

HOSPICE HOUSE REGULATIONS

DRAFT

As of July 24, 2012

COMAR 10.07.22

HOSPICE CARE PROGRAMS – HOSPICE HOUSE

DRAFT

10.07.22 Hospice Care Programs: Hospice House Requirements

ALL NEW

.01 Scope and Purpose.

This chapter applies to all general hospice care programs that operate a hospice house. An operator of a hospice house shall also comply with all the requirements contained in COMAR 10.07.21 that are applicable to general hospice care programs.

.02 Definitions.

A. In addition to the definition contained in §B of this regulation, definitions set forth in COMAR 10.07.21.02 are applicable to this chapter.

B. Term Defined. "Hospice House" means a residence operated by a Maryland licensed general hospice care program that provides routine and continuous care to hospice patients in a home-like environment and the care is not billed as general inpatient care.

.03 License Required.

A person may not operate a hospice house without first obtaining a license to operate a general hospice care program.

.04 Staffing Plan.

A. Following an analysis of the number of beds the hospice house intends to serve and the individual needs of each resident, the hospice care program shall develop a staffing plan that identifies the type and number of staff needed to provide the services required by this chapter.

B. The staffing plan shall include on-site staff sufficient in number and qualifications to meet the 24-hour scheduled and unscheduled needs of the residents.

C. Relief personnel shall be available at all times in the event that the regularly scheduled staff members are unavailable.

D. The staffing plan shall be reviewed annually and as needed.

.05 Management of the Hospice House

A. The administrator of the general hospice care program shall identify a manager of the hospice house who has full responsibility for the day-to-day operations of the hospice house.

B. The administrator shall evaluate the manager's performance on an annual basis.

C. In the absence of the hospice house manager, the hospice house shall remain under the continuous supervision of a designated individual with appropriate experience and training.

.06 Staff Qualifications

A. The hospice house shall be staffed by sufficient numbers of personnel to ensure that the hospice house is capable of meeting the requirements of this chapter, and all Federal, State and local applicable laws and regulations.

B. In addition to meeting all of the other qualifications and requirements for hospice employees, all hospice house staff shall participate in an orientation program and annual training to ensure their competency in maintaining the hospice house and meeting the needs of residents in accordance with the plan of care.

C. All staff who administer medications to residents shall meet all requirements of the Maryland Board of Nursing or Board of Physicians.

D. Documentation of all required training shall be included in the employee's personnel record.

.07 Admission Requirements

A. Any Hospice patient appropriate for care in their own home who does not require general inpatient services may be eligible for care in a hospice house, in accordance with the hospice house admission policy.

.08 Residential Agreement

A. Patients admitted to the hospice house or their representatives shall sign, before or at the time of admission, a patient agreement that:

(1) Is a clear and complete statement of commitments agreed to by the parties and the services provided in the hospice house.

(2) Is accurate, legible, and communicated in a language understandable to patient and family;

(3) Conforms to all applicable Federal, State and local laws and requirements.

B. The residential agreement shall include, at a minimum:

(1) The services to be provided by the hospice house;

(2) An explanation of the hospice house's complaint or grievance procedure;

(3) Procedures to be followed in transferring the patient to another facility;

(4) The availability of secure storage of patient's belongings;

(5) Security procedures for protecting the patient;

(6) The patient's and family's rights and obligations concerning use of the facility, including common areas;

(7) Written plan and provisions for continued emergency preparedness services;

(8) An acknowledgement that the patient or the patient's representative has reviewed all hospice house rules, requirements, restrictions, or special conditions that the program will impose on the patient;

(9) Admission and discharge policies and procedures including:

(a) Those actions, circumstances or conditions which may result in the patient's discharge from the hospice house.

(b) The procedures which the hospice house shall follow if it intends to discharge a patient without the patient's agreement, thereby terminating the residential agreement.

(c) The procedures which the patient shall follow if the patient wishes to terminate the residential agreement.

C. The residential agreement shall include financial provisions, which include at a minimum:

(1) Rate structure and payment provisions covering:

(2) All rates to be charged to the patient, including but not limited to:

(a) Any non-service related charges:

(b) Payment arrangements and fees, if known, for third-party services not covered by the residential agreement, but arranged for by either the patient, patient's representative, or the hospice house;

(3) Obligations of the hospice house and the patient, or the patient's representative, as to:

(a) Handling the finances of the patient;

(b) Arranging and contracting for services not covered by the patient agreement;

(c) Disposition of the patient's property upon discharge or death of the patient;

(d) Identification of the persons responsible for payment of all fees and charges and a clear indication of whether the person's responsibility is or is not limited to the extent of the patient's funds;

(e) Fair and reasonable billing, payment, and credit policies;

(f) The procedures the hospice house will follow in the event the patient or representative can no longer pay for services provided for in the patient agreement or for services or care needed by the patient; and

(g) Terms governing the refund of any prepaid fees or charges in the event of a patient's discharge from the hospice house or termination of the patient agreement.

D. The hospice house shall maintain the patient agreement in the patient's record.

.09 Patient Record

The hospice house shall:

A. Maintain the privacy and confidentiality of a patient's medical records;

B. Release medical records or medical information about a patient only with the consent of the patient or patient's representative, or as permitted by Health-General Article, Title 4, Subtitle 3, Annotated Code of Maryland; and

C. Maintain and dispose of a resident's medical records in accordance with Health-General Article, Title 4, Subtitle 4, Annotated Code of Maryland.

.10 Food

A. A patient's food preferences shall be assessed at the time of admission. The assessment shall be maintained in the patient record.

B. Patients shall be provided meals and snacks on demand.

C. Patients shall be offered 3 meals and additional snacks during each 24-hour period, 7 days a week in accordance with their individual daily nutritional needs and preferences and consistent with their plan of care.

D. Food that is prepared at the hospice house must be prepared in accordance with all State and local sanitation and safe food handling requirements.

E. Food preparation areas are to be maintained in accordance with all State and local sanitation and safe food handling requirements.

F. Hospice house staff shall prepare or arrange for the provision of special diets consistent with the plan of care.

G. Hospice house staff shall obtain food from sources that comply with all local laws and regulations relating to food, food processing, food handling, and food labeling.

H. Hospice house staff shall protect food from contamination while being stored, prepared, displayed, served, or transported.

I. Hospice house staff shall promptly discard the following:

(1) Spoiled food,

(2) Swelled, rusty or leaky canned food, and

(3) Foods exposed to fire, smoke, or water damage;

J. The hospice house staff shall maintain kitchen surfaces, floors, walls, storage areas, equipment, appliances, and utensils in a clean and sanitary manner and in good repair.

K. The hospice house staff shall provide refrigerator and freezer units operated in compliance with the manufacturer's specifications.

.11 Personal Care Services

The hospice house staff shall provide all necessary personal care services to the patient in accordance with the plan of care and as desired by the patient.

.12 Medication Management and Administration

A. All medications shall be administered consistent with applicable requirements of COMAR 10.27.11

B. Medications and treatments shall be administered consistent with current medical orders and using acceptable professional standards of practice.

C. All medications shall be stored in a secure location, at proper temperature.

D. Each patient's medications shall be stored in the original dispensed container;

E. Each patient shall receive the medications that have been specifically prescribed for that patient in the manner that has been ordered.

F. The hospice house staff shall document any symptoms or pain that are not relieved by the current medications and other interventions and report these to the patient's case manager or the hospice nurse on call.

G. The hospice house staff shall document any undesired side effects, adverse drug reactions, or medication errors and report these to the patient's case manager or the hospice nurse on call.

H. The medication administration documentation required under this section shall be recorded by a staff member at the time that the patient takes or receives medications on a medication administration report, which shall be maintained in the patient record and shall include at minimum:

- (1) Name of the patient,
- (2) Date of birth,
- (3) Diagnosis,
- (4) Allergies,
- (5) Significant adverse drug reactions,
- (6) Name of the medication,
- (7) Reason for the medication,

- (8) Dose,
- (9) Physician's or authorized prescriber's name,
- (10) Date of issuance, and
- (11) Directions for use.

I. Accounting for Narcotic and Controlled Drugs

- (1) The hospice house staff shall count and record controlled drugs at shift changes.
- (2) All controlled substances and all medications with a high abuse potential in the hospice house's location shall be maintained under a double lock system.

.13 Incident Reports

A. The staff of the hospice house shall complete an incident report in accordance with hospice policy within 24 hours of having knowledge that an incident has occurred.

B. All incident reports shall include:

- (1) Time, date, place and individuals present;
- (2) Complete description of the incident;
- (3) Response of the staff at the time; and
- (4) Follow up action, including notification to the patient's case manager or hospice nurse on call, the patient's representative or family, the patient's attending physician or nurse practitioner, the hospice medical director, and licensing or law enforcement authorities, when appropriate.

.14 Relocation and Discharges

A. Relocation within the facility. The hospice house may not relocate a patient within the facility except in accordance with the terms and conditions of the residential agreement.

B. Discharge: Discharge of a patient without the consent of the patient or the patient's representative shall be in accordance with the residential agreement.

(1) When the patient is discharged or transferred to another facility, the hospice house shall provide to the receiving facility all information that is required to ensure that continuity of care and services is maintained.

(2) Within 30 days of the date of discharge, the hospice house shall give each patient or patient's representative a final statement of account, and refunds due, and the program shall return any money, property or valuables held in trust or custody by the program.

.15 Patient's Rights

A. In addition to all other rights as a hospice patient, the patient residing in a hospice house has the right to:

- (1) Privacy, including the right to have a staff member knock on the patient's door before entering;
- (2) Be free from mental, verbal, sexual, and physical abuse, neglect, involuntary seclusion, and exploitation;
- (3) Be free from physical and chemical restraints;
- (4) Manage personal financial affairs;
- (5) Maintain legal counsel;
- (6) Attend or not attend religious services as the patient chooses, and receive visits from members of the clergy;
- (7) Possess and use personal clothing and other personal effects to a reasonable extent, and to have reasonable security for those effects in accordance with the hospice house's security policy;
- (8) Meet or visit privately with any individual the patient chooses in accordance with patient and facility safety;
- (9) Have reasonable access to the private use of a telephone within the facility; and
- (10) Retain personal clothing and possessions as space permits with the understanding that the hospice house may limit the number of personal possessions retained at the facility for the health and safety of other patients.

B. Notice of Patient's Rights: The hospice house shall place a copy of the patient's rights as set forth in this regulation, in a conspicuous location, plainly visible and easily read by patients, staff, and visitors, and provide a copy to each patient and patient's representative on admission.

.16 Abuse, Neglect, and Exploitation

A. The hospice house shall develop and implement policies and procedures prohibiting abuse, neglect and exploitation of hospice house patients.

B. Reports of Abuse, Neglect, or Exploitation;

(1) An employee of the hospice house who believes that a patient has been subjected to abuse, neglect or exploitation shall report the alleged abuse, neglect, or exploitation within 24 hours to:

- (a) The appropriate local Department of Social Services, Adult Protective Services office, or Child Protective Services; and

- (b) Reports to one the following:
 - (i) A local law enforcement agency, or
 - (ii) The Office of Health Care Quality.

C. Investigations: The hospice house shall:

- (1) Thoroughly investigate all allegations of abuse, neglect, or exploitation and maintain on-site written documentation of the investigation; and
- (2) Take appropriate action to prevent further incidents of abuse, neglect, or exploitation while the investigation is in progress.

D. Immunity from Civil Liability; An individual who, acting in good faith, makes a report under this regulation has immunity from liability as described in Health-General Article, §19-347(g), Annotated Code of Maryland.

E. Notice; the hospice house shall post signs that set forth the reporting requirements of §2(a) of this regulation, conspicuously in the employee and public areas of the facility.

.17 Restraint or seclusion.

A. All patients have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff.

B. Restraint or seclusion may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others and must be discontinued at the earliest possible time.

C. The type or technique of restraint or seclusion used must be the least restrictive intervention that will be effective to protect the patient, a staff member, or others from harm.

D. The use of restraint or seclusion must be:

- (1) In accordance with a written modification to the patient's plan of care; and
- (2) Implemented in accordance with safe and appropriate restraint and seclusion techniques as determined by hospice policy in accordance with State law.

E. All restraints shall be ordered by a physician and shall specify:

- (1) The purpose of the restraint;
- (2) The type of restraint to be used; and
- (3) The length of time the restraint shall be used.

F. Restraint and seclusion orders may not be on an as-needed basis.

G. A patient may not remain in a restraint for more than two hours without a change in position and toileting opportunity.

H. The patient's primary hospice nurse and hospice medical director or physician designee must be consulted as soon as possible after the implementation of any restraint or seclusion to, as applicable,

- (1) Review and modify the plan of care; and
- (2) Determine if the hospice house is an appropriate setting for the patient at this time.

I. The program shall notify the patient's family or the patient's representative each time a restraint is used.

.18 Funeral Arrangements

The hospice house shall ascertain and document on admission of the patient, or as soon thereafter as possible, the arrangements (financial, religious, name of preferred funeral director, etc.) the patient, family or patient's representative has made with regards to a funeral.

.19 General Physical Plant Requirements

A. The Facility, which includes buildings, common areas, and exterior grounds shall be kept:

- (1) In good repair;
- (2) Clean;
- (3) Free of any object, material, or condition that may create a health hazard, accident, or fire;
- (4) Free of any object, material, or condition that may create a public nuisance; and
- (5) Free of insect infestations and rodents.

B. The hospice house shall provide adequate storage space, which is protected from the elements, for excess supplies, some personal possessions of patients, and similar items in the patient's room.

.20 Water Supply

A. Approved Source. A facility shall be served by water from an approved public water supply. If an approved public water supply is not available, a private water supply may be accepted if it is approved by the local jurisdiction in which the program is located or a private certified vendor.

B. Adequacy. The water supply shall be adequate in quantity and delivered under sufficient pressure to satisfactorily serve all fixtures in the facility.

C. Hot Water Temperature. Hot water accessible to patients shall be blended externally to the hot water generator, by either individual point-of-use control valves of the anti-scald or

thermostatic mixing valve type, to a maximum temperature of 120°F and a minimum temperature of 110°F at the fixture.

.21 Sewage Disposal

The facility shall be served by an approved public sewage disposal system, if available. If an approved public sewage disposal system is not available, a private sewage disposal system may be accepted if approved by the local jurisdiction in which the program is located.

.22 Security

The facility shall have policies and procedures in place to provide a secure environment for the patient, family, and staff.

.23 Assist Rails

A. The hospice house shall provide assist rails in stairways used by patients and for all toilets, showers, and bathtubs used by patients.

B. The hospice house with a licensed capacity of 17 or more beds shall also provide assist rails on both sides of corridors used by patients.

.24 Emergency Preparedness

A. The facility shall be constructed consistent with:

- (1) All applicable local fire and building codes; and
- (2) The Life Safety Code, NFPA 101, including Chapter 24 of NFPA 101.

B. Hand Extinguishers. Fire extinguishers shall be located on each floor and adjacent to, or in, special hazard areas, such as furnace rooms, boiler rooms, kitchens, or laundries. Fire extinguishers shall be of standard and approved types, and installed and maintained to be conveniently available for use at all times. The hospice house shall properly instruct staff in the use of fire extinguishers.

C. Emergency Plan

(1) The hospice house shall develop an emergency plan that includes procedures that will be followed before, during, and after an emergency. The emergency plan shall address:

- (a) The evacuation, transportation, or shelter in-place of patients
- (b) Notification to families, staff, and the Office of Health Care Quality regarding the action that will be taken concerning the safety and well-being of the patients.
- (c) Staff coverage, organization, and assignment of responsibilities; and
- (d) The continuity of operation, including:

- (i) Procuring essential goods, equipment, and services, and
- (ii) Relocation to alternate facilities.

(2) The Hospice House shall have a signed agreement with the facility that will house the program's patients during an emergency evacuation.

(3) Upon request, the hospice house shall provide access to its emergency plan to local organizations for emergency management and for purposes of coordinating local emergency planning.

(4) The hospice house shall prepare a summary of its evacuation procedures to provide to the patient, family member, or legal representative upon request. The summary shall, at a minimum:

- (a) List means of transportation to be used in the event of evacuation.
- (b) List alternative facilities to be used in the event of evacuation.
- (c) Describe means of communication with family members and legal representatives; and
- (d) Describe the role of the patient, family member, or legal representative in the event of evacuation.

D. Evacuation Plans. The facility shall conspicuously post individual floor plans with designated evacuation routes on each floor.

E. Emergency Electrical Power Generator

(1) Generator Required. A hospice house with 6 or more beds shall have an emergency electrical power generator on the premises.

(2) Generator Specifications. The power source shall be a generating set and prime mover located on the program's premises with automatic transfer. The emergency generator shall:

- (a) Be activated immediately when normal electrical service fails to operate;
- (b) Come to full speed and load acceptance within 10 seconds; and
- (c) Have the capability of 48 hours of operation from fuel stored on-site.

F. Test of Emergency Power System

(1) The program shall test the emergency power system once each month.

(2) During testing of the emergency power system, the generator shall be exercised for a minimum of 30 minutes under normal emergency facility connected load.

(3) Results of the test shall be recorded in a permanent log book that is maintained for that purpose.

G. The emergency power system shall provide lighting in the following areas of the facility:

- (1) Areas of egress and protection as required by the State Fire Prevention Code and Life Safety Code 101 as adopted by the State Fire Prevention Commission;
- (2) Nurses' station;
- (3) Medication area;
- (4) An area for emergency telephone use;
- (5) Boiler or mechanical room;
- (6) Kitchen;
- (7) Emergency generator location and switch gear location;
- (8) If applicable, elevator, if operable on emergency power;
- (9) If applicable, areas where life support equipment is used;
- (10) If applicable, common areas or areas of refuge; and
- (11) If applicable, toilet rooms of common areas or areas of refuge.

H. Emergency electrical power shall be provided for the following, if applicable:

- (1) Nurses' call system;
- (2) At least one telephone in order to make and receive calls;
- (3) Fire pump;
- (4) Sewerage pump and sump pump;
- (5) If applicable, an elevator, if required, for evacuation purposes;
- (6) If necessary, heating equipment needed to maintain a minimum temperature of 70°F (24°C);
- (7) If applicable, life support equipment; and
- (8) Nonflammable medical gas systems.

I. Common Areas or Areas of Refuge. If the emergency power system does not provide heat to all patient rooms and toilet rooms, the program shall provide common areas or areas of refuge for all patients. The areas shall meet the following requirements:

(1) The common area or areas of refuge shall maintain a minimum temperature of 70°F (24°C);

(2) Heated toilet rooms shall be provided adjacent to the common areas or areas of refuge; and

J. Orientation and Drills

(1) The hospice house shall;

(a) Orient staff to the emergency plan and to their individual responsibilities within 24 hours of the commencement of job duties; and

(b) Document completion of the orientation in the staff member's personnel file through the signature of the employee.

K. The hospice house shall conduct fire drills at least quarterly on all shifts and shall document completion of each drill. The documentation shall be signed by all staff who participated in the drill. The hospice house shall maintain the documentation on file for a minimum of 2 years.

L. The hospice house shall conduct an annual disaster drill or training session, other than a fire drill, on all shifts and shall document completion of each disaster drill or training session. The document shall be signed by all staff who participated in the drill or training. The hospice house shall keep the documentation on file for a minimum of 2 years.

.25 Smoking

A. The hospice house shall prohibit indoor smoking in accordance with COMAR 10.19.04 and COMAR 10.12.27.

.26 Common Use Areas

A. Common Areas. The hospice house shall provide common areas for the use of patients and families. The common areas shall be of a size and furnished to accommodate the number of family members reasonably expected to attend the number of patients provided for by the hospice house capacity.

B. Public Toilets. The hospice house shall provide public restrooms that are sufficient in number, and appropriately located, to serve family members and visitors.

C. Dining Area. The hospice house shall provide a well-lit, adequately ventilated, and appropriately furnished dining area for the use of patients, families, and visitors.

D. Kitchen. The hospice house shall have a kitchen that has adequate:

(1) Storage, refrigerator, and freezer space for perishable and nonperishable foods;

(2) Food preparation area or areas with cleanable surfaces;

(3) Space and equipment to wash, sanitize, and store utensils;

- (4) Space to store and clean garbage cans wither within or outside the kitchen;
- (5) Ice making capabilities;
- (6) Equipment for the preparation of food.

.27 Patients' Rooms and Furnishings

A. Patient Room

- (1) Patient rooms shall be of a size and with furnishings adequate for the hospice residence staff to provide care of the patient as required by the plan of care.
- (2) Patient rooms shall provide accommodation for one family member to remain with the patient through the night.
- (3) Patient rooms shall be for the private use of the assigned patient or patient's.
- (4) If a patient in a double occupancy room requests dividers, curtains, or screens between the beds to ensure privacy, the hospice house shall furnish them.
- (5) The hospice house shall provide adequate closet or wardrobe space, conveniently located to allow each patient to keep personal items.

.28 Bathrooms for Patients

A. Toilets. The hospice house shall provide toilets in a separate room or compartment with latching hardware for privacy

B. Lavatories. Buildings with one to eight occupants shall have a minimum ratio of one lavatory to four occupants. Buildings with nine or more occupants shall have a minimum ratio of one lavatory to four occupants and a minimum of one lavatory for each floor on which a patient room is located.

C. Bathtubs or Showers. The hospice house shall provide patients with bathtubs or showers that are enclosed in a separate room or compartment that ensures privacy.

.29 Illumination

A. The hospice house shall provide sufficient light to meet the patient's needs.

B. Common use areas, such as entrances, hallways, inclines, ramps, cellars, attics, storerooms, kitchens, and laundries, shall have sufficient artificial lighting to prevent accidents and promote efficient service.

.30 Heating, Ventilation, and Air Conditioning

A. The hospice house may not use space heaters unless approved by the state or local fire authorities.

B. Minimum Temperature. The facility shall have a system that provides in areas used by patients a minimum temperature of 70°F in cold weather and a maximum temperature of 80°F in hot weather.

C. Temperature Control.

(1) A thermostat; or

(2) An approved mechanical device for modulating a room's temperature, such as adjustable vanes in a hot air vent.

D. The hospice house shall ensure that all rooms and areas have sufficient ventilation to prevent excessive heat, steam, condensation, smoke, and other noxious odors. The hospice house shall provide forced mechanical exhaust ventilation or an approved equivalent for:

(1) All bathing compartments;

(2) Toilet rooms;

(3) Any area used for toileting;

(4) Soiled utility rooms;

.31 Laundry

A. The hospice house shall furnish laundry service, either on-site or off-site.

B. The hospice house shall ensure that the laundry is;

(1) Adequate to meet the needs of the patients; and

(2) Processed and handled in a manner to prevent the spread of infection; and

(3) Adequately sanitized by the use of sufficient hot water or appropriate chemical representatives, or a combination of both; and

(4) Patient and facility laundry shall be washed and dried separately.

C. Unless otherwise agreed by the program and the patient, dry cleaning services are not considered part of laundry services in these regulations.

.32 Plan of Care

A. A written hospice interdisciplinary plan of care be established and maintained in consultation with the hospice house representatives, for each patient admitted to the hospice house.

.33 Infection Control

A. The hospice house must maintain an infection control program that protects patients, staff and others by preventing and controlling infections and communicable diseases.

B. The hospice house must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions.

C. The infection control program shall include the following:

(1) Education of employees, contracted providers, patients, and family members about infection control, including their role in preventing the spread of infection and communicable diseases through daily activities;

(2) Techniques for hand washing, respiratory protections, asepsis as well as other means for limiting the spread of contagion;

(3) Measures for the screening and evaluation of health care workers, including all hospice staff, contract workers (e.g., agency nurses, housekeeping staff, etc.), and volunteers, for communicable diseases, and for the evaluation of staff and volunteers exposed to patients with non-treated communicable diseases;

(4) Monitoring staff for compliance with hospice policies and procedures related to infection control.

.34 Pet Visitation:

A. Animals shall have appropriate vaccinations and licenses and a veterinary record shall be kept on all pets to verify vaccinations and be made readily available for review.

B. If another patient has an allergy or a respiratory condition that is aggravated by an animal, the animal must remain outside of areas that the other resident may be.

C. The hospice house has the right to restrict any pet from the hospice house.

END NEW