

R432. Health, Family Health and Preparedness, Licensing.

R432-750. Hospice Rule.

R432-750-1. Legal Authority.

This rule is authorized by Title 26, Chapter 21, Health Care Facility Licensing and Inspection Act.

R432-750-2. Purpose.

- (1) A hospice licensee provides support and care for persons with a limited life expectancy so that they might live as fully and comfortably as possible.
- (2) A hospice licensee offers services that:
 - (a) recognize dying as a normal process resulting from disease or injury;
 - (b) neither hastens nor postpones death;
 - (c) prepares patients and families to attain a degree of mental and spiritual preparation for death that is satisfactory to them, through appropriate care and the promotion of a caring community sensitive to their needs;
 - (d) provide physical, psychosocial, spiritual, and bereavement care for dying persons and their families;
 - (e) are offered through an interdisciplinary team of professionals and volunteers; and
 - (f) are available in both the home and an inpatient setting.
- (3) This rule applies to a program advertising or presenting to be a hospice or hospice program of care, as defined in Section 26-21-2, that provides, directly or by contract, hospice services to the terminally ill.

R432-750-3. Definitions.

- (1) Section R432-1-3 additionally applies.
- (2) "Appropriate" means especially suitable, compatible, or fitting.
- (3) "Bereavement" means the period, usually occurring within the first year after the loss, when a person or group of people experiences, responds emotionally to, and adjusts to the loss by death of another person.
- (4) "Care" means to perceive and respond to the needs of another.
- (5) "Certification in Cardiopulmonary Resuscitation" (CPR) refers to certification issued after completion of an in-person course, to include skills testing and evaluation on-site with a licensed instructor.
- (6) "Department" means the Department of Health and Human Services
- (7) "Family" means a group of individuals who:
 - (a) live in the same home;
 - (b) are of common ancestry; or
 - (c) have a personal commitment to one another.
- (8) "Grief" means the response to loss that often occurs in stages of varying length. Stages are differentiated by changes in feeling, thought, and behavior.
- (9) "Hospice" means an entity that is primarily engaged in providing care to terminally ill individuals and their families and includes institutionally based hospice programs, freestanding public and proprietary hospice agencies, and any subdivision of an organization, public agency, hospital, or nursing home licensed to provide hospice services.
- (10) "Hospice Administrator" means a person who the governing body appoints in writing by the governing body of the hospice organization and who shall be accountable and responsible for implementing the policies and programs approved by the governing body.
- (11) "Hospice Care" means the care given to the terminally ill and their family that occurs in a home or in a health facility and includes medical, palliative, psychosocial, spiritual, bereavement, supportive care, and treatment.
- (12) "Hospice Inpatient Facility" means a freestanding licensed hospice facility or designated hospice licensed hospice unit in an existing health care facility.
- (13) "Interdisciplinary Team" means a team composed of an attending physician, medical director, nurse, social worker, pastoral care provider, volunteer, patient, patient's family, and any other professionals as indicated.
- (14) "Palliative Treatment" means treatment and comfort measures directed toward relief of symptoms and pain management rather than treatment to cure.
- (15) "Palliative Care" means the care given to the terminally ill, focusing on relief of distressing symptoms.
- (16) "Pastoral Care Provider" means an individual who has experience in pastoral duties and is capable of providing for hospice patient and patient family spiritual needs, and is an individual who:
 - (a) has received a degree from an accredited theological school;
 - (b) by ordination or by ecclesiastical endorsement from the individual's denomination, has been approved to function in a pastoral capacity; or
 - (c) has received certification in Clinical Pastoral Education that meets the requirements for the College of Chaplains.
- (17) "Primary Care Giver" means the family member or other person designated by the family who assumes the overall responsibility for the care of the patient in the home.
- (18) "Spiritual" means patient and patient's family beliefs and practices as they relate to the meaning of their life, death, and their connection to humanity that may or may not be of a religious nature.
- (19) "Terminal" means a state of disease characterized by a progressive deterioration with impairment of function that without aggressive intervention, survival is anticipated to be six months or less.

(20) "Volunteer" means an individual who has received appropriate orientation and training consistent with acceptable standards of hospice philosophy and practice and who contributes time and talent to the hospice program without economic remuneration.

R432-750-4. Governing Body and Administration.

- (1) The licensee shall ensure that the hospice agency is organized under a governing body that assumes full legal responsibility for the conduct and operations of the agency.
- (2) The licensee shall develop an organization chart that shows the administrative structure of the agency.
- (3) The governing body is responsible to:
 - (a) comply with any federal regulations, state rules, and local laws;
 - (b) adopt written policies and procedures that describe functions or services of the hospice and protect patient rights;
 - (c) adopt a statement that there will be no discrimination because of race, color, sex, religion, ancestry, disability status, sexual orientation, gender, or national origin;
 - (d) develop and implement bylaws that shall include at least:
 - (i) a statement of purpose;
 - (ii) a statement of qualifications for membership and methods to select members of the governing board;
 - (iii) an outline of the establishment, selection, and term of office for committee members and officers;
 - (iv) a description of functions and duties of the governing body officers and committees;
 - (v) a statement of the authority and responsibility delegated to the hospice administrator; and
 - (vi) a policy statement relating to conflict of interest of members of the governing body or employees who influence agency decisions;
 - (e) meet at least annually as stated in the bylaws;
 - (f) appoint by name and in writing, a qualified hospice administrator who is responsible for the agency's overall functions;
 - (g) notify the department in writing 30 days before any proposed change in the hospice administrator, identifying the name of the new hospice administrator, and the effective date of the change;
 - (h) review the written annual evaluation report from the hospice administrator and document recommendations as necessary;
 - (i) provide resources and equipment to provide a safe working environment for personnel; and
 - (j) establish a system of financial management and accountability.
- (4) The hospice administrator is responsible for the overall management of the agency and shall:
 - (a) designate in writing the name and title of a qualified person who shall act as hospice administrator in the temporary absence of the hospice administrator. This designee shall have sufficient power, authority, and freedom to act in the best interests of patient safety and well-being.
 - (b) complete, submit, file, and make available any records, reports, and documentation required by the department;
 - (c) review agency policies and procedures at least annually and recommend necessary changes to the governing body;
 - (d) implement agency policies and procedures;
 - (e) organize and coordinate functions of the agency by delegating duties and establishing a formal means of staff accountability;
 - (f) appoint the following, by name and in writing:
 - (i) a physician or registered nurse to provide general supervision, coordination, and direction for professional services of the agency;
 - (ii) a registered nurse to be the director of nursing services;
 - (iii) a person responsible for maintaining a clinical record system on any patients;
 - (iii) the members and their terms of membership in the interdisciplinary quality assurance committee;
 - (iv) other committees as deemed necessary, describe committee functions and duties, and outline the selection, term of office, and responsibilities of committee members; and
 - (g) maintain current written designations or letters of appointment for the agency;
 - (h) employ or contract with competent personnel whose qualifications are commensurate with job responsibilities and authority, and who have the appropriate license or certificate of completion;
 - (i) secure contracts for services not directly provided by the hospice;
 - (j) develop a staff communication system that:
 - (i) coordinates interdisciplinary team services;
 - (ii) coordinates implementation of plans of treatment;
 - (iii) utilizes services or resources to meet patient needs; and
 - (iv) promotes an orderly flow of information within the organization;
 - (k) implement a program of budgeting and accounting;
 - (l) establish, when appropriate, a billing system that itemizes services provided and charges submitted to the payment source; and
 - (m) conduct an annual evaluation of the agency's overall function and submit a written report of the findings to the governing body.
- (5) The hospice administrator or designee shall be available during the agency's hours of operation.

R432-750-5. Personnel.

(1) The hospice administrator shall maintain qualified personnel who are competent to perform their respective duties, services, and functions.

(2) The licensee shall develop and implement written policies and procedures that address the following:

(a) job descriptions, qualifications, and validation of licensure or certificates of completion as appropriate for each position;

(b) orientation for direct and contract employees, and volunteers;

(c) criteria for, and frequency of, performance evaluations;

(d) work schedules;

(e) method and period of staff payment;

(f) staff benefits including sick leave, vacation, and insurance;

(g) frequency and documentation of in-service training; and

(h) contents of personnel files of employed and volunteer staff.

(3) The licensee shall require that each employee provide proof of registration, certification, or licensure as required by the Utah Department of Commerce within 45 days of hire.

(4) The licensee shall establish and implement a policy and procedure for health screening of any agency personnel.

(a) The licensee shall ensure that an employee placement health evaluation is completed when an employee is hired. The evaluation shall include at least a health inventory that outlines the employee's history of:

(i) conditions that predispose the employee to acquiring or transmitting infectious diseases; and

(ii) conditions that may prevent the employee from performing certain assigned duties satisfactorily.

(b) Employee health screening and immunizations components of personnel health programs shall be developed in accordance with Rule R386-702 Communicable Disease.

(c) Employee skin testing by the Mantoux Method or other FDA approved in-vitro serologic test and follow up for tuberculosis shall be done in accordance with Rule R388-804, Special Measures for the Control of Tuberculosis.

(d) The licensee shall ensure that any employees are skin-tested for tuberculosis within two weeks of:

(i) initial hiring;

(ii) suspected exposure to a person with active tuberculosis; or

(iii) development of symptoms of tuberculosis.

(e) Skin testing shall be exempted for any employees with known positive reaction to skin tests.

(f) The facility shall report any infections and communicable diseases reportable by law to the local health department in accordance with Section R386-702-3.

(5) The licensee shall document that any employees, volunteers, and contract personnel are oriented to the agency and the job that they are hired. Orientation shall include:

(a) the hospice concept and philosophy of care;

(b) the functions of agency employees and the relationships between various positions or services;

(c) job descriptions;

(d) duties that persons are trained, hold certificates, or are licensed;

(e) ethics, confidentiality, and patient rights;

(f) information about other community agencies including emergency medical services;

(g) opportunities for continuing education appropriate to the patient population served;

(h) policies related to volunteer documentation, charting, hours, and emergencies; and

(i) reporting requirements when observing or suspecting abuse, neglect, and exploitation pursuant to Section 62A-3-305.

(6) The licensee shall provide and document in-service training and continuing education for staff at least annually.

(a) Members of the hospice interdisciplinary team shall have access to in-service training and continuing education appropriate to their responsibilities and to the maintenance of skills necessary for the care of the patient and family.

(b) The training programs shall include the introduction and review of effective physical and psychosocial assessment and symptom management.

(c) The licensee shall train personnel in appropriate Centers for Disease Control (CDC) infectious disease protocols.

(7) The hospice administrator shall appoint a person to coordinate the activities of the interdisciplinary team. This individual shall:

(a) annually review and make recommendations where appropriate of agency policies covering admissions and discharge, medical supervision, care plans, clinical records, and personnel qualifications;

(b) assure that ongoing assessments of the patient and family needs and implementation of the interdisciplinary team care plans are accomplished;

(c) schedule adequate quality and quantity of any levels of hospice care; and

(d) assure that the team meets regularly to develop and maintain appropriate plans of care and to determine that staff will be assigned to each case.

(8) The licensee shall provide access to individual or group support for interdisciplinary team members to assist with stress or grief management related to providing hospice care.

R432-750-6. Contracts.

- (1) The hospice administrator shall secure a legally binding written contract for the provision of arranged patient services.
- (2) The contract or agreement shall be available for review by the department and shall include:
 - (a) the effective and expiration dates of the contract;
 - (b) a description of goods or services provided by the contractor to the agency;
 - (c) financial terms of the contract, including methods to determine charges, reimbursement, and the responsibility of contract personnel in the billing procedure;
 - (d) the method of supervision of contract personnel and the manner that services will be controlled, coordinated, and evaluated by the agency;
 - (e) a statement that contract personnel shall perform according to agency policies and procedures, and shall conform to standards required by laws, rules, and regulations;
 - (f) a description of the contractor's role in the development of plans of treatment, and how to keep agency staff informed about the patient's needs or condition;
 - (g) terms of termination of the contract; and
 - (h) a photocopy of the professional license of any contracted personnel.

R432-750-7. Acceptance and Termination.

- (1) The licensee shall develop written acceptance and termination policies and make these policies available to the public upon request.
- (2) The licensee shall make available to the public, upon request, information regarding the various services provided by the hospice and the cost of the services.
- (3) The licensee shall accept a patient for treatment if there is reasonable expectation that the patient's needs can be met by the agency regardless of ability to pay for the services. The licensee shall base the acceptance determination on the following:
 - (a) the patient, family or responsible person agrees that hospice care is appropriate and completes a signed informed consent document requesting hospice services. If no primary care person is available, the licensee shall complete an evaluation to determine the patient's eligibility for service;
 - (b) the patient's attending physician shall order hospice care; and
 - (c) the licensee determines that the patient's place of residence is adaptable and safe for the provision of hospice services.
- (4) The licensee may terminate services to a patient if any of the following circumstances occur:
 - (a) the patient is determined to no longer be terminal;
 - (b) the family situation changes that affects the delivery of services;
 - (c) the patient or family is uncooperative in efforts to attain treatment objectives;
 - (d) the patient moves from the geographic area served by the agency;
 - (e) the physician fails to renew orders or the patient changes their physician and the licensee cannot obtain orders for continuation of services from the new physician;
 - (f) the licensee can no longer provide quality care in the existing environment due to safety of staff, patient, or family;or
 - (g) the patient or family requests that agency services be discontinued.
- (5) Upon transfer from a home program to an inpatient unit, or the reverse, the plan of care shall be forwarded to the receiving program.

R432-750-8. Patients Rights.

- (1) The licensee shall establish written patient rights that shall be available to the patient before or at admission and to the responsible party, next of kin, sponsoring agency, representative payee and the public upon request. The licensee may determine how patient rights information is distributed in the agency policy.
- (2) The licensee shall ensure that each patient receiving care has the right to:
 - (a) receive information regarding patient rights and responsibilities;
 - (b) receive information regarding services that the patient or a third-party payer may be responsible for and to receive information on any change in charges;
 - (c) be informed of personal health conditions, unless medically contraindicated and documented in the clinical record,
 - (d) be given the opportunity to participate in the planning of the hospice services, including referral to health care institutions or other agencies;
 - (e) to refuse to participate in experimental research;
 - (f) refuse treatment to the extent permitted by law and to be informed of the medical consequences, if refused;
 - (g) be assured confidential treatment of personal and medical records and to approve or refuse the release of records to any individual outside the agency, except in the case of transfer to another agency or health facility, or as required by law or third-party payment contract;
 - (h) be treated with consideration, respect, and full recognition of dignity and individuality, including privacy in treatment and in care for personal needs;

- (i) receive information about the hospice services required to assist in the course of treatment;
- (j) be assured the personnel who provide care are qualified through education and experience to carry out the services that they are responsible;
- (k) receive proper identification by the individual providing hospice services;
- (l) discontinue hospice care at any time they choose; and
- (m) receive information about advanced directives.

R432-750-9. Patient Records.

- (1) The administrator shall develop and implement record keeping policies and procedures that address the use of patient records by authorized staff, content, confidentiality, retention, and storage.
 - (a) The licensee shall ensure that records are organized in a uniform medical record format.
 - (b) The licensee shall maintain an identification system to facilitate location of each patient's current or closed record.
 - (c) The licensee shall maintain an accurate, current record for each patient receiving service.
 - (d) Each licensee who has a patient contact or provides a service shall insure that a clinical note entry of that contact or service is made in the patient's record.
 - (e) Any entries shall be dated and authenticated with the signature and title of the person making the entry.
 - (f) The licensee shall document each service provided and the outcome of each service in the individual patient record.
- (2) The licensee shall ensure that signed and dated physician's orders are incorporated into the plan of care and renewed at least every 90 days. A copy of the order is acceptable as long as the original order is available on request.
- (3) The licensee shall ensure that each patient record shall contain at least the following information:
 - (a) demographic information that includes:
 - (i) patient name;
 - (ii) patient address;
 - (iii) age;
 - (iv) patient date of birth;
 - (v) name and address of nearest relative or responsible person;
 - (vi) name and telephone number of the physician with primary responsibility for patient care; and
 - (vii) name and telephone number of the person or family member who, in addition to agency staff, provides care in the place of residence;
 - (b) diagnosis;
 - (c) pertinent medical and surgical history if available;
 - (d) a written and signed informed consent to receive hospice services;
 - (e) orders by the attending physician for hospice services;
 - (f) medications and treatments as applicable;
 - (g) a written plan of care; and
 - (h) a signed, dated patient assessment that includes the following:
 - (i) a description of the patient's functional limitations;
 - (ii) a physical assessment noting chronic or acute pain and other physical symptoms and their management;
 - (iii) a psychosocial assessment of the patient and family;
 - (iv) a spiritual assessment; and
 - (v) a written summary report of hospice services provided that is additionally sent to the patient's attending physician at least every 90 days.
- (4) The person who is assigned to supervise or coordinate care for a patient shall complete a discharge summary when services to the patient are terminated. The discharge summary shall include the reason for discharge and the name of the facility or agency if the patient is referred or transferred.
- (5) The licensee shall safeguard clinical record information against loss, destruction, and unauthorized use.
 - (a) The licensee shall ensure that written procedures govern the use and removal of records and conditions for release of patient information.
 - (b) A written consent is required for the release of patient information and photographing recorded information.
 - (c) When a patient is transferred to another facility or agency, the licensee shall send a copy of the record or abstract to that service agency.
- (6) The licensee shall provide an accessible area for filing and safe storage of medical records.
 - (a) The licensee shall ensure that each patient record is retained for at least seven years after the last date of patient care.
 - (b) The licensee shall transfer any patient records to a new owner upon a change of agency ownership.

R432-750-10. Quality Assurance.

- (1) The governing body shall evaluate the quality, appropriateness, and scope of services provided by the licensee at least annually to determine if the licensee has met its objectives.
- (2) An interdisciplinary quality assurance committee shall evaluate patient services at least quarterly and maintain a written report of findings. Recommendations from each meeting shall be submitted to the hospice administrator and shall be maintained for review by the department.

- (a) The administrator shall appoint the members of the quality assurance committee for a given term of membership.
- (b) The quality assurance committee shall include a minimum of three individuals who represent three different health care services.

R432-750-11. Hospice Services.

(1) A hospice unit of care includes the patient and the patient's family. The licensee shall ensure that the patient, family, or other primary care person participates in the development and implementation of the interdisciplinary care plan according to their ability.

(2) Hospice care includes responding to the scheduled and unscheduled needs of the patient and family 24 hours per day. The licensee shall ensure that written policies and procedures include:

- (a) a procedure for accepting referrals;
- (b) a procedure for completing an initial assessment and developing the interdisciplinary care plan;
- (c) a procedure for providing for and documenting that the interdisciplinary team meets regularly to evaluate care and includes inpatient and in-home care staff;
- (d) a requirement that the care plan to be available to team members for in-home and inpatient services;
- (e) a process for the appropriate transfer of care from hospice in-home care to hospice inpatient care and vice-versa where available;

- (f) a clearly defined and integrated administrative structure between in-home care and inpatient services; and
- (g) coordination of the care plan between in-home hospice and inpatient hospice care.

(3) Hospice care shall be provided by the interdisciplinary team.

- (a) The interdisciplinary team may include ancillary staff when appropriate.
- (b) The interdisciplinary team shall meet at least twice a month to develop and maintain an appropriate plan of care.
- (4) A care plan for each patient shall be signed by the attending physician and include the following:
 - (a) the name of patient;
 - (b) any pertinent diagnoses;
 - (c) objectives, interventions, and goals of treatment, based upon needs identified in a comprehensive patient assessment;

- (d) services to be provided, at what intervals and by whom; and
- (e) the date the plan was initiated and dates of subsequent reviews.

(5) A hospice nurse may not give any medication or treatment requiring an order except on order of a person lawfully authorized to give such an order.

(a) Initial orders and subsequent changes in orders for the administration of medications shall be signed by the person lawfully authorized to give such orders and incorporated in the patient's record maintained by the licensee.

(b) Telephone orders shall only be received by licensed personnel, who shall record them immediately in the patient's medical record. Telephone orders shall be countersigned by the initiator within 15 days of the date of issue.

(c) Orders for therapy services shall include the specific procedures to be used and the frequency and duration of the services.

(d) The attending physician shall review, sign, and date orders at least every 90 days.

(e) Only those hospice employees licensed to do so may administer medications to patients.

(f) Medications and treatments that are administered by hospice employees, shall be administered as prescribed and recorded in the patients record.

R432-750-12. Physician Services.

(1) Each patient admitted for hospice services shall be under the care of a licensed physician who shall provide the following:

- (a) approval for hospice care;
- (b) admitting diagnosis and prognosis;
- (c) current medical findings;
- (d) medications and treatment orders; and
- (e) pertinent orders regarding the patient's terminal condition.

(2) The administrator shall appoint in writing a licensed physician to be the medical director. The medical director shall be knowledgeable about the psychosocial and medical aspects of hospice care, on the basis of training and experience. The medical director shall:

- (a) act as a medical resource to the interdisciplinary team;
- (b) coordinate services with each attending physician to ensure continuity in the services provided in the event the attending physician cannot retain responsibility for patient care; and
- (c) act as liaison with physicians in the community.

R432-750-13. Nursing Services.

(1) A registered nurse shall provide or direct nursing services.

(2) Registered nursing personnel shall perform the following tasks:

- (a) make the initial nursing evaluation visit;

- (b) re-evaluate the patient's nursing needs as required;
- (c) initiate the plan of care and necessary revisions;
- (d) provide directly, or by contract, skilled nursing care;
- (e) assign, supervise, and teach other nursing personnel and primary care persons;
- (f) coordinate any services provided with members of the interdisciplinary team;
- (g) inform the physician and other personnel of changes in the patient's condition and needs;
- (h) prepare clinical progress notes; and
- (i) participate in in-service training programs.

R432-750-14. Medical Social Work Services.

- (1) The licensee shall provide social work services by a social worker who has received a degree from an accredited school of social work and is licensed under the Mental Health Professional Practice Act, Title 58, Chapter 60.
- (2) The social worker shall participate in in-service training to meet the care needs of the patient and family.

R432-750-15. Professional Counseling Services.

- (1) The licensee shall provide counseling services to patients either directly or by contract. These services may include dietary and other counseling services deemed appropriate to meet the patients and family needs.
- (2) The licensee shall ensure that individuals who provide counseling services, whether employed or contracted by the licensee, are licensed, certified, registered, or qualified as to education, training, or experience according to law.

R432-750-16. Pastoral Care Services.

- (1) The licensee shall provide pastoral services through a qualified staff person who has a working relationship with local clergy or spiritual counselors.
- (2) The licensee shall ensure that pastoral services include the following:
 - (a) spiritual counseling consistent with patient and family belief systems;
 - (b) communication with and support of clergy or spiritual counselors in the community as appropriate; and
 - (c) consultation and education to patients and families and interdisciplinary team members as requested.

R432-750-17. Volunteer Services.

- (1) Hospice volunteers may provide a variety of services as defined by the policies of each program and under supervision of a designated and qualified hospice staff member.
- (2) The licensee shall ensure that volunteers receive a minimum of 12 hours of documented orientation and training that includes the following:
 - (a) the hospice services, goals, and philosophy of care;
 - (b) the physiological aspects of terminal disease;
 - (c) family dynamics, coping mechanisms, psychosocial and spiritual issues surrounding the terminal disease, death, and bereavement;
 - (d) communication skills;
 - (e) concepts of death and dying;
 - (f) care and comfort measures;
 - (g) confidentiality;
 - (h) patient's and family's rights;
 - (i) procedures to be followed in an emergency;
 - (j) procedures to follow at the time of patient death;
 - (k) infection control and safety;
 - (l) stress management; and
 - (m) the volunteer's role and documentation requirements.
- (3) The licensee shall maintain records of hours of services and activities provided by volunteers.
- (4) The licensee shall have on file, a copy of certification, registration, or license of any volunteer providing professional services.

R432-750-18. Bereavement Services.

- (1) The licensee shall ensure that bereavement services address the family needs following the death of the patient. This includes:
 - (a) making bereavement services available, as needed, to survivors for at least one year;
 - (b) supervised bereavement services by a person possessing at least a degree or documented training in a field that addresses psychosocial needs, counseling, and bereavement services; and
 - (c) any volunteers and staff who provide bereavement services shall receive bereavement training.
- (2) The licensee shall ensure that bereavement services include the following:
 - (a) survivor contact, as needed and documented, following a patient's death;
 - (b) an interchange of information between the team members regarding bereavement activities; and
 - (c) a process for the assessment of possible pathological grief reactions and, as appropriate, referral for intervention.

R432-750-19. Other Services.

- (1) Other services offered by the licensee may include:
 - (a) physical therapy;
 - (b) occupational therapy;
 - (c) speech therapy; and
 - (d) certified nursing aide.
- (2) Any services provided directly by the licensee or through contract shall be ordered by a physician and documented in the clinical record.

R432-750-20. Freestanding Inpatient Facilities.

Freestanding inpatient hospice licensees shall additionally meet the Construction and Physical Environment requirements of Rules R432-4, R432-5, and R432-12, depending on facility size and type of patient admitted.

R432-750-21. Hospice Inpatient Facilities.

Inpatient hospice licensees shall additionally meet the requirements of Sections R432-750-23 through R432-750-38.

R432-750-22. Inpatient Staffing Requirements.

- (1) An inpatient hospice licensee shall provide competent hospice trained nursing staff 24 hours per day to meet the needs of a patient in accordance with the patient's plan of care. Nursing services shall provide treatments, medications, and diet as prescribed.
- (2) A hospice trained registered nurse shall be on duty 24 hours per day to provide direct patient care and supervision of any nursing services.

R432-750-23. Infection Control.

- (1) The licensee shall develop and implement an infection control program to protect patients, family, and hospice personnel from community associated infections.
- (2) The hospice administrator and medical director shall develop written policies and procedures governing the infection control program.
- (3) The licensee shall ensure that each employee wears clean garments or protective clothing at all times, and practice good personal hygiene and cleanliness.
- (4) The licensee shall develop and implement a system to investigate, report, evaluate, and maintain records of infections among patients and personnel.
- (5) The licensee shall comply with Occupational Safety and Health Administration, OSHA, Blood Borne Pathogen Standards, 29 CFR 1910.1030, 2001.

R432-750-24. Pharmaceutical Services.

- (1) The licensee shall establish and implement written policies and procedures to govern the procurement, storage, administration, and disposal of any drugs and biologicals in accordance with federal and state laws.
- (2) A licensed pharmacist shall supervise pharmaceutical services. The pharmacist's duties shall include the following:
 - (a) advise the hospice and hospice interdisciplinary team on any matters pertaining to the following:
 - (i) procurement, storage, administration, disposal, and record keeping of drugs and biologicals;
 - (ii) interactions of drugs; and
 - (iii) counseling staff on appropriate and new drugs;
 - (b) inspect each drug storage area at least monthly; and
 - (c) conduct patient drug regimen reviews at least monthly or more often if necessary, and make recommendations to physicians and hospice staff.
- (3) The licensee shall establish and implement written policies and procedures for drug control and accountability. Records of receipt and disposition of each controlled drug shall be maintained for accurate reconciliation.
- (4) The pharmaceutical service shall ensure that drugs and biologicals are labeled based on currently accepted professional principles, and include the appropriate accessory and cautionary instructions, as well as the expiration date when applicable.
- (5) The licensee shall provide secure storage for medications. Medications that require refrigeration shall be maintained between 36 and 46 degrees Fahrenheit (F).
- (6) The licensee shall provide separately locked compartments for storage of controlled drugs as well as other drugs subject to abuse. Only authorized personnel, in accordance with state and federal laws, shall have access to the locked medication compartments.
- (7) Controlled drugs no longer needed by the patient shall be disposed of by the pharmacist and a registered nurse. The hospice shall maintain written documentation of the disposal.
- (8) An inpatient hospice licensee shall maintain an emergency drug kit appropriate to the needs of the facility, assembled in consultation with the pharmacist and readily available for use. The pharmacist shall check and restock the kit at least monthly.

R432-750-25. Inpatient Hospice Patient's Rights.

- (1) In addition to Section R432-750-9, the licensee shall honor each patient's right to:
- (a) exercise their rights as a patient of the facility and as a citizen or resident of the United States;
 - (b) be free of mental and physical abuse;
 - (c) be free of chemical and physical restraints for discipline or staff convenience;
 - (d) have family members remain with the patient through the night;
 - (e) receive visitors, including small children, at any hour;
 - (f) privacy for the family following a patient's death;
 - (g) keep personal possessions and clothing as space permits;
 - (h) privacy during visits with family, friends, clergy, social workers, and advocacy representatives;
 - (i) send and receive mail unopened and have access to telephones to make and receive confidential calls;
 - (j) have family or the responsible person informed by the inpatient hospice of significant changes in the patient's condition or needs;
 - (k) participate in religious and social activities of the patient's choice;
 - (l) manage and control personal cash resources;
 - (m) receive palliative treatment rather than treatment aimed at intervention for cure or prolongation of life;
 - (n) refuse nutrition, fluids, medications, and treatments; and
 - (o) leave the facility at any time and not be locked into any room, building, or on the facility premises during the day or night except that the inpatient hospice may lock doors at night for the protection of patients.
- (2) The licensee shall post patient rights in a public area of the facility.
- (3) Restraints ordered to treat a medical condition shall comply with the requirements of Rule R432-150.

R432-750-26. Report of Death.

- (1) The licensee shall have a written plan to follow at the time of a of patient's death that shall include:
- (a) recording the time of death;
 - (b) documentation of death;
 - (c) notification of the attending physician responsible for signing the death certificate;
 - (d) notification of the next of kin or legal guardian; and
 - (e) authorization and release of the body to the funeral home.
- (2) The licensee shall notify the department of any death resulting from injury, accident, or other possible unnatural cause.

R432-750-27. First Aid.

- (1) The licensee shall ensure that at least one staff person is on duty 24 hours per day who is certified in cardiopulmonary resuscitation and has training in basic first aid, the Heimlich maneuver, and emergency procedures.
- (2) Each licensee, except those attached to a medical unit, shall ensure that a first aid kit is available at a designated location in the facility.
- (3) Each licensee shall have a current edition of a basic first aid manual approved by the American Red Cross, the American Medical Association, or a state or federal health agency.

R432-750-28. Safeguards for Patients Funds and Valuables.

- (1) The licensee shall safeguard patient cash resources, personal property, and valuables that have been entrusted to the licensee or hospice staff.
- (2) A licensee is not required to handle patient's cash resources or valuables. However, if the licensee accepts a patient's cash resources or valuables, then the licensee shall safeguard the patient's cash resources in accordance with the following:
- (a) no licensee or hospice staff member may use patient funds or valuables as their own or mingle them with own;
 - (b) patient funds and valuables shall be separated, intact, and free from any liability that the licensee incurs in the use of their own or the institution's funds and valuables;
 - (c) the licensee shall maintain accurate records of patient funds and valuables entrusted to the licensee;
 - (d) records of patient funds that are maintained as a drawing account shall include a control account for any receipts and expenditures, and an account for each patient and supporting receipts filed in chronological order;
 - (e) each account shall be kept current with columns for debits, credits, and balance;
 - (f) records of patient funds and other valuables entrusted to the licensee for safekeeping shall include a copy of the receipt furnished for funds received; and
 - (g) any money entrusted with the facility in a patient account over \$150 shall be deposited in an interest-bearing account in a local financial institution within five days of receipt.
- (3) Each licensee shall maintain a separate account for patient funds specific to that inpatient hospice and shall not commingle with patient funds from another inpatient hospice.

(4) Upon discharge, a patient's money and valuables, that have been entrusted to the licensee, shall be returned to the patient that day. Money and valuables kept in an interest-bearing account shall be available to the patient within three working days.

(5) Within 30 days following the death of a patient, except in a medical examiner case, the patient's money and valuables entrusted to the licensee shall be surrendered to the responsible persons, or to the administrator of the estate.

R432-750-29. Emergency and Disaster.

- (1) The licensee is responsible for the safety and well-being of patients in the event of an emergency or disaster.
- (2) The licensee and the administrator are responsible to develop plans coordinated with the state and local emergency disaster authorities to respond to potential emergencies and disasters.
 - (a) The plan shall outline the protection or evacuation of any patients and include arrangements for staff response, or provisions of additional staff to ensure the safety of any patient with physical or mental limitations.
 - (b) Emergencies and disasters include fire, severe weather, missing patients, interruption of public utilities, explosion, bomb threat, earthquake, flood, windstorm, epidemic, or mass casualty.
 - (c) The emergency and disaster response plan shall be in writing and distributed or made available to any facility staff and patients to assure prompt and efficient implementation.
 - (d) The licensee and the administrator shall review and update the plan as necessary to conform with local emergency plans. The plan shall be available for review by the department.
- (3) The licensee's emergency and disaster response plans shall address the following:
 - (a) the names of the person in charge and any person with decision-making authority;
 - (b) the name of any person to be notified in an emergency in order of priority;
 - (c) the name and telephone number of emergency medical personnel, fire department, paramedics, ambulance service, police, and other appropriate agencies;
 - (d) instructions on how to contain a fire and how to use the facility alarm systems;
 - (e) assignment of personnel to specific tasks during an emergency;
 - (f) the procedure to evacuate and transport patients and staff to a safe place within the hospice or to other prearranged locations;
 - (g) instructions on how to recruit additional help, supplies, and equipment to meet patient needs after an emergency or disaster;
 - (h) delivery of essential care and services to facility occupants by alternate means;
 - (i) delivery of essential care and services to facility occupants when additional individuals are housed in the hospice during an emergency;
 - (j) delivery of essential care and services to facility occupants when personnel are reduced by an emergency; and
 - (k) maintenance of safe ambient air temperatures within the facility.
- (i) Emergency heating shall have approval of the local fire department.
 - (ii) Ambient air temperatures of 58 degrees F. or below may constitute an imminent danger to the health and safety of the patients in the hospice. The person in charge shall take immediate action in the best interests of the patients; and
 - (iii) The licensee shall have, and be capable of implementing, contingency plans regarding excessively high ambient air temperatures within the hospice that may exacerbate the medical condition of patients.
- (4) Personnel and patients shall receive instruction and training in accordance with the plans to respond appropriately in an emergency. The licensee shall:
 - (a) annually review the procedures with existing staff and patients;
 - (b) hold simulated disaster drills semi-annually; and
 - (c) document any drills, including date, participants, problems encountered, and the ability of each patient to evacuate.
- (5) The administrator shall be in charge during an emergency. If not on the premises, the administrator shall make every effort to report to the hospice, relieve subordinates, and take charge.
- (6) Each inpatient hospice licensee shall provide in-house any equipment and supplies required in an emergency including emergency lighting, heating equipment, food, potable water, extra blankets, a first aid kit, and a radio.
- (7) The licensee shall post the following information in appropriate locations throughout the facility:
 - (a) the name of the person in charge and names and telephone numbers of emergency medical personnel, agencies, and appropriate communication and emergency transport systems; and
 - (b) evacuation routes, location of fire alarm boxes, and fire extinguishers.
- (8) The licensee shall post emergency telephone numbers at each nursing station.
- (9) Fire drills and fire drill documentation shall be in accordance with Rule R710-4, State of Utah Fire Prevention Board.

R432-750-30. Food Service.

- (1) The licensee may provide dietary services directly, or through a written agreement with a food service provider.
- (2) The licensee food service shall comply with the Rule R392-100, Utah Department of Health Food Service Sanitation Rule.
- (3) The licensee shall maintain for department review any inspection reports by the local health department.

(4) If the licensee accepts patients requiring therapeutic or special diets, the hospice shall have an approved dietary manual for reference when preparing meals.

(5) Dietary staff shall receive a minimum of four hours of documented in-service training each year.

(6) The licensee shall employ or contract with a certified dietitian to provide documented quarterly consultation if patients requiring therapeutic diets are admitted.

(7) The licensee shall ensure that enough food service personnel are on duty to meet the needs of patients.

(8) The cook and other kitchen staff shall not perform concurrent duties outside the food service area, while performing food service duties.

(9) Any person that prepares or serves food shall have a current food handler's permit.

R432-750-31. Nutrition and Menu Planning.

(1) The licensee shall provide at least three meals or their equivalent daily.

(2) Meals shall be served with no more than a 14-hour interval between the evening meal and breakfast, unless a substantial snack is available in the evening.

(3) The licensee shall have between meal snacks of nourishing quality available on a 24-hour basis.

(4) A different menu shall be planned for and available for each day of the week.

(5) The licensee shall ensure that patients' favorite foods are included in their diets when possible.

(6) The licensee shall maintain at least a one-week supply of non-perishable food and a three-day supply of perishable food.

(7) The licensee shall ensure that any food is nutritious, of good quality and appealing to the patient.

R432-750-32. Pets in the Facility.

(1) A licensee may permit patients to keep household pets such as dogs, cats, birds, fish, and hamsters if permitted by local ordinances.

(2) The licensee shall ensure that:

(a) pets are clean and disease-free;

(b) the pet environment is kept clean;

(c) small pets are kept in appropriate enclosures;

(d) pets that are not confined are under leash control, or voice control; and

(e) pets that are kept at the facility have documented current vaccinations.

(3) Upon approval of the administrator, a family member may bring a patient's pets to visit. The administrator shall ensure that the visiting pets have current vaccinations.

(4) A licensee that allows birds shall have procedures that prevent the transmission of psittacosis. Procedures shall ensure minimal handling of droppings and placing of droppings into a closed plastic bag for disposal.

(5) Pets shall not be permitted in food preparation, storage, or central dining areas, or in any area where their presence would create a significant health or safety risk to others.

R432-750-33. Laundry Services.

(1) The licensee shall provide laundry services to meet the needs of the patients.

(2) If the licensee contracts for laundry services, the licensee shall obtain a signed, dated agreement from the contracted laundry service that details any services provided..

(3) Each licensee that provides in-house laundry services shall meet the following requirements:

(a) maintain a supply of clean linen to meet the needs of the patients;

(b) clean bed linens are changed as often as necessary, but no less than twice each week;

(c) soiled linen and clothing is stored separate from clean linen and not allowed to accumulate in the facility;

(d) laundry equipment is in good repair;

(e) the laundry area is separate and apart from any room where food is stored, prepared, or served; and

(f) personnel handle, store, process, and transport linens in a manner to minimize contamination by air-borne particles and to prevent the spread of infection.

R432-750-34. Maintenance Services.

(1) The licensee shall provide maintenance services to ensure that equipment, buildings, furnishings, fixtures, spaces, and grounds are safe, clean, operable, and in good repair.

(2) The licensee shall conduct a pest control program through a licensed pest control contractor or a qualified employee to ensure the absence of vermin and rodents. Documentation of the pest control program shall be maintained for department review.

(3) The licensee shall maintain entrances, exits, steps, and outside walkways in a safe condition with regard to ice, snow, and other hazards.

R432-750-35. Waste Storage and Disposal.

The licensee shall provide facilities and equipment for the sanitary storage and treatment or disposal of any categories of waste, including hazardous and infectious wastes, if applicable, using techniques acceptable to the Department of Environmental Quality and the local health authority.

R432-750-36. Water Supply.

(1) The licensee shall ensure that hot water provided to patient tubs, showers, whirlpools, and hand washing facilities is regulated for safe use within a temperature range of 105 to 120 degrees F.

(2) Thermostatically controlled automatic mixing valves may be used to maintain hot water at the required temperatures.

R432-750-37. Housekeeping Services.

(1) The licensee shall provide housekeeping services to maintain a clean, sanitary, and healthful environment.

(2) If the licensee contracts for housekeeping services with an outside entity, the licensee shall obtain a signed and dated agreement that details the services provided.

(3) The licensee shall provide safe and secure storage of cleaners and chemicals. In areas with potential access by children or confused disoriented patients; cleaners, and chemicals shall be locked in a secure area to prevent unauthorized access.

(4) Personnel engaged in housekeeping or laundry services shall not be concurrently engaged in food service or patient care.

(5) The licensee shall establish and implement policies and procedures to govern the transition of housekeeping personnel to food service or direct patient care duties.

R432-750-38. Penalties.

Any person who violates any provision of this rule may be subject to the penalties enumerated in Sections 26-21-11 and R432-3-7 and be punished for violation of a class A misdemeanor as provided in Section 26-21-16.

KEY: health care facilities

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