

1 **Title 15 - Mississippi Department of Health**

2 **Part III – Office of Health Protection**

3 **Subpart 01 – Health Facilities Licensure and Certification**

4 **CHAPTER 01 MINIMUM STANDARDS OF OPERATION FOR HOSPICE**

5 **PART I GENERAL**

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

10 **100 LEGAL AUTHORITY**

11 100.01 **Adoption of Rules, Regulations, and Minimum Standards** - By virtue
12 of authority vested in it by the Legislature of the State of Mississippi as
13 per House Bill #379 enacted by the Regular 1995 Session of the
14 Legislature of the State of Mississippi, the Mississippi State Department
15 of Health does hereby adopt and promulgate the following Minimum
16 Standards of Operation for Hospice.

17 100.02 **Effective date of Rules, Regulations, and Minimum Standards for**
18 **Hospice** - The Mississippi State Department of Health does hereby adopt
19 these Minimum Standards of Operation for Hospice Services. These
20 Minimum Standards of Operation are effective as of August 21, 1995.
21 Any hospice agency which is in operation on July 1, 1995, shall be given
22 a reasonable time under the particular circumstances, not to exceed one
23 (1) year from July 1, 1995, within which to comply with these Minimum
24 Standards of Operation for Mississippi Hospices.

25 100.03 **Fire Safety** - No freestanding hospice may be licensed until it shows
26 conformance to the safety regulations providing minimum standards for
27 prevention and detection of fire as well as for protection of life and
28 property against fire.

29 **101 DEFINITIONS**

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

33 101.01 **Administrator** means the person who is responsible for the management
34 of the overall operation of the hospice;

- 35 101.02 **Attending** Physician means the physician who is responsible for medical
36 care of the hospice patient;
- 37 101.03 **Autonomous** means a separate and distinct operational entity which
38 functions under its own administration and bylaws, either within or
39 independently of a parent organization.
- 40 101.04 **Bed Capacity** means the largest number which can be installed or set up
41 in the freestanding hospice at any given time for use of patients. The bed
42 capacity shall be based upon space designed and/or specifically intended
43 for such use whether or not the beds are actually installed or set up.
- 44 101.05 **Bed Count** means the number of beds that are actually installed or set
45 for patients in freestanding hospice at a given time.
- 46 101.06 **Bereavement** Services means the supportive services provided to the
47 family unit to assist it in coping with the patient's death, including
48 follow-up assessment and assistance through the first year after death.
- 49 101.07 **Alternative Office Site** means a location or site from which a hospice
50 agency provides services within a portion of the total geographic area
51 served by the parent agency. The alternate site is part of the hospice
52 agency and is located sufficiently close to share administration,
53 supervision and services in a manner that renders it unnecessary to
54 obtain a separate license as a hospice agency. An alternate site shall be
55 staffed with at least one (1) registered nurse on a full-time basis.
- 56 101.08 **Change of Ownership** means but is not limited to, intervivos gifts,
57 purchases transfers, leases, cash and/or stock transactions or other
58 comparable arrangements whenever the person or entity acquires a
59 majority interest (fifty percent (50%) or more) of the facility or service.
60 Changes of ownership from partnerships, single proprietorships or
61 corporations to another form of ownership are specifically included.
62 Provided, however, "Change of Ownership" shall not include any
63 inherited interest acquired as a result of a testamentary instrument or
64 under the laws of descent and distribution of the State of Mississippi.
65 The change of IRS exemption status also constitutes a change of
66 ownership.
- 67 101.09 **Member of Clergy** means an individual representative of a specific
68 spiritual belief who is qualified by education received through accredited
69 academic or theological institutions, and/or experience thereof, to
70 provide counseling and who serves as a consultant for and/or core
71 member of the hospice care team;
- 72 101.10 **Clinical/Medical Record** means a legal document containing all
73 pertinent information relating to the care of an individual patient.

- 74 101.11 **Core Services** means those services directly provided by the hospice
 75 agency to include nursing services, medical social work services,
 76 physician services and pastoral or counseling services.
- 77 101.12 **Counselor** means an individual who has at least a bachelor's degree in
 78 psychology, a master's or bachelor's degree from a school of social work
 79 accredited by the Council on Social Work Education, a bachelor's degree
 80 in counseling or is a Certified Pastoral Counselor, or the documented
 81 equivalent of any of the above in education, training, and/or experience,
 82 and who is currently licensed in the state of Mississippi, if applicable.
- 83 101.13 **Criminal History Record Checks.**
- 84 1. **Affidavit.** For the purpose of fingerprinting and criminal
 85 background history checks, the term “affidavit” means the use of
 86 Mississippi Department of Health (MDH) Form #210, or a copy
 87 thereof, which shall be placed in the individual’s personal file.
- 88 2. **Employee.** For the purpose of fingerprinting and criminal
 89 background history checks, employee shall mean any individual
 90 employed by a **covered entity**. The term “employee” also
 91 includes any individual who by contract with the **covered entity**
 92 provides patient care in a patient’s, resident’s, or client’s room or
 93 in treatment rooms.
- 94 The term employee does not include healthcare
 95 professional/technical students, as defined in Section 37-29-232,
 96 performing clinical training in a licensed entity under contracts
 97 between their schools and the licensed entity, and does not include
 98 students at high schools who observe the treatment and care of
 99 patients in a licensed entity as part of the requirements of an allied
 100 health course taught in the school if:
- 101 a. The student is under the supervision of a licensed healthcare
 102 provider; and
- 103 b. The student has signed the affidavit that is on file at the
 104 student’s school stating that he or she has not been convicted
 105 of or plead guilty or nolo contendere to a felony of possession
 106 or sale of drugs, murder, manslaughter, armed robbery, rape,
 107 sexual battery, any sex offenses listed in section 45-33-23 (g),
 108 child abuse, arson, grand larceny, burglary, gratification of
 109 lust, aggravated assault, or felonious abuse and/or battery of a
 110 vulnerable adult, or that any such conviction or plea was
 111 reversed on appeal or a pardon was granted for the conviction
 112 or plea.

- 113 c. Further, applicants and employees of the University of
 114 Mississippi Medical Center for whom criminal history record
 115 checks and fingerprinting are obtained in accordance with
 116 Section 37-115-41 are exempt from application of the term
 117 employee under Section 43-11-13.
- 118 3. **Covered Entity.** For the purpose of criminal history record
 119 checks, “covered entity” means a licensed entity or a healthcare
 120 professional staffing agency.
- 121 4. **Licensed Entity.** For the purpose of criminal history record
 122 checks, the term “licensed entity” means a hospital, nursing home,
 123 personal care home, home health agency or hospice.
- 124 5. **Health Care Professional/Vocational Technical Academic**
 125 **Program.** For the purpose of criminal history record checks,
 126 “health care professional/vocational technical academic program”
 127 means an academic program in medicine, nursing, dentistry,
 128 occupational therapy, physical therapy, social services, speech
 129 therapy, or other allied-health professional whose purpose is to
 130 prepare professionals to render patient care services.
- 131 6. **Health Care Professional/Vocational Technical Student.** For
 132 purposes of criminal history record checks, the term means a
 133 student enrolled in a healthcare professional/vocational technical
 134 academic program.
- 135 7. **Direct Patient Care or Services.** For the purposes of
 136 fingerprinting and criminal background history checks, the term
 137 “direct patient care” means direct hands-on medical patient care
 138 and services provided by an individual in a patient, resident or
 139 client(s) room, treatment room or recovery room. Individuals
 140 providing direct patient care may be directly employed by the
 141 facility or provides patient care on a contractual basis.
- 142 8. **Documented disciplinary action.** For the purpose of
 143 fingerprinting and criminal background history checks, the term
 144 “documented disciplinary action” means any action taken against
 145 an employee for alleged abuse or neglect of a patient.
- 146 101.14 **Department** means the Mississippi Department of Health.
- 147 101.15 **Dietitian** means a person who is registered by the Commission on
 148 Dietetic Registration of the American Dietetic Association or who has
 149 the documented equivalent in education, training and/or experience.

- 150 101.16 **Family Unit** means the terminally ill person and his or her family, which
 151 may include spouse, children, siblings, parents, and others with
 152 significant personal ties to the patient.
- 153 101.17 **Freestanding** Hospice means a hospice that is not a part of any other
 154 type of health care provider.
- 155 101.18 **Governing Body** means the board of directors, trustees, partnership,
 156 association, or person or group of persons who maintain and control the
 157 operation of the hospice and who are legally responsible for its
 158 operation.
- 159 101.19 **Home Care** means care delivery in the residence of the hospice patient,
 160 whether that place be his/her permanent or temporary residence.
- 161 101.20 **Hospice** means an autonomous, centrally administered, nonprofit or
 162 profit medically directed, nurse-coordinated program providing a
 163 continuum of home, outpatient and homelike inpatient care for not less
 164 than four (4) terminally ill patients and their families. It employs a
 165 hospice care team to assist in providing palliative and supportive care to
 166 meet the special needs arising out of the physical, emotional, spiritual,
 167 social and economic stresses which are experienced during the final
 168 stages of illness and during dying and bereavement. This care is
 169 available twenty-four (24) hours a day, seven (7) days a week, and is
 170 provided on the basis of need regardless of inability to pay.
- 171 101.21 **Hospice Care Team** means an interdisciplinary team which is a working
 172 unit composed by the integration of the various helping professions and
 173 lay persons providing hospice care. Such team shall, as a minimum,
 174 consist of a licensed physician, a registered nurse, a social worker, a
 175 member of the clergy or a counselor and volunteers.
- 176 101.22 **Hospice Services** shall mean items and services furnished to an
 177 individual by a hospice or by others under arrangements with such a
 178 hospice program.
- 179 101.23 **Home Health Aide** means individual who is currently qualified in the
 180 state of Mississippi to provide personal care services to hospice patients
 181 under the direction of a registered nurse of the hospice.
- 182 101.24 **Inpatient Care** means 24 hour care within the confines of a licensed
 183 hospital, nursing home, or freestanding hospice.
- 184 101.25 **Inpatient Continue Care** means care provided directly by the hospice
 185 24 hours a day in a facility which is considered the patient's residence.
- 186 101.26 **License** means authorization granted by the Mississippi State
 187 Department of Health to the governing body to operate a hospice.

- 188 101.27 **Licensing Agency** means the Mississippi Department of Health.
- 189 101.28 **Medically Directed** means that the delivery of medical care is directed
190 by a licensed physician who is employed by the hospice for the purpose
191 of providing ongoing palliative care as a participating caregiver on the
192 hospice care team.
- 193 101.29 **Nurse Practitioner** shall mean an individual who is currently licensed as
194 such in the State of Mississippi and is performing duties in accordance
195 with the Mississippi Nurse Practice Act.
- 196 101.30 **Occupational Therapist** means a person registered with the American
197 Occupational Therapy Association.
- 198 101.31 **Outpatient Care** means any care rendered or coordinated by the hospice
199 care team that is not "home care" or "inpatient care."
- 200 101.32 **Palliative Care** means the reduction or abatement of pain and other
201 troubling symptoms by appropriate coordination of all elements of the
202 hospice care team needed to achieve needed relief of distress.
- 203 101.33 **Patient** shall mean the terminally ill individual receiving hospice
204 services.
- 205 101.34 **Person** means an individual, a trust or estate, partnership, corporation,
206 association, the state, or a political subdivision or agency of the state.
- 207 101.35 **Physical Therapist** means an individual who is currently licensed to
208 practice physical therapy in the State of Mississippi.
- 209 101.36 **Physician** means an individual currently licensed by the proper authority
210 in his state to practice medicine or osteopathy.
- 211 101.37 **Primary Care person** means a person designated by the patient who
212 agrees to give continuing support and/or care.
- 213 101.38 **Registered Nurse** shall mean an individual who is currently licensed as
214 such in the State of Mississippi and is performing nursing duties in
215 accordance with the Mississippi Nurse Practice Act.
- 216 101.39 **Respite Care** means care provided for the patient to provide relief for
217 the family from the stress of providing care at home.
- 218 101.40 **Social Worker** means an individual who has a degree from a school of
219 social work accredited by the Council on Social Work Education and is
220 licensed if applicable.

- 221 101.41 **Speech Pathologist** shall mean an individual who meets the educational
222 and experience requirements for a Certificate of Clinical Competence
223 granted by the American Speech and Hearing Association and is
224 currently licensed as a speech and language pathologist in the State of
225 Mississippi.
- 226 101.42 **Terminally Ill** refers to a medical prognosis of limited expected
227 survival, of ~~one (1) year~~ **six (6) months** or less at the time of referral to
228 a hospice, of an individual who is experiencing an illness for which
229 therapeutic strategies directed toward cure and control of the disease
230 alone outside the context of symptom control are no longer appropriate.
- 231 101.43 **Volunteer** means a trained individual who provides support and
232 assistance to the patient and family without remuneration, in accord with
233 the plan of care developed by the hospice core team, and under the
234 supervision of a member of the hospice staff appointed by the governing
235 body or its designee.
- 236 101.44 **Director of Volunteers** means a person who directs the volunteer
237 program in accordance with the acceptable standards of hospice practice.

238 102 **PROCEDURE GOVERNING ADOPTION AND AMENDMENT**

- 239 102.01 **Authority** - The Mississippi State Department of Health shall have the
240 power to adopt, amend, promulgate and enforce such minimum
241 standards of operation as it deems appropriate, within the law.
- 242 102.02 **Amendments** - The minimum standards of operation for hospice may be
243 amended by the Mississippi State Department of Health from time to
244 time as necessary to promote the health, safety, and welfare of persons
245 receiving services.

246 **PART II CLASSIFICATION OF HOSPICE**

247 103 **CLASSIFICATION**

248 103.01 For the purpose of these rules, regulations, and minimum standards,
249 hospice shall be classified as:

- 250 1. Freestanding Hospice
- 251 2. Hospital Hospice
- 252 3. Nursing Home Hospice
- 253 4. Home Health Agency Hospice

254 103.02 **Hospice Core Service**

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

- 257 1. Physician Service
- 258 2. Nursing Service
- 259 3. Medical Social Service
- 260 4. Pastoral/Counseling Services

261 103.03 **Inpatient Continue Care**

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

269 **PART III THE LICENSE**

270 104 **TYPES OF LICENSES**

271 104.01 **Regular License** - A license shall be issued to each hospice that meets
 272 the requirements as set forth in these regulations. The license shall show
 273 the classification Home Health, Hospital, Nursing Home, Freestanding)
 274 and the type of building in which it is operated.

275 104.02 **Provisional License** - Within its discretion, the Mississippi State
 276 Department of Health may issue a provisional license when a temporary
 277 condition of non-compliance with these regulations exists in one or more
 278 particulars. A provisional license shall be issued only if the Department
 279 of Health is satisfied that preparations are being made to qualify for a
 280 regular license and that the health and safety of patients will not be
 281 endangered meanwhile. One condition on which a provisional license
 282 may be issued is as follows: A new Hospice Agency may be issued a
 283 provisional license prior to opening and subsequent to meeting the
 284 required minimum staffing personnel. The license issued under this
 285 condition shall be valid until the issuance of a regular license or June 30
 286 following date of issuance whichever may be sooner. A provisional
 287 license may be reissued only if it is satisfactorily proven to the
 288 Department of Health that efforts are being made to fully comply with
 289 these regulations by a specified time.

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

296 105 **APPLICATION FOR LICENSE**

297 105.01 A hospice shall not be operated in Mississippi without a valid license.

298 105.02 Any person or organization desiring to operate a hospice shall file with
 299 the State Department of Health an application on a form prescribed and
 300 furnished by the Department of Health.

301 105.03 The application shall include complete information concerning the name
 302 and address of the applicant; the ownership of the hospice; if organized
 303 as a corporation, the names and addresses of each officer and director of
 304 the corporation; if organized as a partnership, the names and addresses of
 305 each partner; membership of the governing body; the identities of the
 306 medical director and administrator; and any other relevant information
 307 which the Mississippi State Department of Health may require.

- 308 105.04 Ownership of the hospice shall be fully disclosed in the application.
 309 This disclosure shall include the names and addresses of all corporate
 310 officers and any person(s) having a five percent (5%) or more financial
 311 interest.
- 312 105.05 A license shall be issued to the person(s) named only for the premises
 313 listed on the application for licensure. Separate applications and licenses
 314 are required for hospices maintained separately, even if they are owned
 315 or operated by the same person(s), business or corporation, and may be
 316 doing business under the same trade name.
- 317 105.06 Licenses are not transferable or assignable.
- 318 105.07 Each planned change of ownership or lease shall be reported to the
 319 Department at least sixty (60) days prior to such change along with an
 320 application from the proposed new owners/lessees for a new license.
- 321 105.08 The application is considered a continuing application. A written
 322 amendment to the current application shall be filed when there is a
 323 change in any of the information reported in the application.
- 324 105.09 **Fee** - \$100 annually.
- 325 105.10 **Name of Institution** - Every hospice shall be designated by a permanent
 326 and distinctive name which shall be used in applying for a license and
 327 shall not be changed without first notifying the licensing agency in
 328 writing and receiving written approval of the change from the licensing
 329 agency. Such notice shall specify the name to be discontinued as well as
 330 the new name proposed. Only the official name by which the institution
 331 is licensed shall be used in telephone listing, on stationery, in
 332 advertising, etc. Two or more facilities shall not be licensed under
 333 similar names in the same vicinity.
- 334 105.11 **Number of Beds** - Each application for license shall specify the
 335 maximum number of inpatient beds in the hospice as determined by
 336 these regulations. The maximum number of inpatient beds for which the
 337 facility is licensed shall not be exceeded.
- 338 105.12 A hospice must be physically located within the State of Mississippi. A
 339 licensed for a hospice program shall not be issued if the hospice is to be
 340 located in an area in violation of any local zoning ordinances or
 341 regulations.
- 342 106 **LICENSES**
- 343 106.01 Following inspection and evidence of compliance with these regulations,
 344 the Mississippi State Department of Health may issue a license. Only
 345 licensed hospices shall be authorized to use the name "hospice."

346 106.02 A license issued for the operation of a hospice program unless sooner
 347 suspended or revoked, shall expire automatically one (1) year from the
 348 date of issuance. Sixty (60) days prior to the expiration date, an
 349 application for renewal shall be submitted to the department on forms
 350 furnished by the department; and the license shall be renewed if the
 351 applicant has first met the requirements established under this act and all
 352 rules promulgated hereunder and has provided the information described
 353 in subsection (1) in addition to the application. However, the application
 354 for license renewal shall be accompanied by an update of the plan for
 355 delivery of hospice care only if information contained in the plan
 356 submitted pursuant to subsection (2) is no longer applicable.

357 106.03 A license shall be displayed in a prominent place in the hospice's
 358 administrative offices.

359 107 **INSPECTIONS**

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

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

366 3. Hospice inspections shall include personal contacts with recipients
 367 of the hospice service.

368 108 **DENIAL, SUSPENSION, OR REVOCATION OF LICENSE**

369 108.01 **Denial or Revocation of License: Hearings and Review** - The
 370 licensing agency after notice and opportunity for a hearing to the
 371 applicant or licensee is authorized to deny, suspend, or revoke a license
 372 in any core in which it finds that there has been a substantial failure to
 373 comply with the requirements established under the law and these
 374 regulations. Also, the following shall be grounds for denial or
 375 revocation of license:

376 1. Fraud on the part of the licensee in applying for license.

377 2. Willful or repeated violations by the licensee of any of the
 378 provisions of (Sections 43-11-1 et seq., of the Mississippi Code of
 379 1972), as amended, and/or of the rules, regulations, and minimum
 380 standards established by the Department of Health.

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

- 383 4. Excessive use of alcoholic beverages by the licensee or other
384 personnel of the hospice to the extent which threatens the well-
385 being or safety of the patient or resident.
- 386 5. Conviction of the licensee of a felony.
- 387 6. Publicly misrepresenting the hospice and/or its services.
- 388 7. Permitting, aiding, abetting the commission of any unlawful act.
- 389 8. Conduct or practices detrimental to the health or safety of patients
390 or residents and employees of said institutions provided that this
391 provision shall not be construed to have any reference to healing
392 practices authorized by law. Detrimental practices include but are
393 not necessarily limited to:
- 394 a. Cruelty to patient or resident or indifference to their needs
395 which are essential to their general well-being and health.
- 396 b. Misappropriation of the money or property of a patient or
397 resident.
- 398 c. Failure to provide food adequate for the needs of the patient or
399 resident, when residing in an inpatient facility.
- 400 d. Inadequate staff to provide safe care and supervision of patient
401 or resident.
- 402 e. Failure to call a physician when required by patient's or
403 resident's condition.
- 404 f. Failure to notify next of kin or designated individual when
405 patient's or resident's conditions become critical.
- 406 g. Failure to provide appropriate level of care.
- 407 h. If, three (3) months after the date of obtaining a license, or at
408 any time thereafter, a hospice does not have in operation the
409 home-care component of hospice care, the department shall
410 immediately revoke the license or such hospice.
- 411 i. If, twelve (12) months after the date of obtaining a license, or
412 at any time thereafter, a hospice does not have in operation the
413 outpatient and homelike inpatient components of hospice,
414 care, the department shall immediately revoke the license of
415 such hospice.

416 109 **PROVISION OF HEARING AND APPEAL FOLLOWING DENIAL OR**
 417 **REVOCAION OF LICENSE; PENALTIES**

418 109.01 **Administrative Decision** - The Mississippi State Department of Health
 419 will provide an opportunity for a fair hearing to every applicant or
 420 licensee who is dissatisfied with administrative decisions made in the
 421 denial or revocation of license.

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

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

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

443 109.02 **Penalties** - Any person establishing, conducting, managing, or operating
 444 a hospice without a license shall be declared in violations of these
 445 regulations and Laws of Mississippi.

446 110 **TERMINATION OF OPERATION**

447 110.01 **General** - In the event that a Hospice ceases operation, voluntarily or
 448 otherwise, the agency shall:

449 1. Inform the attending physician, patient, and persons responsible for
 450 the patient's care in ample time to provide for alternate methods of
 451 care.

452 2. Provide the receiving facility or agency with a complete copy of
 453 the clinical record.

- 454
455
3. Inform the community through public announcement of the termination.
- 456
457
4. Ensure the safekeeping, confidentiality, and storage of all clinical records for a period of five (5) years, following discharge.
- 458
5. Return the license to the licensing agency.

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459 **PART IV ADMINISTRATION**460 **111 ADMINISTRATION**

461 111.01 **Governing Body** - A hospice shall have a governing body that assumes
462 full legal responsibility for compliance with these regulations and for
463 setting policy, appointing persons to carry out such policies, and
464 monitoring the hospice's total operation.

465 111.02 **Medical Director**

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

469 2. The medical director shall be appointed by the governing body or
470 its designee.

471 3. The duties of the medical director shall include, but not be limited
472 to:

473 a. Consultation with attending physicians, as requested,
474 regarding pain and symptom management;

475 b. Determination of patient medical eligibility for hospice
476 services in accordance with hospice program policy;

477 c. Acting as a medical resource to the hospice care team;

478 d. Coordination of efforts with each attending physician to
479 provide care in the event that the attending physician is unable
480 to retain responsibility for patient care; and

481 e. Acting as a medical liaison with physicians in the community.

482 111.03 **Administrator** - A person shall be designated by the governing body or
483 its designee to be responsible for the management of the hospice
484 program in matters of overall operation. This person may be a member
485 of the hospice care team.

486 111.04 **Personnel** - A separate personnel folder shall be maintained on each
487 employee. This personnel file shall contain all pertinent information
488 concerning the employee, including application, qualifications, evidence
489 of professional licensure if applicable, job description, and, on an annual
490 basis, a physician's statement that the employee who has direct contact
491 with patients and/or family members is free from communicable disease.

492 111.05 **Advertising** - If a hospice advertises its services, such advertisement
493 shall be factual and not contain any element which might be considered
494 coercive or misleading. Any written advertising describing services
495 offered by the hospice shall contain notification that services are
496 available regardless of ability to pay.

497 111.06 **Annual Budget** -

- 498 1. The annual budget shall include income plus expenses related to
499 overall cost of the program.
- 500 2. The overall plan and budget shall be reviewed and updated at least
501 annually by the governing body.
- 502 3. The annual budget should reflect a comparative analysis of the cost
503 savings of the volunteers.

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504 **PART V POLICIES AND PROCEDURES**

505 112 **GENERAL**

506 112.01 The hospice shall maintain operational policies and procedures, which
507 shall be kept current.

508 112.02 Such policies and procedures shall accurately reflect a description of the
509 hospice's goals, methods by which these goals are sought, and
510 mechanisms by which the basic hospice care services are delivered.

511 112.03 Policies and procedures shall be available to hospice team members,
512 patients and their families/primary care person, potential applicants for
513 hospice care, and the Department.

514 113 **PERSONNEL POLICIES**

515 113.01 **Personnel Policies.** Each licensed hospice agency shall adopt and
516 enforce personnel policies applicable and available to all full- and part-
517 time employees. These policies shall include but not be limited to the
518 following:

- 519 1. Fringe benefits, hours of work and leave time.
- 520 2. Requirements for initial and periodic health examinations;
- 521 3. Orientation to the hospice and appropriate continuing education;
- 522 4. Job descriptions for all positions utilized by the agency;
- 523 5. Annual performance evaluations for all employees;
- 524 6. Compliance with all applicable requirements of the Civil Rights
525 Act of 1964;
- 526 7. Provision for confidentiality of personnel records.

527 113.02 **Personnel Records** - Each licensed hospice shall maintain complete
528 personnel records for all employees on file at each licensed site.
529 Personnel records for all employees shall include an application for
530 employment including name and address of the employee, social security
531 number, date of birth, name and address of next of kin, evidence of
532 qualifications, (including reference checks), current licensure and/or
533 registration (if applicable), performance evaluation, evidence of health
534 screening, evidence of orientation, and a contract (if applicable), date of
535 employment and separation from the hospice and the reason for
536 separation. A Hospice that provides other services under arrangement
537 through a contractual purchase of services shall ensure that these services

538 are provided by qualified personnel; currently licensed and/or registered
539 if applicable, under the supervision of the agency.

540 113.03 **Criminal History Record Checks.**

- 541 1. Pursuant to Section 43-11-13, Mississippi Code of 1972, the
542 covered entity shall require to be preformed a disciplinary check
543 with the professional licensing agency, if any, for each employee
544 to determine if any disciplinary action has been taken against the
545 employee by the agency, and a criminal history record check on:
- 546 a. Every new employee of a covered entity who provides direct
547 patient care or services and who is employed after or on July
548 01, 2003.
- 549 b. Every employee of a covered entity employed prior to July 01,
550 2003, who has documented disciplinary action by his or her
551 present employer.
- 552 2. Except as otherwise provided in this paragraph, no employee hired
553 on or after July 01, 2003, shall be permitted to provide direct
554 patient care until the results of the criminal history record check
555 have revealed no disqualifying record or the employee has been
556 granted a waiver. Provided the covered entity has documented
557 evidence of submission of fingerprints for the background check ,
558 any person may be employed and provide direct patient care on a
559 temporary basis pending the results of the criminal history record
560 check by any employment offer, contract, or arrangement with the
561 personal shall be voidable, if he/she receives a disqualifying
562 criminal record check.
- 563 3. If such criminal history record check discloses a felony conviction;
564 a guilty plea; and/or a plea of nolo contendere to a felony for one
565 (1) or more of the following crimes which has not been reversed on
566 appeal, or for which a pardon has not been granted, the
567 applicant/employee shall not be eligible to be employed at the
568 license facility:
- 569 a. possession or sale of drugs
- 570 b. murder
- 571 c. manslaughter
- 572 d. armed robbery
- 573 e. rape

- 574 f. sexual battery
- 575 g. sex offense listed in Section 45-33-23, Mississippi Code of
576 1972
- 577 h. child abuse
- 578 i. arson
- 579 j. grand larceny
- 580 k. burglary
- 581 l. gratification of lust
- 582 m. aggravated assault
- 583 n. felonious abuse and/or battery of vulnerable adult
- 584 4. Documentation of verification of the employee's disciplinary
585 status, if any, with the employee's professional licensing agency as
586 applicable, and evidence of submission of the employee's
587 fingerprints to the licensing agency must be on file and maintained
588 by the facility prior to the new employees first date of
589 employment. The covered entity shall maintain on file evidence of
590 verification of the employee's disciplinary status from any
591 applicable professional licensing agency and submission and/or
592 completion of the criminal record check, the signed affidavit, if
593 applicable, and/or a copy of the referenced notarized letter
594 addressing the individual's suitability for such employment.
- 595 5. Pursuant to Section 43-11-13, Mississippi Code of 1972, the
596 covered entity shall require every employee of a licensed facility
597 employed prior to July 01, 2003, to sign an affidavit stating that he
598 or she does not have a criminal history as outlined in paragraph (c)
599 above.
- 600 6. From and after December 31, 2003, no employee of a covered
601 entity hired before July 01, 2003, shall be permitted to provide
602 direct patient care unless the employee has signed the affidavit
603 required by this section. The covered entity shall place the affidavit
604 in the employee's personnel file as proof of compliance with this
605 section.
- 606 7. If a person signs the affidavit required by this section, and it is later
607 determined that the person actually had been convicted of or
608 pleaded guilty or nolo contendere to any of the offenses listed
609 herein, and the conviction or pleas has not been reversed on appeal

610 or a pardon has not been granted for the conviction or plea, the
611 person is guilty of perjury as set out in Section 43-11-13,
612 Mississippi Code of 1972. The covered entity shall immediately
613 institute termination proceedings against the employee pursuant to
614 the facility(s) policies and procedures.

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

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

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

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

652 12. Pursuant to Section 43-11-13, Mississippi Code of 1972, the
 653 licensing agency, the covered entity, and their agents, officers,
 654 employees, attorneys and representatives, shall be presumed to be
 655 acting in good faith for any employment decision or action taken
 656 under this section. The presumption of good faith may be
 657 overcome by a preponderance of the evidence in any civil action.
 658 No licensing agency, covered entity, nor their agents, officers,
 659 employees, attorneys and representatives shall be held liable in any
 660 employment discrimination suit in which an allegation of
 661 discrimination is made regarding an employment decision
 662 authorized under this section.

663 113.04 **Insurance Coverage** - For the protection of the owner, administrator,
 664 and the patients served, it is strongly recommended that every hospice
 665 carry liability insurance coverage.

666 113.05 **Employee Health Screening** - Every employee of a hospice who comes
 667 in contact with patients shall receive a health screening by a licensed
 668 physician, nurse practitioner or designated Employee Health Nurse who
 669 conduct exams under approved policies prior to employment and
 670 annually thereafter.

671 113.06 **Staffing Pattern** - Each hospice and alternate site shall maintain on site
 672 current staffing patterns for all health care personnel including full-time,
 673 part-time, contract staff and staff under arrangement. The staffing
 674 pattern shall be developed at least one week in advance, updated daily as
 675 needed, and kept on file for a period of one year. The staffing pattern
 676 shall indicate the following for each working day:

677 1. Name and position of each staff member.

678 2. Patients to be visited.

679 3. Scheduled supervisory visits.

680 4. Staff on call after office hours.

681 114 **CONTRACT SERVICES**

682 114.01 **Contract Services** - Contract services may be provided when necessary
 683 to supplement hospice employees in order to meet the needs of patients
 684 during peak patient loads or under extraordinary circumstances. If
 685 contracting is used, the hospice must maintain professional, financial and
 686 administrative responsibility for the services. The hospice must assure
 687 that the personnel contracted are legally and professionally qualified to
 688 perform the services.

689 **PART VI ADMISSIONS**

690 **115 ADMISSIONS**

691 115.01 The hospice shall have written criteria which addresses the eligibility for
692 admission into the program. At a minimum this agreement shall contain:

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

695 2. An election statement for hospice care.

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

697 115.02 There shall be documented evidence that the patient has been informed
698 of the nature and extent of his/her illness prior to admission.

699 115.03 If a hospice accepts a patient who does not have a designated primary
700 care person, the hospice shall define its responsibility to identify and
701 instruct a primary care person and to delineate that person's role in
702 patient care.

703 115.04 Hospice care shall be provided regardless of the patient or family's
704 ability to pay.

705 115.05 Such care shall be available without regard to age, race, creed, color,
706 religion, sex, national origin, or individuals with disabilities.

707 **PART VII BASIC HOSPICE CARE**

708 **116 CORE SERVICES**

709 116.01 Hospice care shall be provided by a hospice care team. Medical, nursing
710 and counseling services are basic to hospice care and shall be provided
711 directly. Hospice care will be available twenty-four (24) hours a day,
712 seven (7) days a week.

713 1. Medical services shall be under the direction of the medical
714 director.

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

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

726 4. Social services shall be directed by a social worker, and shall
727 consist primarily of assisting the patient and family unit to deal
728 with problems of social functioning affecting the health or well-
729 being of the patient.

730 **117 OTHER SERVICES**

731 117.01 Coordination of patient care shall be the responsibility of a registered
732 nurse of hospice care team. Duties shall include coordination of team
733 meetings, care delivery, and evaluation of activities.

734 117.02 Spiritual services shall be available and offered to the patient and family
735 unit; however, no value or belief system may be imposed.

736 117.03 Volunteer services shall be provided by the hospice. These services shall
737 be provided according to written policies and procedures. These policies
738 and procedures shall address at a minimum:

739 1. Recruitment and retention;

740 2. Screening;

741 3. Orientation;

- 742 4. Scope of function;
- 743 5. Supervision;
- 744 6. Ongoing training and support;
- 745 7. Documentation of volunteer activities.
- 746 117.04 Bereavement services shall be available for a period of at least one year
747 following the patient's death. Such services shall be defined by policy.
748 Documentation of such services shall be maintained.
- 749 117.05 Home Health aide services and homemaker services shall be available
750 and adequate to meet the needs of the patient. The home health aide
751 shall meet the federal and state training requirements.
- 752 117.06 Hospice assures that a Registered Nurse visits the patient home site
753 every 2 weeks to assess aide services. (This visit need not be solely for
754 the purpose of supervision but can be in conjunction with providing
755 nursing care).
- 756 **118 RESPITE - INPATIENT CARE**
- 757 118.01 If a hospice is not based in a licensed facility (hospital or nursing home),
758 a contractual arrangement shall be made with one or more such facilities
759 for provision of respite-inpatient services. Inpatient beds under such
760 contract may be used by the hospice when needed or may remain
761 otherwise available to the inpatient unit at other times without a change
762 in licensing.
- 763 118.02 Such contract shall be maintained with an inpatient provider who
764 contractually agrees to support the policies of hospice.
- 765 118.03 The hospice care team shall retain the responsibility for coordinating the
766 patient's care during inpatient hospice care.
- 767 118.04 The aggregate number of inpatient days provided by a hospice through
768 all contractual arrangements between the hospice and licensed health
769 care facilities providing inpatient hospice care may not exceed twenty
770 percent (20%) of the aggregate total number of days of hospice care
771 provided to all patients receiving hospice care from the hospice during a
772 twelve (12) month period. However, the provisions of this paragraph (a)
773 shall not apply to a hospice facility providing freestanding hospice care.
- 774 118.05 The designation of a specific room or rooms for inpatient hospice care
775 shall not be required if beds are available through contract between an
776 existing health care facility and a hospice.

- 777 118.06 Licensed beds designated for inpatient hospice care through contract
 778 between an existing health care facility and a hospice shall not be
 779 required to be delicensed from one type of bed in order to enter into a
 780 contract with a hospice, nor shall the physical plant of any facility be
 781 required to be altered, except that a homelike atmosphere may be
 782 required.
- 783 118.07 Staffing standards for inpatient hospice care provided through a contract
 784 may not exceed the staffing standards required under the license held by
 785 the contractee.
- 786 118.08 Under no circumstance may a hospice contract for the use of a licensed
 787 bed in a health care facility or another hospice that has, or has had within
 788 the last eighteen (18) months, a suspended, revoked or conditional
 789 license, accreditation or rating.
- 790 **119 PLAN OF CARE**
- 791 119.01 A written plan of care for each hospice patient shall be completed within
 792 7 days of the patient's acceptance into the hospice program. At a
 793 minimum, this care plan shall be reviewed and updated every two weeks.
- 794 119.02 The hospice core team shall meet as a group to review the plan of care.
- 795 119.03 Documentation of care plan review shall include a record of those
 796 present, and shall also include a record of the attending physician's
 797 review or medical director's review and concurrence.
- 798 **120 INDIVIDUAL RIGHTS**
- 799 120.01 The patient's participation in a hospice program is voluntary, and he/she
 800 may sever this relationship at any time.
- 801 120.02 Every patient shall sign a consent form that specifies the type of care and
 802 services that shall be provided as hospice care during the course of the
 803 illness.
- 804 120.03 The patient shall have the right to refuse any treatment without severing
 805 relationship with the hospice.
- 806 120.04 The patient shall retain the right to choose his/her own private physician
 807 as long as the attending physician agrees to abide by the policies and
 808 procedures of the hospice program.
- 809 120.05 The patient shall have the right to religious freedom, including the right
 810 to espouse no religious belief.

811 120.06 The patient and family unit shall have the right to consideration, dignity,
812 and privacy in the provision of hospice services.

813 120.07 Confidentiality shall be maintained.

814 120.08 The patient shall have the right to have family present any time during an
815 inpatient stay related to the terminal illness, except during procedures
816 which might endanger the family, or when the presence of the family
817 poses a risk to the patient. Such circumstances shall be documented in
818 the medical record by the attending physician, or a hospice physician.

819 120.09 The patient and primary care person shall have the right to participation
820 in the formulation of his/her plan of care.

821 120.10 A hospice shall provide oral and written explanations of the individual's
822 rights to the patient and family/primary care person prior to admission
823 into the hospice care program.

824 121 **IN-SERVICE TRAINING**

825 121.01 The hospice shall provide ongoing, relevant in-service training for all
826 members of the hospice care team.

827 121.02 Documentation of training shall be maintained.

828 122 **RECORDS**

829 122.01 In accordance with acceptable principles of practice, the hospice shall
830 establish and maintain a clinical record for every patient admitted for
831 care and services. The records must be complete, promptly and
832 accurately documented, readily accessible and systematically organized
833 to facilitate retrieval.

834 122.02 **Content** - Each clinical record shall be comprehensive compilation of
835 information. Entries shall be made for all services provided and shall be
836 signed and dated within 7 days by the individual providing the services.
837 The record shall include all services whether furnished directly or under
838 arrangements made by the hospice. Each patient's record shall contain:

- 839 1. Identification data;
- 840 2. The initial and subsequent assessments;
- 841 3. The plan of care;
- 842 4. Consent and authorization forms;
- 843 5. Pertinent medical and psychosocial history;

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

846 7. Transfer and discharge records.

847 122.03 **Protection of Information**. The hospice shall safeguard the clinical
848 record against loss, destruction and unauthorized use.

849 122.04 Clinical records shall be preserved as original records, micro-films or
850 other usable forms and shall be such as to afford a basis for complete
851 audit of professional information. Hospices shall retain all clinical
852 records or shall assure that they are maintained in a manner acceptable to
853 the Department at least until the sixth anniversary of the patient's death
854 or discharge. In the event the hospice shall cease operation, the
855 Department shall be advised of the location of said records.

856 123 **SUPPLIES AND EQUIPMENT**

857 123.01 The hospice shall provide supplies and equipment appropriate to the
858 services being offered.

859 124 **DRUG ADMINISTRATION**

860 124.01 The hospice shall have a written policy for procurement, administration
861 and destruction of drugs.

862 124.02 Drug administration shall be in compliance with all applicable state and
863 federal laws.

864 125 **QUALITY ASSURANCE**

865 125.01 The hospice shall conduct an ongoing, comprehensive self-assessment of
866 the quality of care provided, including the appropriateness of care,
867 services, and evaluations of services by the volunteers. The findings
868 shall be used by the hospice to correct identified problems and to revise
869 hospice policies.

870 **PART VIII PHYSICAL FACILITIES**871 126 **PHYSICAL FACILITIES**

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

875 127 **ADMINISTRATIVE OFFICES**

876 127.01 Each Hospice shall provide adequate office space and equipment for all
877 administrative and health care staff. An adequate number of desks,
878 chairs, filing cabinets, telephones, tables, etc., shall be available.

879 128 **STORAGE FACILITIES**

880 128.01 Each Hospice shall provide sufficient areas for the storage of:

- 881 1. Administrative records and supplies
- 882 2. Clinical Records
- 883 3. Medical equipment and supplies.

884 129 **TOILET FACILITIES**

885 129.01 Each hospice office shall be equipped with an adequate number of toilet
886 rooms. Each toilet room shall include: lavatories, soap, towels, and
887 water closets.

888 130 **COMMUNICATION FACILITIES**

889 130.01 Each Hospice Agency shall have an adequate number of telephones and
890 extensions, located so as to be quickly accessible from all parts of the
891 building. The telephone shall be listed under the official licensed name
892 of the agency.

893 **PART IX INPATIENT CONTINUE-CARE HOSPICE**894 **131 FOOD SERVICE INPATIENT CONTINUE CARE HOSPICE**

895 131.01 **Direction and Supervision** - The inpatient continue care hospice shall
 896 provide patients with well-planned, attractive, and satisfying meals
 897 which will meet their nutritional, social, emotional, and therapeutic
 898 needs. The dietary department of a hospice shall be directed by a
 899 Registered Dietitian, certified dietary manager, or a qualified dietary
 900 manager. If a food service supervisor is the director, she must receive
 901 frequent, regularly scheduled consultation from a registered dietitian.

902 **132 FOOD HANDLING PROCEDURES**

903 132.01 **Clean Rooms** - Floors, walls, and ceilings of rooms in the food service
 904 area shall be free of an accumulation of rubbish, dust, grease and dirt.

905 132.02 **Clean Equipment** - Equipment within the food service area shall be
 906 clean and free of dust, grease, and dirt.

907 132.03 **Tables and Counters** - Tables and counters which are used for food
 908 service shall be kept clean.

909 132.04 **Clean Utensils** - Service utensils shall be cleaned after each use.
 910 Utensils used for food storage shall be kept clean.

911 132.05 **Dish and Utensil Washing** - Dishes and utensils used for eating,
 912 drinking, and in preparation or serving of food and drink shall be cleaned
 913 after each use in accordance with the regulations of the Mississippi State
 914 Department of Health governing food handling establishments.

915 132.06 **Ice** - Ice to be served shall be of sanitary quality. Ice shall be handled,
 916 crushed, and stored in clean equipment and shall not be served by direct
 917 contact of fingers or hands but only with spoons, scoops, or the like.

918 132.07 **Protection from Contamination** - All foods and food ingredients shall
 919 be so stored, handled, and served so as to be protected from dust, flies,
 920 roaches, rats, unsanitary handling, droplet infection, overhead leakage,
 921 sewage backflow and any other contamination. Sugar, syrup, and
 922 condiment receptacles shall be provided with lids and shall be kept
 923 covered when not in use.

924 **132.08 Storage and Service of Milk and Ice Cream -**

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

- 928 2. All ice cream and other frozen desserts shall be from an approved
 929 source. Ice cream shall be stored in covered containers. No
 930 contaminating substance shall be stored with ice cream.

931 132.09 **Kitchen Garbage and Trash Handling** -

- 932 1. Kitchen garbage and trash shall be placed in suitable containers
 933 with tight-fitting lids and stored in a screened or refrigerated space
 934 pending removal. Kitchen garbage and trash shall not be allowed
 935 to accumulate in the kitchen and shall be removed from the
 936 premises at frequent intervals.
- 937 2. After being emptied, all garbage and trash cans shall be washed
 938 and dried before re-use.

939 132.10 **Employees' Cleanliness** -

- 940 1. Employees engaged in handling, preparation, and/or serving of
 941 food shall wear clean clothing at all times. They shall wear hair
 942 nets, head bands, or caps to prevent the falling of hair.
- 943 2. Employees handling food shall wash their hands thoroughly before
 944 starting to work, immediately after contact with any soiled matter,
 945 and before returning to work after each visit to the toilet room.
- 946 3. Street clothing of employees shall be stored in lockers or dressing
 947 rooms.

948 132.11 **Smoking and Expectorating** - Smoking or expectorating within the
 949 food service area shall not be permitted.

950 132.12 **Dining in Kitchen** - Dining in the kitchen shall not be permitted.

951 133 **MEAL SERVICE**

952 133.01 **Meals and Nutrition** - At least three (3) meals in each twenty-four hours
 953 shall be provided. The daily food allowance shall meet the current
 954 recommended dietary allowances of the Food and Nutrition Board of
 955 National Research Council adjusted for individual needs.

956 133.02 **Menu** - The menu shall be planned and written at least one week in
 957 advance. The current week's menu shall be signed by the dietitian,
 958 dated, posted in the kitchen and followed as planned. Substitutions and
 959 changes on all diets shall be documented in writing. Copies of menus
 960 and substitutions shall be kept on file for at least thirty (30) days.

961 133.03 **Timing of Meals** - A time schedule for serving meals to patients or
 962 residents and personnel shall be established. Meals shall be served

963 approximately five (5) hours apart with no more than fourteen (14) hours
 964 between a substantial evenings meal and breakfast. The time schedule of
 965 meals shall be posted with the menu on the board. Bedtime/in between
 966 meal snacks of nourishing quality must be offered to patients not on diets
 967 prohibiting such nourishment.

968 133.04 **Modification in Regular Diets** - Modified diets which are a part of
 969 medical treatment shall be prescribed in written orders by the physician,
 970 for example; sodium restricted diets; bland-low residue diets; and
 971 modification in carbohydrates, protein, or fat. All modified diets shall be
 972 planned in writing and posted along with regular menus. A current diet
 973 manual shall be available to personnel. The registered dietitian shall
 974 approve all modified diet menus and the diet manual used in the facility.

975 133.05 **Food Preparation** - Foods shall be prepared by methods that conserve
 976 optimum nutritive value, flavor, and appearance. Also, the food shall be
 977 acceptable to the individuals served.

978 133.06 **Food Supply** - Supplies of perishable foods for at least a twenty-four
 979 (24) hour period and or non-perishable foods for a three (3) day period
 980 shall be on the premises to meet the requirements of the planned menus.
 981 The non-perishable foods shall consist of commercial type processed
 982 foods.

983 133.07 **Serving of Meals** -

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

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

992 3. Foods shall be attractively and neatly served. All foods shall be
 993 served at proper temperature. Effective equipment shall be
 994 provided and procedures established to maintain food at proper
 995 temperature during serving.

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

1000 5. Food Service personnel. A competent person shall be designated
 1001 by the administrator to be responsible for the total food service of

1002 the home. Sufficient staff shall be employed to meet the
 1003 established standards of food service. Provision should be made
 1004 for adequate supervision and training of the employees.

1005 134 **PHYSICAL FACILITIES**

1006 134.01 **Floors** - Floors in food service areas shall be of such construction so as
 1007 to be easily cleaned, sound, smooth, non-absorbent, and without cracks
 1008 or crevices. Also, floors shall be kept in good repair.

1009 134.02 **Walls and Ceilings.** Walls and ceilings of food service areas shall be
 1010 tight and substantial construction, smoothly finished, and painted in a
 1011 light color. The walls and ceilings shall be without horizontal ledges and
 1012 shall be washable up to the highest level reached by splash and spray.
 1013 Roofs and walls shall be maintained free of leaks. All openings to the
 1014 exterior shall be provided with doors or windows that will prevent the
 1015 entrance of rain or dust during inclement weather.

1016 134.03 **Screens on Outside Openings** - Openings to the outside shall be
 1017 effectively screened. Screen doors shall open outward and be equipped
 1018 with self-closing devices.

1019 134.04 **Lighting** - The kitchen, dish washing area, and dining room shall be
 1020 provided with well distributed and unobstructed natural light or
 1021 openings. Artificial light properly distributed and of an intensity of not
 1022 less than thirty (30) foot candles shall be provided.

1023 134.05 **Ventilation** - The food service area shall be ventilated in a manner that
 1024 will maintain comfortable working conditions, remove objectionable
 1025 odors and fumes, and prevent excessive condensations.

1026 134.06 **Employee Toilet Facilities** - Toilet facilities shall be provided for
 1027 employees. Toilet rooms shall not open directly into any room in which
 1028 food is prepared, stored, displayed, or served, nor into any room in which
 1029 utensils are washed or stored. Toilet rooms shall have a lavatory and
 1030 shall be well lighted and ventilated.

1031 134.07 **Hand Washing Facilities** – Hand washing facilities with hot and cold
 1032 water, soap dispenser and a supply of soap, and disposable towels shall
 1033 be provided in all kitchens. The use of a common towel is prohibited.
 1034 Hands shall not be washed in sinks where food is prepared or where
 1035 utensils are cleaned.

1036 134.08 **Refrigeration Facilities** - Adequate refrigeration facilities, automatic in
 1037 operation, for the storage of perishable foods shall be provided. Where
 1038 separate refrigeration can be provided, the recommended temperatures
 1039 for storing perishable foods are thirty-two (32o) to thirty-eight (38o)
 1040 degrees Fahrenheit for meats, forty (40o) degrees Fahrenheit for dairy

1041 products, and forty-five (45) to fifty (50) degrees Fahrenheit for fruits
 1042 and vegetables. All refrigerators shall be provided with thermometers.
 1043 Homes with more than twenty-four (24) beds shall have commercial or
 1044 institutional type refrigeration.

1045 134.09 **Equipment or Utensil Construction** - Equipment and utensils shall be
 1046 constructed so as to be easily cleaned and shall be kept in good repair.

1047 134.10 **Separation of Kitchen from Resident Rooms and Sleeping Quarters** -
 1048 Any room used for sleeping quarters shall be separated from the food
 1049 service area by a solid wall. Sleeping accommodations such as a cot,
 1050 bed, or couch shall not be permitted within the food service area.

1051 135 **AREAS AND EQUIPMENT**

1052 135.01 **Location and Space Requirements** - Food service facilities shall be
 1053 located in a specifically designated area and shall include the following
 1054 rooms and/or spaces: Kitchen, dishwashing, food storage, and dining
 1055 room.

1056 135.02 **Kitchen** -

1057 1. **Size and Dimensions** - The minimum area of kitchen (food
 1058 preparation only) for less than twenty-five (25) beds shall be two
 1059 hundred (200) square feet. In homes with twenty-five (25) to sixty
 1060 (60) beds a minimum area of ten (10) square feet per bed shall be
 1061 provided. In homes with sixty-one (61) to eighty (80) beds, a
 1062 minimum of six (6) square feet per bed shall be provided for each
 1063 bed over sixty (60) in the home. In homes with eighty-one (81) to
 1064 one hundred (100) beds, a minimum of five (5) square feet per bed
 1065 shall be provided for each bed over eighty (80). In homes with
 1066 more than one hundred (100) beds proportionate space approved
 1067 by the licensing agency shall be provided. Also, the kitchen shall
 1068 be of such size and dimensions in order to:

1069 a. Permit orderly and sanitary handling and processing of food.

1070 b. Avoid overcrowding and congestion of operations.

1071 c. Provide at least three (3) feet between working areas and
 1072 wider if space is used as a passageway.

1073 d. Provide a ceiling height of at least eight (8) feet.

1074 2. **Minimum equipment** in kitchen shall include -

1075 a. Range and cooking equipment - Facility with more than
 1076 twenty-four (24) beds shall have institutional type ranges,

- 1077 ovens, steam cookers, fryers, etc., in appropriate sizes and
1078 numbers to meet the food preparation needs of the facility.
1079 The cooking equipment shall be equipped with a hood vented
1080 to the outside as appropriate.
- 1081 b. Refrigerator and Freezers - Facilities with more than twenty-
1082 four (24) beds shall have sufficient commercial or institutional
1083 type refrigeration/freezer units to meet the storage needs of the
1084 facility.
- 1085 c. Bulletin Board
- 1086 d. Clock
- 1087 e. Cook's table
- 1088 f. Counter or table for tray set-up
- 1089 g. Cans, garbage (heavy plastic or galvanized)
- 1090 h. Lavatories, hand washing; conveniently located throughout the
1091 department
- 1092 i. Pots, pans, silverware, dishes, and glassware in sufficient
1093 numbers with storage space for each
- 1094 j. Pot and Pan Sink - A three compartment sink shall be
1095 provided for cleaning pots and pans. Each compartment shall
1096 be a minimum of twenty-four (24) inches by twenty-four (24)
1097 inches by sixteen (16) inches. A drain board of approximately
1098 thirty (30) inches shall be provided at each end of the sink, one
1099 to be used for stacking soiled utensils and the other for
1100 draining clean utensils.
- 1101 k. Food Preparation Sink - A double compartment food
1102 preparation sink shall be provided for washing vegetables and
1103 other foods. A drain board shall be provided at each end of
1104 the sink.
- 1105 l. Fire extinguisher, 20 BC rated (sodium bicarbonate or
1106 potassium bicarbonate)
- 1107 m. Ice Machine - At least one ice machine shall be provided. If
1108 there is only one (1) ice machine in the facility, it shall be
1109 located adjacent to but not in the kitchen. If there is an ice
1110 machine located at nursing station, then the ice machine for
1111 dietary shall be located in the kitchen.

- 1112 n. Office - An office shall be provided near the kitchen for the
 1113 use of the food service supervisor. As a minimum, the space
 1114 provided shall be adequate for a desk, two chairs and a filing
 1115 cabinet.
- 1116 o. Coffee, Tea and Milk Dispenser - (Milk dispenser not required
 1117 if milk is served in individual cartons.)
- 1118 p. Tray assembly line equipment with tables, hot food tables, tray
 1119 slide, etc.
- 1120 q. Ice Cream Storage
- 1121 r. Tray Cart - (Hot food carts are desirable but not specifically
 1122 required.)
- 1123 s. Mixer - Institutional type mixer of appropriate size for facility.
- 1124 135.03 **Dishwashing** - Commercial or institutional type dishwashing equipment
 1125 shall be provided in homes with more than twenty-four (24) beds. The
 1126 dishwashing area shall be separated from the food preparation area by a
 1127 partition wall. If sanitizing is to be accomplished by hot water, a
 1128 minimum temperature of one hundred eighty degrees (180o) Fahrenheit
 1129 shall be maintained during the rinsing cycle. An alternate method of
 1130 sanitizing through use of chemicals (chlorine) may be provided if
 1131 sanitizing standards of the Mississippi State Department of Health are
 1132 observed. Adequate counter space for stacking soiled dishes shall be
 1133 provided in the dishwashing area at the most convenient place of entry
 1134 from the dining room, followed by a disposer with can storage under the
 1135 counter. There shall be a pre-rinse sink, then the dishwasher and finally
 1136 a counter or drain for clean dishes. The dishwashing areas shall have a
 1137 wall or partition separating soiled and clean dish areas.
- 1138 135.04 **Food Storage** - A food-storage room with cross ventilation shall be
 1139 provided. Adequate shelving, bins, and heavy plastic or galvanized cans
 1140 shall be provided. The storeroom shall be of such construction as to
 1141 prevent the invasion of rodents and insects, the seepage of dust and water
 1142 leakage, or any other source of contamination. The food-storage room
 1143 should be adjacent to the kitchen and convenient to the receiving area.
 1144 There shall be sufficient food storage area to meet need of the facility.

- 1145 136 **SANITATION AND HOUSEKEEPING IN INPATIENT CARE**
- 1146 136.01 **Sanitation**
- 1147 136.02 **Water Supply** -
- 1148 1. If at all possible, all water shall be obtained from a public water
1149 supply. If not possible to obtain water from a public water supply
1150 source, the private water supply shall meet the approval of the
1151 local county health department and/or the State Department of
1152 Health.
- 1153 2. Water under pressure sufficient to operate fixtures at the highest
1154 point during maximum demand periods shall be provided. Water
1155 under pressure of at least fifteen (15) pounds per square inch shall
1156 be piped to all sinks, toilets, lavatories, tubs, showers, and other
1157 fixtures requiring water.
- 1158 3. It is recommended that the water supply into the building can be
1159 obtained from two (2) separate water lines if possible.
- 1160 4. A dual hot water supply shall be provided. The temperature of hot
1161 water to lavatories and bathing facilities shall not exceed one
1162 hundred ten degrees (110°) Fahrenheit, nor shall hot water be less
1163 than one hundred degrees (100°) Fahrenheit. The temperature in
1164 rinsing cycle of dishwashing shall be at least one hundred eighty
1165 degrees (180°) Fahrenheit.
- 1166 136.03 **Disposal of Liquid and Human Wastes** -
- 1167 1. There shall be installed within the building a properly designed
1168 waste disposal system connecting to all fixtures to which water
1169 under pressure is piped.
- 1170 2. All liquid and human waste, including floor-wash water and liquid
1171 waste from refrigerators, shall be disposed of through trapped
1172 drains into a public sewer system where such system is available.
- 1173 3. In localities where a public sanitary sewer is not available, liquid
1174 and human waste shall be disposed of through trapped drains into a
1175 sewerage disposal system approved by the local county health
1176 department and/or the State Department of Health. The sewerage
1177 disposal system shall be of a size and capacity based on the
1178 number of patients and personnel housed and employed in the
1179 institution. Where the sewerage disposal system is installed prior
1180 to the opening of the home, it shall be assumed, unless proven
1181 otherwise, that the system was designed for ten (10) or fewer
1182 persons.

- 1183 136.04 **Premises** - The premises shall be kept neat, clean, and free of an
 1184 accumulation of rubbish, weeds, ponded water, or other conditions which
 1185 would have a tendency to create a health hazard.
- 1186 136.05 **Control of Insects, Rodents, Etc.** - The institution shall be kept free of
 1187 ants, flies, roaches, rodents, and other insects and vermin. Proper
 1188 methods for their eradication and control shall be utilized.
- 1189 136.06 **Toilet Room Cleanliness** - Floors, walls, ceilings, and fixtures of all
 1190 toilet rooms shall be kept clean and free of objectionable odors. These
 1191 rooms shall be kept free of an accumulation of rubbish, cleaning
 1192 supplies, toilet articles, etc.
- 1193 136.07 **Garbage Disposal** -
- 1194 1. Garbage must be kept in water-tight suitable containers with tight
 1195 fitting covers. Garbage containers must be emptied at frequent
 1196 intervals and cleaned before using again.
- 1197 2. Proper disposition of infectious materials shall be observed.
- 1198 137 **HOUSEKEEPING AND PHYSICAL PLANT MAINTENANCE**
- 1199 137.01 **Housekeeping Facilities and Services** -
- 1200 1. The physical plant shall be kept in good repair, neat, and attractive.
 1201 The safety and comfort of the resident shall be the first
 1202 consideration.
- 1203 2. Janitor closets shall be provided with a mop-cleaning sink and be
 1204 large enough in area to store house cleaning supplies and
 1205 equipment. A separate janitor closet area and equipment should be
 1206 provided for the food service area.
- 1207 137.02 **Bathtubs, Showers, and Lavatories** - Bathtubs, showers, and lavatories
 1208 shall be kept clean and in proper working order. They shall not be used
 1209 for laundering or for storage of soiled materials. Neither shall these
 1210 facilities be used for cleaning mops, brooms, etc.
- 1211 137.03 **Patient Bedrooms** - Patient bedrooms shall be cleaned and dusted as
 1212 often as necessary to maintain a clean, attractive appearance. All
 1213 sweeping should be damp sweeping, all dusting should be damp dusting
 1214 with a good germicide or detergent-germicide.

- 1215 137.04 **Storage** -
- 1216 1. Such items as beds, mattresses, mops, mop buckets, dust rags, etc.,
1217 shall not be kept in hallways, corners, toilet or bathrooms, clothes
1218 closets, or patient bedrooms.
- 1219 2. The use of attics for storage of combustible materials is prohibited.
- 1220 3. If basements are used for storage, they shall meet acceptable
1221 standards for storage and for fire safety.
- 1222 138 **MEDICAL WASTE**
- 1223 138.01 **Regulated Medical Waste** - "Infectious Medical Wastes" includes solid
1224 or liquid wastes which may contain pathogens with sufficient virulence
1225 and quantity such that exposure to the waste by a susceptible host has
1226 been proven to result in an infectious disease. For purposes of this
1227 Regulation, the following wastes shall be considered to be infectious
1228 medical wastes:
- 1229 1. Wastes resulting from the care of patients and animals who have
1230 Class I and/or II diseases that are transmitted by blood and body
1231 fluid as defined in the rules and regulations governing reportable
1232 diseases as defined by the Mississippi State Department of Health;
- 1233 2. Cultures and stocks of infectious agents; including specimen
1234 cultures collected from medical and pathological laboratories,
1235 cultures and stocks of infectious agents from research and
1236 industrial laboratories, wastes from the production of biologicals,
1237 discarded live and attenuated vaccines, and culture dishes and
1238 devices used to transfer, inoculate, and mix cultures;
- 1239 3. Blood and blood products such as serum, plasma, and other blood
1240 components;
- 1241 4. Pathological wastes, such as tissues, organs, body parts, and body
1242 fluids that are removed during surgery and autopsy;
- 1243 5. Contaminated carcasses, body parts, and bedding of animals that
1244 were exposed to pathogens in medical research;
- 1245 6. All discarded sharps (e.g., hypodermic needles, syringes, Pasteur
1246 pipettes, broken glass, scalpel blades) which have come into
1247 contact with infectious agents;
- 1248 7. Other wastes determined infectious by the generator or so
1249 classified by the State Department of Health.

- 1250 138.02 **Medical Waste** - Means all waste generated in direct patient care or in
 1251 diagnostic or research areas that is non-infectious but aesthetically
 1252 repugnant if found in the environment."
- 1253 138.03 **Medical Waste Management Plan** - All generators of infectious
 1254 medical waste and medical waste shall have a medical waste
 1255 management plan that shall include, but is not limited to, the following:
- 1256 138.04 **Storage and Containment of Infectious Medical Waste and Medical**
 1257 **Waste**
- 1258 1. Containment of infectious medical waste and medical waste shall
 1259 be in a manner and location which affords protection from animals,
 1260 rain and wind, does not provide a breeding place or a food source
 1261 for insects and rodents, and minimizes exposure to the public.
 - 1262 2. Infectious medical waste shall be segregated from other waste at
 1263 the point of origin in the producing facility.
 - 1264 3. Unless approved by the Mississippi State Department of Health or
 1265 treated and rendered non-infectious, infectious medical waste
 1266 (except for sharps in approved containers) shall not be stored at a
 1267 waste producing facility for more than seven days above a
 1268 temperature of 60 C (38° F). Containment of infectious medical
 1269 waste at the producing facility is permitted at or below a
 1270 temperature of 00 C (32° F) for a period of not more than 90 days
 1271 without specific approval of the Department of Health.
 - 1272 4. Containment of infectious medical waste shall be separate from
 1273 other wastes. Enclosures or containers used for containment of
 1274 infectious medical waste shall be so secured so as to discourage
 1275 access by unauthorized persons and shall be marked with
 1276 prominent warning signs on, or adjacent to, the exterior of entry
 1277 doors, gates, or lids. Each container shall be prominently labeled
 1278 with a sign using language to be determined by the Department
 1279 and legible during daylight hours.
 - 1280 5. Infectious medical waste, except for sharps capable of puncturing
 1281 or cutting, shall be contained in double disposable plastic bags or
 1282 single bags (1.5 mills thick) which are impervious to moisture and
 1283 have strength sufficient to preclude ripping, tearing, or bursting
 1284 under normal conditions of usage. The bags shall be securely tied
 1285 so as to prevent leakage or expulsion of solid or liquid wasted
 1286 during storage, handling, or transport.
 - 1287 6. All sharps shall be contained for disposal in leak proof, rigid,
 1288 puncture-resistant containers which are taped closed or tightly
 1289 lidded to preclude loss of the contents.

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7. All bags used for containment and disposal of infectious medical waste shall be of distinctive color or display the Universal Symbol for infectious waste. Rigid containers of all sharps waste shall be labeled.
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8. 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.
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9. 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.
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10. 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.
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11. Approved methods of decontamination include, but are not limited to, agitation to remove visible soil combined with one or more of the following procedures:
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1316
- a. Exposure to hot water at least 180 F for a minimum of 15 seconds.
- 1317
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- b. Exposure to a chemical sanitizer by rinsing with or immersion in one of the following for a minimum of 3 minutes:
- 1319
- i. Hypochlorite solution (500 ppm available chlorine).
- 1320
- ii. Phenolic solution (500 ppm active agent).
- 1321
- iii. Iodoform solution (100 ppm available iodine).
- 1322
- iv. Quaternary ammonium solution (400 ppm active agent).
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12. 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

1326 decontaminated by procedures as described in part (J) of this
1327 section.

1328 13. Trash chutes shall not be used to transfer infectious medical waste.

1329 14. Once treated and rendered non-infectious, previously defined
1330 infectious medical waste will be classified as medical waste and
1331 may be landfilled in an approved landfill.

1332 138.05 **Treatment Or Disposal Of Infectious Medical Waste Shall Be By**
1333 **One Of The Following Methods -**

1334 1. By incineration in an approved incinerator which provides
1335 combustion of the waste to carbonized or mineralized ash.

1336 2. By sterilization by heating in a steam sterilizer, so as to render the
1337 waste non-infectious. Infectious medical waste so rendered non-
1338 infectious shall be disposable as medical waste. Operating
1339 procedures for steam sterilizers shall include, but not be limited to,
1340 the following:

1341 a. Adoption of standard written operating procedures for each
1342 steam sterilizer including time, temperature, pressure, type of
1343 waste, type of container(s), closure on container(s), pattern of
1344 loading, water content, and maximum load quantity.

1345 b. Check or recording and/or indicating thermometers during
1346 each complete cycle to ensure the attainment of a temperature
1347 of 121 C (250 F) for one-half hour or longer, depending on
1348 quantity and density of the load, in order to achieve
1349 sterilization of the entire load. Thermometers shall be
1350 checked for calibration at least annually.

1351 c. Use of heat sensitive tape or other device for each container
1352 that is processed to indicate the attainment of adequate
1353 sterilization conditions.

1354 d. Use of the biological indicator *Bacillus stearothermophilus*
1355 placed at the center of a load processed under standard
1356 operating conditions at least monthly to confirm the
1357 attainment of adequate sterilization conditions.

1358 e. Maintenance of records of procedures specified in (a), (b), (c)
1359 and (d) above for period of not less than a year.

1360 3. By discharge to the approved sewerage system if the waste is
1361 liquid or semi-liquid, except as prohibited by the State Department
1362 of Health.

- 1363 4. Recognizable human anatomical remains shall be disposed of by
 1364 incineration or internment, unless burial at an approved landfill is
 1365 specifically authorized by the Mississippi Department of Health.
- 1366 5. Chemical sterilization shall use only those chemical sterilants
 1367 recognized by the U. S. Environmental Protection Agency, Office
 1368 of Pesticides and Toxic Substances. Ethylene oxide,
 1369 glutaraldehyde, and hydrogen peroxide are examples of sterilants
 1370 that, used in accordance with manufacturer recommendation, will
 1371 render infectious waste non-infectious. Testing with *Bacillus*
 1372 *subtilis* spores or other equivalent organisms shall be conducted
 1373 quarterly to ensure the sterilization effectiveness of gas or steam
 1374 treatment.
- 1375 138.06 **Treatment and Disposal of Medical Waste Which Is Not Infectious**
 1376 **Shall Be By One Of The Following**
- 1377 1. By incineration in an approved incinerator which provides
 1378 combustion of the waste to carbonized or mineralized ash.
- 1379 2. By sanitary landfill, in an approved landfill which shall mean a
 1380 disposal facility or part of a facility where medical waste is placed
 1381 in or on land, and which is not a treatment facility. All the
 1382 requirements of these standards shall apply, without regard to the
 1383 quantity of medical waste generated per month, to any generator of
 1384 medical waste.
- 1385 139 **LAUNDRY IN INPATIENT CONTINUE CARE HOSPICE**
- 1386 139.01 **Direction and Supervision** - Responsibility for laundry services shall be
 1387 delegated to a competent employee.
- 1388 139.02 **Commercial Laundry** - Institutions for the aged or infirm may use
 1389 commercial laundries or they may provide a laundry within the
 1390 institution.
- 1391 140 **PHYSICAL FACILITY**
- 1392 140.01 **Location and Space Requirements** - Each inpatient continue care
 1393 hospice shall have laundry facilities unless commercial laundries are
 1394 used. The laundry shall be located in specifically designated areas, and
 1395 there shall be adequate room and space for sorting, processing, and
 1396 storage of soiled material. Laundry rooms or soiled linen storage areas
 1397 shall not open directly into a patient bedroom or food service area.
 1398 Soiled materials shall not be transported through the food service area.
 1399 If commercial laundry is used, separate satisfactory storage areas shall be
 1400 provided for clean and soiled linens.

- 1401 1. There should be provided a sewing and clean linen separate from
1402 the laundry.
- 1403 2. Housekeeping office and/or space should be provided which may
1404 be in connection with the clean linen room.
- 1405 140.02 **Ventilation** - Provisions should be made for proper mechanical
1406 ventilation of the laundry. Provisions shall be made to prevent the
1407 recirculation of air through the heating and air condition systems.
- 1408 140.03 **Lint Traps** - Adequate and effective lint traps shall be provided for
1409 driers.
- 1410 140.04 **Laundry Chutes** - When laundry chutes are provided they shall have a
1411 minimum diameter of two (2) feet; and they shall be installed with
1412 flushing ring, vent, and drain.
- 1413 1. An automatic sprinkler shall be provided at the top of the laundry
1414 chute and in any receiving room for a chute.
- 1415 2. A self-closing door shall be provided at the bottom of the chute.
- 1416 140.05 **Laundry Equipment** - Laundry equipment shall be of the type to
1417 adequately perform the laundry needs of the institution. The equipment
1418 shall be installed to comply with all local and state codes.
- 1419 141 **PHYSICAL PLANT**
- 1420 141.01 **Location** - All the inpatient continue care hospice care established or
1421 constructed after the adoption of these regulations shall be located so that
1422 they are free from undue noise, smoke, dust, or foul odors and shall not
1423 be located adjacent to disposal plants, cemeteries, etc.
- 1424 141.02 **Site** - The proposed site for a inpatient continue care hospice must be
1425 approved by the Department of Health. Factors to be considered in
1426 approving a site may be convenience to medical and hospital services,
1427 approved water supply and sewerage disposal, public transportation,
1428 community services, services of an organized fire department, and
1429 availability to labor supply. Not more than one-third (1/3) of a site shall
1430 be covered by a building(s) except by special approval of the Department
1431 of Health.
- 1432 One example whereby approval may be granted is where the structure is
1433 to be placed in a very desirable location where the grounds are limited
1434 and very expensive. Where such approval is granted, the structure will
1435 be required to have a living room, day room, sun room, and recreational
1436 areas adequate to compensate for lack of required outside area.

- 1437 141.03 **Local Restrictions** - The site and structure of all facilities shall comply
 1438 with local building, fire, and zoning ordinances. Evidence to this effect
 1439 signed by local building, fire, and zoning officials shall be presented.
- 1440 141.04 **Transportation** - Facilities shall be located on streets or roads which are
 1441 passable at all times. They should be located convenient to public
 1442 transportation facilities.
- 1443 141.05 **Communication** - There shall be not less than one telephone in the
 1444 home and such additional telephones as are necessary to summon help in
 1445 event of fire or other emergency. The telephone shall be listed under the
 1446 official licensed name or title of the home.
- 1447 141.06 **Occupancy** - No part of the facility may be rented, leased, or used for
 1448 any commercial purpose not related to the operation of the home.
- 1449 141.07 **Basement** -
- 1450 1. The basement shall be considered as a story if one-half (1/2) or
 1451 more of its clear height is above the average elevation of the
 1452 ground adjoining the building on all sides.
 - 1453 2. No patient or resident shall be housed on any floor that is below
 1454 ground level.
- 1455 141.08 **Call System** - Some type of signal for summoning aid shall be
 1456 conveniently provided for each patient.
- 1457 142 **BUILDING REQUIREMENTS**
- 1458 142.01 **One-Story Building Non-Combustible Construction** -
- 1459 1. One-hour fire resistive rating generally. After adoption of these
 1460 regulations, one-story buildings shall be of at least one-hour fire
 1461 resistive rating throughout except as provided in subparagraph of
 1462 this section ("hazardous areas and combustible storage").
 - 1463 2. Hazardous areas and combustible storage. Heating apparatus and
 1464 boiler and furnace rooms, basements, or attics used for the storage
 1465 of combustible material and workrooms, such as carpenter or paint
 1466 shop, kitchen, laundry, etc., shall be classified as hazardous areas
 1467 and shall be separated from other areas by construction having a
 1468 fire resistive rating of at least two (2) hours.

- 1469 142.02 **Multi-Story Building** -
- 1470 1. Fire resistive construction. After adoption of these regulations all
- 1471 institutions for the aged or infirm containing two (2) or more
- 1472 stories shall be fire resistive construction.
- 1473 2. Elevator required. No patient shall be housed above the first floor
- 1474 unless the building is equipped with an elevator. The minimum
- 1475 cab size of the elevator shall be approximately five (5) feet four
- 1476 (4) inches by eight (8) feet no (0) inches and constructed of metal.
- 1477 The width of the shaft door shall be at least three (3) feet ten (10)
- 1478 inches. The load weight capacity shall be at least two thousand
- 1479 five hundred (2,500) pounds. The elevator shaft shall be enclosed
- 1480 in fire resistant construction of not less than two-hour fire resistive
- 1481 rating. Elevators shall not be counted as required exits. Exceptions
- 1482 to sub-paragraphs 1 and 2 may be granted to existing facilities at
- 1483 the discretion of the licensing agency.
- 1484 142.03 **Building Codes** - All construction shall be in accordance with applicable
- 1485 local building codes and regulations and with these regulations. In areas
- 1486 not covered in either local codes or these regulations, the following shall
- 1487 apply:
- 1488 1. Southern Standard Build Code.
- 1489 2. National Build Code.
- 1490 3. Uniform Building Code.
- 1491 142.04 **Structural Soundness and Repair; Fire Resistive Rating** - The
- 1492 building shall be structurally sound, free from leaks and excessive
- 1493 moisture, in good repair, and painted at sufficient intervals to be
- 1494 reasonably attractive inside and out. One-story structures shall have a
- 1495 one-hour fire resistance rating except that walls and ceilings of high fire
- 1496 hazard areas shall be of two-hour fire resistance rating in accordance
- 1497 with NFPA #220. Multi-storied buildings shall be of fire resistive
- 1498 materials.
- 1499 142.05 **Temperature** - Adequate heating shall be provided in all rooms used by
- 1500 patients so that a minimum temperature of seventy-five (75°) to eighty
- 1501 (80°) degrees Fahrenheit may be maintained.
- 1502 142.06 **Lighting** - Each patient's room shall have artificial light adequate for
- 1503 reading and other uses as needed. There should be a minimum of ten
- 1504 (10) foot-candles of lighting for general use in patient's room and a
- 1505 minimum of thirty (30) foot-candles of lighting for reading purposes.
- 1506 All entrances, corridors, stairways, ramps, cellars, attics, storerooms,
- 1507 kitchens, laundries, and service units shall have sufficient artificial

- 1508 lighting to prevent accidents and promote efficiency of service. Night
 1509 lights shall be provided in all corridors, stairways, toilets, and bathing
 1510 rooms.
- 1511 142.07 **Emergency Lighting** - All inpatient continue care hospice shall provide
 1512 an emergency lighting system to be used in the event of electrical power
 1513 failure. As a minimum, dry cell battery operated lighting shall be
 1514 provided.
- 1515 142.08 **Screens** - All screen doors and non-stationary windows shall be
 1516 equipped with tight fitting, full length, sixteen (16) mesh screens. Screen
 1517 doors shall swing out and shall be equipped with self-closing devices.
- 1518 142.09 **Floors** - All floors shall be smooth and free from defects such as cracks
 1519 and be finished so that they can be easily cleaned. Floors in corridors,
 1520 patient bedrooms, toilets, bathing rooms, kitchens, utility rooms, and
 1521 other areas where frequent cleaning is necessary should be covered wall-
 1522 to-wall with inlaid linoleum, resilient tile, hard tile, or the equivalent.
- 1523 142.10 **Walls and Ceilings** - All walls and ceilings shall be of sound
 1524 construction with an acceptable surface and shall be maintained in good
 1525 repair. Generally the walls and ceilings should be painted a light color.
- 1526 142.11 **Ceiling Height** - All ceilings shall have a height of at least eight (8) feet
 1527 except that a height of seven (7) feet six (6) inches may be approved for
 1528 corridors or toilets and bathing rooms where the lighting fixtures are
 1529 recessed. Exception may be made for existing facilities.
- 1530 142.12 **Handrails** - Handrails shall be installed on both sides of all corridors and
 1531 hallways used by patients. The handrails should be installed from thirty-
 1532 two (32) inches to thirty-six (36) inches above the floor. The handrails
 1533 should have a return to the wall at each rail ending.
- 1534 142.13 **Ramps and Inclines** - Ramps and inclines, where installed for the use of
 1535 patients, shall not exceed one (1) foot of rise in ten (10) feet of run,
 1536 shall be furnished with a non-slip floor, and shall be provided with
 1537 handrails on both sides.
- 1538 142.14 **Stairways** -
- 1539 1. Stairways shall have a minimum width of forty-four (44) inches
 1540 with risers not to exceed seven and three-fourths (7 3/4) inches and
 1541 treads not less than nine (9) inches. Treads shall be of uniform
 1542 width and risers of uniform height in any one flight of stairs. All
 1543 stairways and stairway landings shall be equipped with handrails
 1544 on both sides.

- 1545 2. A landing with width not less than the width of the stairs shall be
1546 provided at the top and bottom of each flight of stairs.
- 1547 3. Winding stairways or triangular treads are prohibited.
- 1548 4. Stairways shall be enclosed with noncombustible materials of at
1549 least two-hour fire resistance rating.
- 1550 5. Openings to stairways shall be equipped with doors with self-
1551 closing devices.
- 1552 6. Doors to stairways shall open in the direction of exit travel and be
1553 equipped with a vision window of wired glass. The doors shall
1554 open on a landing of the same width as the stair width.
- 1555 7. Stairways shall be individually enclosed and separated from any
1556 public hall.

1557 142.15 **Corridors and Passageways** -

- 1558 1. Corridors in patient areas shall be not less than eight (8) feet wide.
1559 Exception may be granted to existing structures where it is
1560 structurally or feasibly impossible to comply.
- 1561 2. Exit passageways other than corridors in patient areas shall be not
1562 less than four (4) feet wide between handrails.
- 1563 3. Corridors and passageways shall be kept unobstructed.
- 1564 4. Corridors and passageways which lead to the outside from any
1565 required stairway shall be enclosed as required for stairways.

1566 142.16 **Doors General** -

- 1567 1. All stairway doors; doors providing egress from corridors (other
1568 than to the exterior): and all doors to shafts, utility closets, boiler
1569 and incinerator rooms, in fire walls, and other spaces which are a
1570 possible source of fire shall be equal to Underwriters' Laboratories
1571 "Class B-1 1/2 hour" self-closing doors.
- 1572 2. All corridor doors except doors to janitor closets, toilets, and
1573 bathrooms shall be 20 minute rated fire doors or solid wooden
1574 doors of the flush type of nominal thickness of at least one and
1575 three-fourths (1 3/4) inches.
- 1576 3. Bedroom, patient bath, and toilet doors shall not be equipped with
1577 hardware that will allow a patient to lock himself within the room.

- 1578 142.17 **Exit Doors** - Exit doors shall meet the following:
- 1579 1. They shall be of a fire resistive rating equal to the stairway or
- 1580 passage.
- 1581 2. Doors leading to stairways shall be not less than forty-four (44)
- 1582 inches wide.
- 1583 3. Doors to the exterior shall be not less than forty-four (44) inches
- 1584 wide except where the capacity of a first floor exceeds sixty (60)
- 1585 persons or a floor above the first floor exceeds thirty (30) persons
- 1586 in which case wider doors may be required.
- 1587 4. Exit doors shall swing in the direction of exit and shall not obstruct
- 1588 the travel along any required exit.
- 1589 5. Revolving doors shall not be used as required exits.
- 1590 142.18 **Door Widths** - All exit doors shall be a minimum of forty-four (44)
- 1591 inches wide and open outward. Doors to patient bedrooms shall be a
- 1592 minimum of forty-four (44) inches wide. All other doors through which
- 1593 patients must pass (doors to living and day rooms, dining rooms,
- 1594 recreational areas, toilet and bathrooms, physical and occupational
- 1595 therapy rooms, etc.) shall be a minimum of thirty-six (36) inches wide.
- 1596 Doors to patient closets shall be not less than twenty (20) inches wide.
- 1597 Exception may be granted to existing facilities.
- 1598 142.19 **Door Swing** -
- 1599 1. Exit doors, other than from a living unit, shall swing in the
- 1600 direction of exit from the structure.
- 1601 2. Patient bedroom doors. Patient bedroom doors opening from a
- 1602 corridor shall open to the inside of the room.
- 1603 3. Toilet or bathroom doors. Doors to toilet and bathrooms
- 1604 accessible from the patient's bedroom shall open into the bedroom.
- 1605 Doors to toilet or bathroom accessible from a corridor shall open
- 1606 into the toilet or bathroom.
- 1607 142.20 **Floor levels** - All differences in floor levels within the building shall be
- 1608 accomplished by stairs of not less than three (3) six-inch risers, ramps, or
- 1609 inclines; and they shall be equipped with handrails on both sides.
- 1610 142.21 **Space Under Stairs** - Space under stairs shall not be used for storage
- 1611 purposes. All walls and doors shall meet the same fire rating as the
- 1612 stairwell.

- 1613 142.22 **Interior Finish and Decorative Materials** - All combustible,
 1614 decorative, and acoustical material shall be rendered and maintained
 1615 flame resistant. It is recommended that curtains be of fiberglass or other
 1616 flame resistant material.
- 1617 142.23 **Fire Extinguishers** - Fire extinguishers of number, type, and capacity
 1618 appropriate to the need shall be provided for each floor and for special
 1619 fire hazard areas such as kitchen, laundry, and mechanical room. All
 1620 extinguishers shall be of a e approved by the licensing authority of the
 1621 Department of Health. A vaporizing liquid extinguisher (such as carbon
 1622 tetrachloride) will not be approved for use inside the building.
 1623 Extinguishers shall be inspected and serviced periodically as
 1624 recommended by the manufacturer. The date of inspection shall be
 1625 entered on a tag attached to the extinguisher and signed by a reliable
 1626 inspector such as the local fire chief or representative of a fire
 1627 extinguisher servicing company.
- 1628 142.24 **Fire Detection and Fire Protection System** -
- 1629 1. If an automatic sprinkler-alarm system is installed, it shall meet the
 1630 requirements as recommended by the National Fire Protection
 1631 Association according to NFPA, No. 13.
- 1632 2. If an automatic fire detection system is installed, it shall meet the
 1633 following requirements:
- 1634 a. It shall be an Underwriters' Laboratories approved system.
- 1635 b. A smoke detector unit shall be installed upon the ceiling or on
 1636 the side walls near the ceiling throughout all parts of the
 1637 premises including all rooms, halls, storage areas, basements,
 1638 attics, and lofts and inside all closets, elevator shafts, enclosed
 1639 stairways and dumbwaiter shafts, chutes, and other enclosures.
- 1640 c. The system shall be electrically supervised so that the
 1641 occurrence of a break or a ground fault of its installation
 1642 writing circuits, which present the required operation of
 1643 system or failure of its main power supply source, will be
 1644 indicated by a distinctive trouble signal.
- 1645 d. The conductors of the signaling system power supply circuit
 1646 shall be connected on the line side of the main service of a
 1647 commercial light or power supply circuit. A circuit
 1648 disconnecting means shall be so installed that it will be
 1649 accessible only by authorized personnel.
- 1650 142.25 **Smoke Barrier or Fire Retardant Walls** - Each building shall be
 1651 divided into areas not exceeding five thousand (5,000) square feet

1652 between exterior walls or smoke barrier walls. The barrier walls shall be
 1653 constructed from floor to roof decking with no openings except in
 1654 corridors or other areas specifically approved by the licensing agency.
 1655 Self-closing "B" label fire doors with fusible linkage shall be installed in
 1656 the barrier walls in corridors. All air spaces in the walls shall be filled
 1657 with a noncombustible material.

1658 142.26 **Exit Signs** - Exits shall be marked with plainly lettered illuminated signs
 1659 bearing the work "Exit" or "Fire Escape" in letters at least four and one-
 1660 half (4 1/2) inches high. Exit signs shall be illuminated at all times and
 1661 wired in front of the electrical panel with fuse control in a locked box.
 1662 Additional signs shall be placed in corridors and passageways wherever
 1663 necessary to indicate the direction of exit.

1664 142.27 **Fire Escapes and Ladders** -

- 1665 1. The use of ladders (metal or otherwise) in lieu of escapes or fire
 1666 stairways shall not be permitted on any facility licensed under
 1667 these regulations.
- 1668 2. The use of open fire escapes shall not be permitted on facilities
 1669 opened or established after the effective date of these regulations.
- 1670 3. Open fire escapes will be permitted on existing institutions
 1671 provided such fire escapes meet the following requirements:
 - 1672 a. They must be of non-combustible material.
 - 1673 b. They must have railing or guard at least four (4) feet high on
 1674 each unenclosed side.
 - 1675 c. Wall openings adjacent to fire escapes shall be protected with
 1676 fire resistive doors and windows.
 - 1677 d. Doors leading to fire escapes shall open in the direction of
 1678 exit.
- 1679 4. Fire escapes on facilities licensed after adoption of these
 1680 regulations should generally meet requirements for stairways.

1681 142.28 **Required Fire Exits** -

- 1682 1. At least two (2) exits, remote from each other, shall be provided
 1683 for each occupied story of the building. Dead-end corridors are
 1684 undesirable and in no event shall exceed thirty (30) feet.
- 1685 2. Exits shall be of such number and so located that the distance of
 1686 travel from the door of any occupied room to an exit from that

1687 floor shall not exceed one hundred (100) feet. In buildings
 1688 completely protected by a standard automatic sprinkler system, the
 1689 distance may be one hundred fifty (150) feet.

1690 3. Each occupied room shall have at least one (1) door opening
 1691 directly to the outside or to a corridor, stairway, or ramp leading
 1692 directly to the outside.

1693 4. Doors on fire exits shall open to the outside.

1694 5. Building Exits Code, NFPA, No. 101, shall be the governing code
 1695 for exit items which are not covered in the regulations.

1696 142.29 **Mechanical and Electrical Systems** -

1697 1. Mechanical, electrical, plumbing, heating, air-conditioning, and
 1698 water systems installed shall meet the requirements of local codes
 1699 and ordinances as well as the applicable regulation of the
 1700 Department of Health. Where there are no local codes or
 1701 ordinances, the following codes and recommendations shall
 1702 govern:

1703 a. National Electrical Code.

1704 b. National Plumbing Code.

1705 c. American Society of Heating, Refrigerating, and Air-
 1706 Conditioning Engineers, Inc.

1707 d. Recommendations of the American Society of Mechanical
 1708 Engineers.

1709 e. Recommendations of American Gas Association.

1710 f. National Board of fire Underwriters.

1711 2. The heating of institutions for the aged or infirm licensed after
 1712 adoption of these regulations shall be restricted to steam, hot water,
 1713 or warm air systems employing central heating plants or
 1714 Underwriters' Laboratories approved electric heating. The use of
 1715 portable heaters of any kind is prohibited with the following
 1716 exceptions for existing homes:

1717 a. Portable type gas heaters provided they meet all of the
 1718 following:

- 1719 i. A circulating type with a recessed enclosed flame so
 1720 designed that clothing or other flammable material cannot
 1721 be ignited.
- 1722 ii. Equipped with a safety pilot light.
- 1723 iii. Properly vented to the outside.
- 1724 iv. Approved by American Gas Association or Underwriters'
 1725 Laboratories.
- 1726 b. An approved type of electrical heater such as wall insert type.
- 1727 i. Lighting (except for emergency lighting) shall be restricted
 1728 to electricity. No open flame lighting such as by kerosene
 1729 lamps, gas lamps, or candles shall be permitted.
- 1730 ii. The Department of Health may require, at its discretion,
 1731 inspection of mechanical, plumbing, and electrical systems
 1732 installed prior to effective date of these regulations by
 1733 building, electrical plumbing officials or other competent
 1734 authorities, a certification of adequacy and safety presented
 1735 to the Department of Health.

1736 **143 DISASTER PREPAREDNESS PLAN**

- 1737 143.01 The facility shall maintain a written disaster preparedness plan that
 1738 includes procedures to be followed in the event of fire, train derailment,
 1739 explosions, severe weather, and other possible disasters as appropriate
 1740 for the specific geographic location. The plan shall include:
- 1741 1. Written evidence that the plan has been reviewed and coordinated
 1742 with the licensing agency's local emergency response coordinator
 1743 and the local emergency manager;
- 1744 2. Description of the facility's chain of command during emergency
 1745 management, including 24-hour contact information and the
 1746 facility's primary mode of emergency communication system;
- 1747 3. Written and signed agreements that describe how essential goods
 1748 and services, such as water, electricity, fuel for generators, laundry,
 1749 medications, medical equipment, and supplies, will be provided;
- 1750 4. Shelter or relocation arrangements, including transportation
 1751 arrangements, in the event of evacuation; and
- 1752 5. Description of recovery, i.e., return of operations following an
 1753 emergency.

1754 The disaster preparedness plan shall be reviewed with new
1755 employees during orientation and at least annually.

1756 Fire drills shall be conducted quarterly. Disaster drills shall be
1757 conducted at least annually.

1758 143.02 **Nursing Unit** - Medical, nursing, and personal services shall be provided
1759 in a specifically designated area which shall include bedrooms, special
1760 care room(s), nurses' station, utility room toilet and bathing facilities,
1761 linen and storage closets, and wheelchair space.

1762 The maximum nursing unit shall be sixty (60) beds.

1763 143.03 **Bedrooms** -

1764 1. **Location** -

1765 a. All patient bedrooms shall have an outside exposure and shall
1766 not be below grade. Window area shall not be less than one-
1767 eighth (1/8) of the floor area. The window sill shall not be
1768 over thirty-six (36) inches from the floor.

1769 b. Patient bedrooms shall be located so as to minimize the
1770 entrance of unpleasant odors, excessive noise, and other
1771 nuisances.

1772 c. Patient bedrooms shall be directly accessible from the main
1773 corridor of the nursing unit providing that accessibility from
1774 any public space other than the dining room will be
1775 acceptable. In no case shall a patient bedroom be used for
1776 access to another patient bedroom.

1777 d. All patient bedrooms shall be so located that the patient can
1778 travel from his/her bedroom to a living room, day room,
1779 dining room, or toilet or bathing facility without having to go
1780 through another patient bedroom.

1781 2. **Floor Area** - Minimum usable floor area per bed shall be as
1782 follows:

1783 Private room 100 square feet

1784 Multi-bed room 80 square feet

1785 3. **Provisions for Privacy.** Cubicle curtains, screens, or other
1786 suitable provisions for privacy shall be provided in multi-bed
1787 patient bedrooms.

- 1788 4. **Accommodations for Patients** - The minimum accommodations
1789 for each patient shall include:
- 1790 a. Bed - The patient shall be provided with either an adjustable
1791 bed or a regular single bed, according to needs of the patient,
1792 with a good grade mattress at least four (4) inches thick. Beds
1793 shall be single except in case of special approval of the
1794 licensing agency. Cots and roll away beds are prohibited for
1795 patient use. Full and half bedrails shall be available to assist
1796 in safe care of patients.
- 1797 b. Pillows, linens, and necessary coverings.
- 1798 c. Chair.
- 1799 d. Bedside cabinet or table.
- 1800 e. Storage space for clothing, toilet articles, and personal
1801 belongings including rod for clothes hanging.
- 1802 f. Means at bedside for signaling attendants.
- 1803 g. Bed pan and urinal for patients who need them.
- 1804 h. Over-bed tables as required.
- 1805 5. **Bed Maximum** - Ward rooms in new facilities shall be limited to
1806 two (2) beds.
- 1807 143.04 **Special Care Room** - Each hospice shall have a special care room which
1808 shall be a single bedroom with at least a private half bath (lavatory and
1809 water closet). There shall be a special care room for each twenty-five
1810 (25) beds or major fraction thereof. A special care room may be located
1811 anywhere in the building rather than a certain number per station.
- 1812 143.05 **Nurses' Station** -
- 1813 1. Each inpatient continue care hospice shall have a nurses' station for
1814 each nursing unit. The nurses' station shall include as a minimum
1815 the following:
- 1816 a. Annunciator board or other equipment for patient's call.
- 1817 b. The minimum areas of the medicine storage/preparation room
1818 shall be seventy-five (75) feet.
- 1819 c. Storage space for patients' medical records and nurses' charts.
- 1820 d. Lavatory or sink with disposable towel dispenser.

1821 e. Desk or counter top space adequate for recording and charting
1822 purposes by physicians and nurses.

1823 2. The nurses' station area shall be well lighted.

1824 3. It is recommended that nurses' lounge with toilet be provided for
1825 nursing personnel adjacent to the station. A refrigerator for the
1826 storage of drugs shall be provided at each nurses' station. Drugs
1827 and food for beverages may be stored together only if separate
1828 compartments or containers are provided for the storage of drugs.

1829 143.06 **Utility Room** - Each inpatient continue care hospice shall provide a
1830 separate utility room for soiled and clean patient care equipment, such as
1831 bed pans, urinals, et cetera. The soiled utility room shall contain, as a
1832 minimum, the following equipment:

1833 1. Provision for cleaning utensils such as bed pans, urinals, et cetera.

1834 2. Utensil sterilizer.

1835 3. Lavatory or sink and disposable towel dispenser.

1836 The utility room for clean equipment shall have suitable storage.

1837 143.07 **Toilet and Bathing Facilities** -

1838 1. Separate toilet and bathing facilities shall be provided on each
1839 floor for each sex in the following ratios as a minimum.

1840 Bathtubs or showers 1 per 12 beds or fraction thereof

1841 Lavatories 1 per 8 beds or fraction thereof

1842 Toilets 1 per 8 beds or fraction thereof

1843 2. As a minimum, showers shall be four (4) feet by four (4) feet
1844 without curbing.

1845 3. Handrails shall be provided for all tubs, showers, and commodes.

1846 4. A lavatory shall be provided in each patient bedroom or in a toilet
1847 room that is directly accessible from the bedroom.

1848 5. A water closet shall be located in a room directly accessible from
1849 each patient bedroom. The minimum area for a room containing
1850 only a water closet shall be three (3) feet by six (6) feet.

- 1851 143.08 **Other Rooms and Areas** - In addition to the above facilities, each
 1852 nursing unit shall include the following rooms and areas: linen closet,
 1853 storage closet, and wheelchair space.
- 1854 143.09 **Required Rooms and Areas** -
- 1855 1. **Clean linen storage** - Adequate area shall be provided for storing
 1856 clean linens which shall be separate from dirty linen storage.
 - 1857 2. **Wheelchair area** - Adequate area shall be provided for storage of
 1858 wheelchairs.
 - 1859 3. **Dining Room** - The dining area shall be large enough to
 1860 accommodate needs of the hospice patients/families.
 - 1861 4. **Food Storage** - A food storage room shall be provided convenient
 1862 to the kitchen in all future licensed homes. It should have cross
 1863 ventilation. All foods must be stored a minimum of twelve (12)
 1864 inches above the floor.
 - 1865 5. **Day Room or Living Room** - Adequate day or living room area
 1866 shall be provided for patients or residents and guests. These areas
 1867 shall be designated exclusively for this purpose and shall not be
 1868 used as sleeping area or otherwise. It is recommended that at least
 1869 two (2) such areas be provided and more in larger homes.
 - 1870 6. **Janitor Closet** - At least one (1) janitor's closet shall be provided
 1871 for each floor. The closet shall be equipped with a mop sink and
 1872 be adequate in area to store cleaning supplies and equipment. A
 1873 separate janitor's closet shall be provided for the food service area.
 - 1874 7. **Garbage** can cleaning and storage area.
 - 1875 8. **General Storage** - A minimum area equal to at least (5) square
 1876 feet per bed shall be provided for general storage.
 - 1877 9. **Laundry** - If laundry is done in the institution, a laundry room
 1878 shall be provided. The laundry shall be enclosed by two-hour fire
 1879 resistive construction. Adequate equipment for the laundry load of
 1880 the home shall be installed. The sorting, washing, and extracting
 1881 process should be separated from the folding and ironing area--
 1882 preferably in separate rooms.
 - 1883 10. **A separate toilet room** (lavatory and water closet) **with lockers**
 1884 shall be provided for male and female employees.
 - 1885 11. **A separate toilet room** shall be provided for each sex of the
 1886 public.

1887 **PART X CONCLUSION**

1888 144 **GENERAL**

1889 Conditions which have not been covered in the Standards shall be enforced in
1890 accordance with the best practices as interpreted by the Licensing Agency. The
1891 Licensing Agency reserves the right to:

- 1892 1. Review the payroll records of each hospice agency for the purpose
1893 of verifying staffing patterns;
- 1894 2. Visit hospice patients in their place of residence in order to
1895 evaluate the quality of care provided;
- 1896 3. Information obtained by the licensing agency through filed reports,
1897 inspection, or as otherwise authorized, shall not be disclosed
1898 publicly in such manner as to identify individuals or institutions,
1899 except in proceedings involving the questions of Licensure.

1900 145 **VARIANCES AND WAIVERS**

1901 The Department upon application may grant variances or waivers of specific
1902 rules and regulations when it has been shown that the rule or regulation is not
1903 applicable or to allow experimentation and demonstration of new and innovative
1904 approaches to delivery of services.

1905 The Department may exempt classes of facilities from regulation as provided
1906 when regulation would not permit the purpose intended or the class of facilities
1907 is subject to similar requirements under other rules and regulations.

1908 **CERTIFICATION OF REGULATION**

1909 This is to certify that the above **PUT REGULATION NAME HERE** was adopted by the
1910 Mississippi State Board of Health on Put Date Here to become effective Put
1911 Date Here.

1912 _____
1913 Brian W. Amy, MD, MHA, MPH
1914 Secretary and Executive Officer

DRAFT