23

Fire Extinguishers - Fire extinguishers of number, type, and capacity appropriate to the need shall be provided for each floor and for special fire hazard areas such as kitchen, laundry, and mechanical room. All extinguishers shall be of a e approved by the licensing authority of the Department of Health. A vaporizing liquid extinguisher (such as carbon tetrachloride) will not be approved for use inside the building. Extinguishers shall be inspected and serviced periodically as recommended by the manufacturer. The date of inspection shall be entered on a tag attached to the extinguisher and signed by a reliable inspector such as the local fire chief or representative of a fire extinguisher servicing company.

912.24

Fire Detection and Fire Protection System -

a. If an automatic sprinkler-alarm system is installed, it shall meet the requirements as recommended by the National Fire Protection Association according to NFPA, No. 13.

b. If an automatic fire detection system is installed, it shall meet the following requirements:
   (1) It shall be an Underwriters' Laboratories approved system.
   (2) A smoke detector unit shall be installed upon the ceiling or on the side walls near the ceiling throughout all parts of the premises including all rooms, halls, storage areas, basements, attics, and lofts and inside all closets, elevator shafts, enclosed stairways and dumbwaiter shafts, chutes, and other enclosures.
   (3) The system shall be electrically supervised so that the occurrence of a break or a ground fault of its installation writing circuits, which present the required operation of system or failure of its main power supply source, will be indicated by a distinctive trouble signal.
   (4) The conductors of the signaling system power supply circuit shall be connected on the line side of the main service of a commercial light or power supply circuit. A circuit disconnecting means shall be so installed that it will be accessible only by authorized personnel.

912.25

Smoke Barrier or Fire Retardant Walls - Each building shall be divided into areas not exceeding five thousand (5,000) square feet between exterior walls or smoke barrier walls. The barrier walls shall be constructed from floor to roof decking with no openings except in corridors or other areas specifically approved by the licensing agency. Self-closing "B" label fire doors with fusible linkage shall be installed in the barrier walls in corridors. All air spaces in the walls shall be filled with a noncombustible material.

912.26

Exit Signs - Exits shall be marked with plainly lettered illuminated signs bearing the work "Exit" or "Fire Escape" in letters at least four and one-half (4 1/2) inches high. Exit signs shall be illuminated at all times and wired in front of the electrical panel with fuse control in a locked box. Additional signs shall be placed in corridors and passageways wherever necessary to indicate the direction of exit.

912.27

Fire Escapes and Ladders -

1. The use of ladders (metal or otherwise) in lieu of escapes or fire stairways shall not be permitted on any facility licensed under these regulations.

2. The use of open fire escapes shall not be permitted on facilities opened or established after the effective date of these regulations.

3. Open fire escapes will be permitted on existing institutions provided such fire escapes meet the following requirements:
   (a) They must be of non-combustible material.
   (b) They must have railing or guard at least four (4) feet high on each unenclosed side.
   (c) Wall openings adjacent to fire escapes shall be protected with fire resistive doors and windows.
   (d) Doors leading to fire escapes shall open in the direction of exit.

4. Fire escapes on facilities licensed after adoption of these regulations should generally meet requirements for stairways.

912.28

Required Fire Exits -

a. At least two (2) exits, remote from each other, shall be provided for each occupied story of the building. Dead-end corridors are undesirable and in no event shall exceed thirty (30) feet.

b. Exits shall be of such number and so located that the distance of travel from the door of any occupied room to an exit from that floor shall not exceed one hundred (100) feet. In buildings completely protected by a standard automatic sprinkler system, the distance may be one hundred fifty (150) feet.

c. Each occupied room shall have at least one (1) door opening directly to the outside or to a corridor, stairway, or ramp leading directly to the outside.

d. Doors on fire exits shall open to the outside.

e. Building Exits Code, NFPA, No. 101, shall be the governing code for exit items which are not covered in the regulations.

912.29

Mechanical and Electrical Systems -

a. Mechanical, electrical, plumbing, heating, air-conditioning, and water systems installed shall meet the requirements of local codes and ordinances as well as the applicable regulation of the Department of Health. Where there are no local codes or ordinances, the following codes and recommendations shall govern:
   (1) National Electrical Code.
   (2) National Plumbing Code.
   (3) American Society of Heating, Refrigerating, and Air-Conditioning Engineers, Inc.
   (4) Recommendations of the American Society of Mechanical Engineers.
   (5) Recommendations of American Gas Association.
   (6) National Board of fire Underwriters.

b. The heating of institutions for the aged or infirm licensed after adoption of these regulations shall be restricted to steam, hot water, or warm air systems employing central heating plants or Underwriters' Laboratories approved electric heating. The use of portable heaters of any kind is prohibited with the following exceptions for existing homes:
   (1) Portable type gas heaters provided they meet all of the following:
      a. A circulating type with a recessed enclosed flame so designed

that clothing or other flammable material cannot be ignited.

b. Equipped with a safety pilot light.

c. Properly vented to the outside.

d. Approved by American Gas Association or Underwriters' Laboratories.

(2) An approved type of electrical heater such as wall insert type.

a. Lighting (except for emergency lighting) shall be restricted to electricity. No open flame lighting such as by kerosene lamps, gas lamps, or candles shall be permitted.

b. The Department of Health may require, at its discretion, inspection of mechanical, plumbing, and electrical systems installed prior to effective date of these regulations by building, electrical plumbing officials or other competent authorities, a certification of adequacy and safety presented to the Department of Health.

912.30

Disaster Preparedness Plan

The facility shall maintain a written disaster preparedness plan that includes procedures to be followed in the event of fire, train derailment, explosions, severe weather, and other possible disasters as appropriate for the specific geographic location. The plan shall include:

A. Written evidence that the plan has been reviewed and coordinated with the licensing agency's local emergency response coordinator and the local emergency manager;
B. Description of the facility's chain of command during emergency management, including 24-hour contact information and the facility's primary mode of emergency communication system;
C. Written and signed agreements that describe how essential goods and services, such as water, electricity, fuel for generators, laundry, medications, medical equipment, and supplies, will be provided;
D. Shelter or relocation arrangements, including transportation arrangements, in the event of evacuation; and
E. Description of recovery, i.e., return of operations following an emergency.

The disaster preparedness plan shall be reviewed with new employees during orientation and at least annually.

Fire drills shall be conducted quarterly. Disaster drills shall be conducted at least annually.

912.31

Nursing Unit - Medical, nursing, and personal services shall be provided in a specifically designated area which shall include bedrooms, special care room(s), nurses' station, utility room toilet and bathing facilities, linen and storage closets, and wheelchair space.

The maximum nursing unit shall be sixty (60) beds.

912.32

Bedrooms -

a. Location -
   (1) All patient bedrooms shall have an outside exposure and shall not be below grade. Window area shall not be less than one-eighth (1/8) of the floor area. The window sill shall not be over thirty-six (36) inches from the floor.
   (2) Patient bedrooms shall be located so as to minimize the entrance of unpleasant odors, excessive noise, and other nuisances.
   (3) Patient bedrooms shall be directly accessible from the main corridor of the nursing unit providing that accessibility from any public space other than the dining room will be acceptable. In no case shall a patient bedroom be used for access to another patient bedroom.
   (4) All patient bedrooms shall be so located that the patient can travel from his/her bedroom to a living room, day room, dining room, or toilet or bathing facility without having to go through another patient bedroom.

b. Floor area - Minimum usable floor area per bed shall be as follows:

Private room	100 square feet
Multi-bed room	80 square feet

c. Provisions for privacy. Cubicle curtains, screens, or other suitable provisions for privacy shall be provided in multi-bed patient bedrooms.

d. Accommodations for patients - The minimum accommodations for each patient shall include:
   (1) Bed - The patient shall be provided with either an adjustable bed or a regular single bed, according to needs of the patient, with a good grade mattress at least four (4) inches thick. Beds shall be single except in case of special approval of the licensing agency. Cots and roll away beds are prohibited for patient use. Full and half bedrails shall be available to assist in safe care of patients.
   (2) Pillows, linens, and necessary coverings.
   (3) Chair.
   (4) Bedside cabinet or table.

(5) Storage space for clothing, toilet articles, and personal belongings including rod for clothes hanging.
(6) Means at bedside for signaling attendants.
(7) Bed pan and urinal for patients who need them.
(8) Over-bed tables as required.

e. Bed Maximum - Ward rooms in new facilities shall be limited to two (2) beds.

912.33

Special Care Room - Each hospice shall have a special care room which shall be a single bedroom with at least a private half bath (lavatory and water closet). There shall be a special care room for each twenty-five (25) beds or major fraction thereof. A special care room may be located anywhere in the building rather than a certain number per station.

912.34

Nurses' Station -

a. Each inpatient continue care hospice shall have a nurses' station for each nursing unit. The nurses' station shall include as a minimum the following:
(1) Annunciator board or other equipment for patient's call.
(2) The minimum areas of the medicine storage/preparation room shall be seventy-five (75) feet.
(3) Storage space for patients' medical records and nurses' charts.
(4) Lavatory or sink with disposable towel dispenser.
(5) Desk or counter top space adequate for recording and charting purposes by physicians and nurses.

b. The nurses' station area shall be well lighted.

c. It is recommended that nurses' lounge with toilet be provided for nursing personnel adjacent to the station. A refrigerator for the storage of drugs shall be provided at each nurses' station. Drugs and food for beverages may be stored together only if separate compartments or containers are provided for the storage of drugs.

912.35

Utility Room - Each inpatient continue care hospice shall provide a separate utility room for soiled and clean patient care equipment, such as bed pans, urinals, et cetera. The soiled utility room shall contain, as a minimum, the following equipment:

a. Provision for cleaning utensils such as bed pans, urinals, et cetera.

b. Utensil sterilizer.

c. Lavatory or sink and disposable towel dispenser.

The utility room for clean equipment shall have suitable storage.

912.36

Toilet and Bathing Facilities -

a. Separate toilet and bathing facilities shall be provided on each floor for each sex in the following ratios as a minimum.

Bathtubs or showers	1 per 12 beds or fraction thereof
Lavatories	1 per 8 beds or fraction thereof
Toilets	1 per 8 beds or fraction thereof

b. As a minimum, showers shall be four (4) feet by four (4) feet without curbing.

c. Handrails shall be provided for all tubs, showers, and commodes.

d. A lavatory shall be provided in each patient bedroom or in a toilet room that is directly accessible from the bedroom.

e. A water closet shall be located in a room directly accessible from each patient bedroom. The minimum area for a room containing only a water closet shall be three (3) feet by six (6) feet.

912.37

Other Rooms and Areas - In addition to the above facilities, each nursing unit shall include the following rooms and areas: linen closet, storage closet, and wheelchair space.

912.38

Required Rooms and Areas -

a. Clean linen storage - Adequate area shall be provided for storing clean linens which shall be separate from dirty linen storage.

b. Wheelchair area - Adequate area shall be provided for storage of wheelchairs.

c. Dining Room - The dining area shall be large enough to accommodate needs of the hospice patients/families.

d. Food storage - A food storage room shall be provided convenient to the kitchen in all future licensed homes. It should have cross ventilation. All foods must be stored a minimum of twelve (12) inches above the floor.

e. Day room or living room - Adequate day or living room area shall be provided for patients or residents and guests. These areas shall be designated exclusively for this purpose and shall not be used as sleeping area or otherwise. It is recommended that at least two (2) such areas be provided and more in larger homes.

f. Janitor closet - At least one (1) janitor's closet shall be provided for each floor. The closet shall be equipped with a mop sink and be adequate in area to store cleaning supplies and equipment. A separate janitor's closet shall be provided for the food service area.

g. Garbage can cleaning and storage area.

h. General storage - A minimum area equal to at least (5) square feet per bed shall be provided for general storage.

i. Laundry - If laundry is done in the institution, a laundry room shall be provided. The laundry shall be enclosed by two-hour fire resistive construction. Adequate equipment for the laundry load of the home shall be installed. The sorting, washing, and extracting process should be separated from the folding and ironing area--preferably in separate rooms.

j. A separate toilet room (lavatory and water closet) with lockers shall be provided for male and female employees.

k. A separate toilet room shall be provided for each sex of the public.

Part X

Conclusion

1000

Conclusion

1000.1

Section A - General

Conditions which have not been covered in the Standards shall be enforced in accordance with the best practices as interpreted by the Licensing Agency. The Licensing Agency reserves the right to:

1. Review the payroll records of each hospice agency for the purpose of verifying staffing patterns;

2. Visit hospice patients in their place of residence in order to evaluate the quality of care provided;

3. Information obtained by the licensing agency through filed reports, inspection, or as otherwise authorized, shall not be disclosed publicly in such manner as to identify individuals or institutions, except in proceedings involving the questions of Licensure.

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Section B - Variances And Waivers

1001.1

The Department upon application may grant variances or waivers of specific rules and regulations when it has been shown that the rule or regulation is not applicable or to allow experimentation and demonstration of new and innovative approaches to delivery of services.

1001.2

The Department may exempt classes of facilities from regulation as provided when regulation would not permit the purpose intended or the class of facilities is subject to similar requirements under other rules and regulations.