DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

DIRECTOR'S OFFICE

HOSPICE AND HOSPICE RESIDENCES

(By authority conferred on the department of licensing and regulatory affairs by section 21419 of 1978 PA 368, MCL 333.21419, and Executive Orders Nos. 1996-1, 1996-2, 2003-1, and 2011-4, MCL 330.3101, 445.2001, 445.2011, and 445.2030)

PART 1. GENERAL PROVISIONS

R 325.13101 Definitions.

Rule 101. (1) As used in these rules:

(a) "Applicant" means a person applying to the department for a hospice license.

(b) "Bereavement services" means emotional, psychosocial, and spiritual support services provided to the family before and after the death of the patient to assist the family in coping with issues related to grief, loss, and adjustment.

(c) "Change of ownership," means a transfer of a hospice from 1 owner to another.

(d) "Code" means the public health code, 1978 PA 368, MCL 333.1101 to 333.25211.

(e) "Department" means the department of licensing and regulatory affairs.

(f) "Governing body" means any of the following:

(i) The policy making body of a hospice that is a government agency.

(ii) The board of directors or trustees of a hospice that is a not-for-profit corporation.

(iii) The board of directors of a hospice that is a business corporation.

(iv) The proprietor or owners of a hospice that is a solely owned business or partnership.

(g) "Hospice" means a hospice as defined by section 20106 (4) of the code.

(h) "Hospice administrator" means a person who is responsible to the governing body, either directly or through the governing body's chief executive officer, for the administrative operation of a hospice.

(i) "Hospice patient" or "patient" means an individual in the terminal stage of illness who has an anticipated life expectancy of 6 months or less and who has voluntarily requested admission and been accepted into a hospice.

(j) "Hospice residence" means a hospice residence as defined by section 21401(1)(b) of the code.

(k) "Hospice staff" means the individuals who work for the hospice, including volunteers.

(l) "Interdisciplinary care team" means a group composed of, at a minimum, a doctor of medicine or osteopathy, a registered nurse, a social worker, and a pastoral or other counselor. One hospice staff member may represent more than 1 of the required disciplines on the interdisciplinary care team for which the individual is qualified to practice and is licensed if required.

(m) “Patient/family unit” means the hospice patient and the patient’s relatives and/or other individuals with significant personal ties that are designated by the hospice patient and the relative or individual by mutual agreement.

(n) "Physician" means a physician licensed under part 170 or 175 of the code.

(2) The definitions and principles of construction in articles 1 and 17 and part 214 of 1978 PA 368, MCL 333.1101 to 333.1299, MCL 333.20101 to 333.22260, and MCL 333.21401 to 333.21421 apply to these rules.

History: 1984 AACS; 2003 AACS; 2017 AACS.

R 325.13102 State and federal compliance.

Rule 102. (1) A hospice that is licensed shall comply with applicable state laws and rules and shall furnish evidence as required by the department to show compliance.

(2) A hospice that is federally certified shall comply with applicable federal regulations and shall furnish evidence as the department may require showing compliance.

History: 1984 AACS; 2003 AACS; 2017 AACS.

R 325.13104 Patient/family unit rights and responsibilities.

Rule 104. (1) A hospice shall adopt written policies and procedures to implement the rights and responsibilities of the patient/family unit as provided by sections 20201 (1) and (2) and 20202 of the code, MCL 333.20201 and 333.20202.

(2) A hospice shall post policies and procedures described in subrule (1) of this rule in a public place inside the hospice and distribute them to a patient/family unit at the time of admission and if requested thereafter.

(3) A hospice shall assure that information transmitted to a patient/family unit will be communicated in a manner that will reasonably ensure that the information is understood by the patient/family unit.

(4) The procedures to initiate, investigate, and resolve complaints must include all of the following:

(a) A statement that a patient/family unit may complain to the hospice about any condition, event, or procedure in the hospice without citing a specific violation of the code or rules.

(b) A procedure for submitting written complaints to the hospice. The procedure includes assisting a complainant in reducing an oral complaint to writing, when the oral complaint is not resolved to the satisfaction of the complainant.

(c) The title, location, and telephone number of the hospice staff responsible for receiving complaints and conducting complaint investigations and a procedure for how the patient/family unit contacts that individual, as well as contact information for filing a complaint with the department.

(d) A hospice shall investigate complaints within 5 working days following receipt of a complaint by the hospice and the hospice shall deliver to the complainant a written report of the results of the investigation within 15 working days following receipt of the complaint.

(e) A mechanism to appeal the matter to the hospice administrator if the complainant is not satisfied with the investigation or resolution of the complaint.

(5) A hospice shall maintain written complaints and investigations for 3 years.

History: 1984 AACS; 2003 AACS; 2017 AACS.

R 325.13105 Complaints to department.

Rule 105. (1) If a person files a complaint against a hospice pursuant to section 20176 of the code, MCL 333.20176, the complaint, if alleging a nonrecurring violation, must be made within 12 months of the discovery of the violation or, if the complaint has been initially filed with the hospice, within 12 months following a final determination in the matter by the hospice. A complaint, if alleging a recurring violation, must be made within 12 months of the last alleged occurrence cited in the complaint or within 12 months following a final determination in the matter by the hospice

(2) If a complaint is not filed within the 12-month period specified in subrule (1) of this rule, the department may consider the complaint based upon information supplied by the complainant as to the reasons for the failure to file within the 12-month period.

(3) Complaints must be in writing, indicate the name and address of the hospice, the nature of the complaint, and the complainant's name and contact information, including mailing address, telephone number, and e-mail address if available. If a complaint is oral or anonymous, the department shall gather the same information as a written complaint but will not require contact information for an anonymous complaint.

(4) Written and oral complaints, including anonymous complaints**,** shall be received, evaluated**,** and investigated, if warranted, by the department.

(5) A complainant who is dissatisfied with the written determination or investigation by the department may appeal as provided by section 20176 (2) of the code, MCL 333.20176 (2).

History: 1984 AACS; 2003 AACS; 2017 AACS.

R 325.13106 Governing body.

Rule 106. (1) A hospice shall have an organized governing body that assumes full legal authority and responsibility for the management of the hospice, the provision of all hospice services, its fiscal operations, and continuous quality assessment and performance improvements. A qualified administrator appointed by and reporting to the governing body is responsible for the day-to-day operation of the hospice. The administrator shall be a hospice employee and possess education and experience required by the hospice governing body.

(2) The governing body is responsible for the establishment of policies and procedures for the management, operation, and evaluation of the hospice.

(3) The governing body shall meet according to its bylaws, but at least once a year, to carry out its legal obligations and shall keep a written record of its actions.

(4) The governing body shall appoint a hospice administrator and shall delegate to the administrator the authority for operating the hospice in accordance with policies established by the governing body.

(5) The governing body shall provide for medical direction of the hospice through a physician**,** or group of physicians, who is licensed under part 170 or 175 of the code to practice in this state.

(6) If the hospice discontinues operation for any reason, the governing body shall comply with the appropriate provisions set forth in R 325.13109 (1) (u) (vi).

History: 1984 AACS; 2003 AACS; 2017 AACS.

R 325.13107 Hospice administrators.

Rule 107. (1) The hospice administrator shall direct the hospice and ensure implementation of policies and procedures regarding all activities and care services provided in the hospice whether provided through staff employed directly, by volunteers, or through contract arrangement.

(2) The hospice administrator shall designate, in writing, an alternate to act in his or her absence.

(3) The hospice administrator shall implement administrative policies and procedures that include personnel policies and are applicable to all hospice staff.

(4) The hospice administrator is responsible for regulatory compliance.

History: 1984 AACS; 2003 AACS; 2017 AACS.

R 325.13108 General services.

Rule 108. As the needs of the hospice and its patient/family units dictate, the services of qualified personnel, who need not be salaried employees, shall be made available in all of the following disciplines:

(a) Physician services.

(b) Nursing services.

(c) Social work services.

(d) Counseling services, including spiritual, dietary, and bereavement counseling.

(e) Hospice aide services.

(f) Volunteer services.

(g) Therapy services, including physical, occupational, and speech therapy.

(h) Short term inpatient care.

(i) Pharmaceuticals, medical supplies, and durable medical equipment services.

History: 1984 AACS; 2003 AACS; 2017 AACS.

R 325.13109 Policies and procedures for home or inpatient care and services.

Rule 109. (1) The hospice administrator shall develop written policies and procedures to coordinate services provided by a hospice. The written policies and procedures shall include all of the following:

(a) Philosophy and objectives.

(b) Patient/family unit rights and responsibilities.

(c) Medical direction.

(d) Admissions, transfers, and discharges of the patient/family unit.
(e) Types of services provided and the coordination of those services, including inpatient care and follow-up.
(f) Quality assessment and performance improvement (QAPI) program and/or a performance improvement program.
(g) Determining the number and types of staff and volunteers needed.
(h) Position descriptions for each category of employed, volunteer, or contracted personnel.
(i) Orientation and staff development to all personnel, including volunteers.
(j) Functions of interdisciplinary care team.
(k) Physician services.
(l) Nursing services.
(m) Nutrition services.
(n) Pharmaceutical, medical supplies, and durable medical equipment services.
(o) Bereavement services.
(p) Social work services.
(q) Counseling services.
(r) Volunteer services.
(s) Informed consent.
(t) Availability of a staff member, 24 hours a day, 7 days a week, to a patient/family unit.
(u) A hospice patient record relating to all of the following:
(i) Documentation by staff of services rendered to patient/family units.
(ii) Confidentiality of medical information.
(iii) Release of information or the provision of copies of the information to patient/family units or authorized persons upon written consent of the patient or guardian.
(iv) Transfer of medical information to another hospice program or inpatient unit.
(v) Records retention for a period of not less than 5 years following death or discharge or, in the case of a minor, 3 years after the individual comes of age under state law, whichever is longer.
(vi) Notification to the department regarding storage of records if the hospice ceases to operate.
(2) The hospice administrator shall review the policies and procedures annually and revise them, if necessary.

History: 1984 AACS; 2003 AACS; 2017 AACS.

R 325.13110 Rescinded.

History: 1984 AACS; 2003 AACS; 2017 AACS.

R 325.13111 Performance improvement program.
Rule 111. (1) The hospice shall develop and implement, through an interdisciplinary committee, an ongoing performance improvement program that will monitor activities

and identify problems using, at a minimum, data from complaints, clinical record reviews, and patient satisfaction surveys.

(2) The committee shall adopt or develop professional standards that, at a minimum, address all of the following:

(a) Interdisciplinary team services.

(b) Patient and family as the unit of care.

(c) Symptom control.

(d) Continuity of care.

(e) Infection control.

(f) Home care services.

(g) Inpatient services.

(3) The committee shall do all of the following:

(a) Collect and analyze data.

(b) Recommend change when necessary.

(c) Recommend reevaluation when necessary.

History: 1984 AACS; 2003 AACS; 2017 AACS.

R 325.13112 Patient records.

Rule 112. (1) The hospice shall keep and maintain a record that is in compliance with section 20175 of the code, MCL 333.20175.

(2) Each patient's record shall include all of the following:

(a) Physician certification and recertification of terminal illness.

(b) Copy of advance directives or notation that the patient declined.

(c) Physician orders.

(d) The initial and updated plan of care, assessments, and clinical notes.

(3) All entries shall be legible, clear, complete, and appropriately authenticated and dated in accordance with hospice policy and currently accepted standards of practice.

(4) The patient record shall be safeguarded against loss or unauthorized use.

History: 2017 AACS.

PART 2. LICENSURE

R 325.13201 Establishing, maintaining, or operating without license prohibited.

Rule 201. A person shall not establish, maintain, or operate a hospice or a hospice residence-unless licensed by the department in accordance with section 21411 of the code and these rules.

History: 1984 AACS; 2003 AACS; 2017 AACS.

R 325.13202 Rescinded.

History: 1984 AACS; 2003 AACS; 2017 AACS.

R 325.13203 Application.

Rule 203. (1) An application for an initial or renewed license, as well as a change of ownership, relocation, or change in bed capacity, shall be made on a form or media authorized and provided by the department and shall be completed in full in accordance with department instructions. The application shall be accompanied with additional information as required by the department.

(2) A complete initial application for licensure shall include, at a minimum, all of the following:

(a) A completed application form, including the assurances described in section 20152 of the code, MCL 333.20152.

(b) The applicable license fee.

(c) Additional information upon request by the department that may include, but not limited to, ownership interest greater than 5% in the licensee entity as well as audited financial statements and corresponding notes.

History: 1984 AACS; 2003 AACS; 2017 AACS.

R 325.13204 Processing application.

Rule 204. (1) The department shall review all applications to determine whether they are complete and shall promptly notify the applicant in writing if additional information is required to complete the application or determine compliance with the code and these rules. The department shall process and consider each completed application within 90 days of completion.

(2) By applying for or accepting a license or a permit, an applicant or licensee authorizes the department and its representatives to conduct the surveys, inspections, and investigations necessary to determine compliance with applicable licensing standards.

History: 1984 AACS; 2017 AACS.

R 325.13205 Surveys and investigations.

Rule 205. (1) The department shall conduct a prelicensure survey of a hospice for initial licensure within the 90-day period following receipt of the application. An initial hospice license shall only be issued if the department, after completing a prelicensure survey, finds the hospice to be in substantial compliance with the requirements of the code and these rules. The department then shall conduct a post-licensure survey within 6 months of the issuance of the license.

(2) The department may make additional visits for the purpose of survey, complaint investigation, or enforcement of these rules and the code.

(3) Surveys and investigations by the department pursuant to this part may include any of the following:

(a) Inspections of applicable programs and their operation.

(b) Inspection and copying of books, records, patient/family unit medical records, and other documents maintained by the hospice.

(c) The acquisition of other information from any other person who may have information bearing on the applicant's or licensee's compliance or ability to comply with the applicable requirements for licensure.

(4) When making a survey or investigation, the department representative or representatives shall, upon request, present proper identification. For purposes of this subrule, "proper identification" means a card issued by the department certifying that the holder is an employee of the department.

History: 1984 AACS; 2003 AACS; 2017 AACS.

R 325.13206 Rescinded.

History: 1984 AACS; 2003 AACS; 2014 AACS.

R 325.13207 Administrator responsibilities.

Rule 207. An application for an initial or renewed license shall be submitted by the owner or hospice administrator. The hospice administrator shall act as agent for the owner or owners with respect to doing any of the following:

(a) Submitting the application and making amendments thereto.

(b) Providing the department with information necessary for a determination with respect to the application.

(c) Entering into agreements with the department in connection with licensure.

(d) Receiving notice and service of process on behalf of the applicant in matters relating to licensure.

History: 1984 AACS; 2003 AACS; 2017 AACS.

R 325.13208 Action on applications for licensure.

Rule 208. (1) With respect to any application for licensure, on the basis of the information supplied by the applicant or any other information available to it, including hospice surveys and investigations, the department shall take 1 of the following actions:

(a) Issue the license.

(b) Issue a nonrenewable temporary permit.

(c) Deny an initial or renewed license.

(d) Take other action consistent with the purposes of the code.

(2) An action by the department pursuant to subrule (1) (b) or (c) of this rule must be preceded by a notice of intent and an opportunity for a hearing. In all other cases, the determination of the department is final.

History: 1984 AACS; 2003 AACS; 2017 AACS.

R 325.13209 Rescinded.

History: 1984 AACS; 2003 AACS.

R 325.13210 Rescinded.

History: 1984 AACS; 2017 AACS.

R 325.13211 Notice to department of change in information required; transfer of license; posting.

Rule 211. (1) An applicant or licensee shall give written notice to the department within 10 business days of any change in information submitted as part of an application.

(2) A license is not transferable. An application shall be submitted to and approved by the department for a change in ownership.

(3) The current license shall be posted in a conspicuous public place inside the hospice.

History: 1984 AACS; 2017 AACS.

R 325.13212 Rescinded.

History: 1984 AACS; 2003 AACS; 2017 AACS.

R 325.13213 Public inspection of license records.

Rule 213. (1) Unless otherwise provided by law, records pertaining to licensure are available for public inspection and copying during business hours on the days when the department is open for business.

(2) The department shall delete from licensing records made available for inspection any matters or items of information exempt from disclosure under law. Fees related to requests for inspection or copies of licensing records shall be assessed in accordance with applicable law and department procedure.

(3) Arrangements for the inspection or copying of licensing records shall be made with the department.

History: 1984 AACS; 2003 AACS; 2017 AACS.

PART 3. SERVICES

R 325.13301 Contractual services.

Rule 301. (1) A hospice shall routinely provide substantially all nursing, social work, and counseling services directly by hospice employees.

(2) A hospice may contract with other health care providers or appropriate parties for nursing, social work, and counseling services to supplement hospice employees in order to meet the needs of patients under extraordinary or other non-routine circumstances.

(3) A hospice may contract with other health care providers or appropriate parties for the provision of physician services and general services other than nursing, social work, and counseling services when the hospice does not have sufficient qualified staff or available adequate equipment to render such services directly.

(4) The department may provide an exception to subrules (1), (2), and (3) of this rule for a hospice that meets all of the following:

(i) The hospice requests an exception to contract for nursing services due to a shortage of nurses in the geographic area served by the hospice.

(ii) The hospice is located in a non-urbanized area.

(iii) The hospice provides evidence to the department that it has made a good faith effort to hire a sufficient number of nurses to provide services.

(5) Contracts for shared services shall be written and shall delineate the authority and responsibility of the contracting parties. Contracts with providers shall maintain the responsibility of the hospice for coordinating and administering the hospice program.

(6) The hospice administrator shall maintain responsibility for coordinating and administering the contracted services of the hospice.

(7) Any and all personnel provided to the hospice under the terms of contracted services must be licensed or credentialed as required by law.

(8) All contracts must include financial arrangements and charges, including donated services.

(9) All contracts must state the availability of service.

(10) A contracted service shall not absolve the hospice from responsibility for the quality, availability, documentation, or overall coordination of patient/family unit care or responsibility for compliance with any federal, state, or local law or rules and regulations.

(11) The hospice administrator must review all contracts and revise them if necessary.

(12) All contracts shall be signed and dated by the hospice administrator or designee and the authorized official of the agency providing the contractual service.

(13) All contracts shall state that the contractor will provide services to the patient in accordance with the patient care plan developed by the hospice.

(14) Employees of an agency providing a contractual service shall not seek or accept reimbursement in addition to that due the agency for the actual service delivered.

(15) All contracts must prohibit the sharing of fees between a referring agency or individual and the hospice.

History: 1984 AACS; 2003 AACS; 2017 AACS.

R 325.13302 Physician services.

Rule 302. (1) At the time of admission to a hospice and thereafter, a patient shall be under the care of a physician who is responsible for providing or arranging for medical care. This physician may be the attending physician.

(2) The physician providing the medical care to a patient is responsible for the direction and quality of medical care rendered to that patient.

(3) The physician shall review the patient's medical history and physical assessment within 48 hours before or following the patient's admission to the program.
(4) The physician shall do both of the following:
(a) Validate the prognosis and life expectancy of the patient.
(b) Assist in developing the care plan of the patient.
(5) Medical care shall emphasize prevention and control of pain and other distressing symptoms.
(6) Physician/patient/family encounters shall be at least as frequent as described in the written plan of care.
(7) The hospice shall enter all physician orders and the services rendered in the patient and family record.
(8) The hospice shall arrange with a physician or group of physicians to provide the development and coordination of the medical care to ensure the adequacy and appropriateness of the medical services.
(9) The hospice shall arrange for the availability of medical services 24 hours a day, 7 days a week.

History: 1984 AACS; 2003 AACS; 2017 AACS.

R 325.13303 Physicians' assistants and nurse practitioner services.
Rule 303. (1) A physician's assistant shall work under the supervision of a licensed approved physician, as set forth in part 170 or 175 of the code, and may carry out appropriate delegated functions in a hospice in accordance with written policies and procedures of the hospice.
(2) A nurse practitioner shall be licensed in accordance with part 172 of the code. The nurse practitioner may carry out appropriate delegated functions in accordance with the code and written policies and procedures of the hospice.
(3) The physician's assistant or nurse practitioner shall not substitute for the licensed physician insofar as the overall responsibility for a patient's care is concerned.

History: 1984 AACS; 2003 AACS; 2017 AACS.

R 325.13304 Nursing services.
Rule 304. (1) Nursing services in a hospice must be available directly 7 days a week, 24 hours per day and shall be under the supervision of a director of nursing who is registered and licensed in this state.
(2) Written policies and procedures for nursing services shall be developed by the director of nursing and implemented incorporating objectives and maintaining standards of nursing practice.
(3) A hospice registered nurse shall complete an initial assessment of the patient's condition within 48 hours after the election of hospice care, unless sooner as requested by the physician, patient, or patient representative.
(4) The hospice interdisciplinary group shall complete a comprehensive assessment no later than 5 calendar days after the election of hospice care. The comprehensive

assessment shall identify the patient's immediate physical, psychosocial, emotional, and spiritual needs related to the terminal illness.

(5) The development of a comprehensive patient care plan for each hospice patient/family unit shall commence within 24 hours of admission.

(6) The patient care plan shall be established by the hospice interdisciplinary care team.

(7) The plan of care shall include problems, interventions, and goals specific to the patient/ family unit and all medications, medical equipment, and other pertinent items used by the patient. The plan of care shall be revised or updated every 15 days or as the needs of the patient/family unit change.

(8) A staff member, as designated in the patient care plan, is responsible for the coordination, implementation, and ongoing review of each plan. The plan shall be recorded and maintained as part of the patient/family unit record.

(9) The patient care plan shall give direction to the care given in meeting the physiological, psychological, sociological, and spiritual needs of the patient/family unit. The plan must be personalized to meet the individual's needs and treatment decisions.

(10) Resource materials relating to the administration and untoward effects of medications and treatments used in pain and symptom control shall be readily available to hospice personnel.

History: 1984 AACS; 2003 AACS; 2017 AACS.

R 325.13305 Bereavement and spiritual services.

Rule 305. (1) The hospice shall offer bereavement and spiritual services to the patient and family before and following the patient's death.

(2) Bereavement and spiritual services shall be available 7 days a week and shall be available to the family for not less than 13 months following the death of the patient.

(3) Bereavement and spiritual services shall provide support to enable an individual to adjust to experiences associated with death.

(4) A spiritual advisor, if selected by the patient/family unit, shall participate as a member of the interdisciplinary care team.

(5) Bereavement and spiritual services shall be delivered consistent with the patient care plan.

History: 1984 AACS; 2003 AACS; 2017 AACS.

R 325.13306 Volunteer services.

Rule 306. (1) The hospice shall utilize lay or professional volunteer services to promote the availability of care, meet the broadest range of patient/family unit needs, and effect financial economy in the operation of the hospice.

(2) A volunteer services director shall develop and implement a program that meets the operational needs of the program, coordinates orientation and education of volunteers, defines the role and responsibilities of volunteers, recruits volunteers, and coordinates the utilization of volunteers with other program directors.

(3) Volunteer service staff shall be aware of a patient's condition and treatment as indicated on the written plan of care.

(4) Services provided by volunteers shall be in accord with the written plan of care.

History: 1984 AACS; 2003 AACS; 2017 AACS.

R 325.13307 Social work services.

Rule 307. (1) The hospice shall provide social work services to the patient and family before and following the patient's death.

(2) Social work services shall be available 7 days a week.

(3) Social work services shall provide support to enable an individual to adjust to experiences associated with death.

(4) Social work services shall be delivered consistent with the patient care plan.

History: 1984 AACS; 2003 AACS; 2017 AACS.

R 325.13308 Hospice aide services.

Rule 308. (1) Hospice aide services shall comply with the requirements of 42 C.F.R. §418.76 (2009).

(2) Hospice aide services in a hospice shall be available directly, or by written agreement, and shall be under the supervision of a registered nurse who is licensed in this state.

(3) The hospice shall have policies and procedures for hospice aide services, approved by the director of nursing, to maintain standards of care.

(4) A registered nurse shall make an annual on-site visit to a location where a patient is receiving care in order to observe and assess each aide while he or she is performing care. The registered nurse who observes and assesses the nurse aide shall document the visit in the hospice aide's personnel file.

History: 2017 AACS.

R 325.13309 Pharmaceuticals, medical supplies, and durable medical equipment.

Rule 309. (1) The hospice shall provide medical supplies and appliances, durable medical equipment, and drugs and biologicals related to the palliation and management of the terminal illness and related conditions, as identified in the hospice plan of care, while the patient is under hospice care.

(2) A physician, physician assistant, or a nurse practitioner shall prescribe drugs for the patient in accordance with the plan of care and state law.

(3) The hospice shall have written policies and procedures for the management and disposal of drugs and biologicals in the patient's home.

(4) The interdisciplinary care team, as part of the review of the plan of care, shall determine the eligibility of the patient/family unit to safely self-administer drugs and biologicals to the patient in the home.

(5) The hospice shall ensure the patient/family unit receives instruction in the safe use of drugs and biologicals, medical supplies, appliances, and durable medical equipment. The patient/family unit must be able to demonstrate the appropriate use of drugs and

biologicals, medical supplies, appliances, and durable medical equipment to the satisfaction of the hospice staff.

History: 2017 AACS.

PART 4. HEARING PROCEDURE

R 325.13401 Rescinded.

History: 1984 AACS; 2003 AACS.

R 325.13402 Rescinded.

History: 1984 AACS; 2003 AACS.

R 325.13403 Rescinded.

History: 1984 AACS; 2003 AACS.

R 325.13404 Rescinded.

History: 1984 AACS; 2003 AACS.

R 325.13405 Rescinded.

History: 1984 AACS; 2003 AACS.

R 325.13406 Rescinded.

History: 1984 AACS; 2003 AACS.

R 325.13407 Rescinded.

History: 1984 AACS; 2003 AACS.

R 325.13408 Rescinded.

History: 1984 AACS; 2003 AACS.

R 325.13409 Rescinded.

History: 1984 AACS; 2003 AACS.

R 325.13410 Rescinded.

History: 1984 AACS; 2003 AACS.

R 325.13411 Rescinded.

History: 1984 AACS; 2003 AACS.

R 325.13412 Rescinded.

History: 1984 AACS; 2003 AACS.

R 325.13413 Rescinded.

History: 1984 AACS; 2003 AACS.

R 325.13414 Rescinded.

History: 1984 AACS; 2003 AACS.

R 325.13415 Rescinded.

History: 1984 AACS; 2003 AACS.

R 325.13416 Rescinded.

History: 1984 AACS; 2003 AACS.

R 325.13417 Rescinded.

History: 1984 AACS; 2003 AACS.

R 325.13418 Rescinded.

History: 1984 AACS; 2003 AACS.

PART 5. HOSPICE RESIDENCES

R 325.13501 Applicability.

Rule 501. (1) This part applies only to hospice residences.

(2) Articles 1 and 17 and part 214 of 1978 PA 368, MCL 333.1101 to 333.1299, MCL 333.20101 to 333.22260, and MCL 333.21401 to 333.21421 contain definitions and additional licensure requirements for both hospice residences that provide care only at the home care level of care and hospice residences that provide inpatient care.

History: 2003 AACS; 2017 AACS.

R 325.13503 Submission of plans.

Rule 503. (1) Complete plans, specifications, and an operational narrative for new buildings, additions, major building changes, and conversion of existing facilities to use as a hospice residence, including a hospice residence providing inpatient care, shall be submitted to the department for review to assure compliance with the law and these rules.

(2)The department shall approve plans and specifications if they meet the requirements of section 20145 of the code, MCL 333.20145, and these rules.

(3) Construction of new buildings, additions, major building changes, and conversions of existing facilities to use as a hospice residence shall not begin until the plans and specifications have been approved by the department and a construction permit has been issued for the construction to begin.

History: 2003 AACS; 2017 AACS.

R 325.13505 Exteriors.

Rule 505. (1)The hospice shall maintain the premises of a hospice residence in a safe and sanitary condition and in a manner consistent with the public health and welfare.

(2) Sufficient light for an exterior ramp, step, and porch shall be provided for the safety of persons using the facilities.

(3) An exterior step or ramp must have a handrail on both sides. A porch must have a railing to open sides.

History: 2003 AACS; 2017 AACS.

R 325.13507 Interiors.

Rule 507. (1) The hospice shall ensure that a hospice residence building is of safe construction and is free from hazards to hospice residents, personnel, and visitors.

(2) A stairway or ramp shall have a handrail on both sides.

(3) A room shall be provided with a type and amount of ventilation that will control odors and contribute to the comfort of occupants as follows:

(a) Systems shall be capable of maintaining a temperature in the range of 71 to 81 degrees Fahrenheit in patient and public areas.

(b) Supply air systems shall be equipped with air filters rated at a minimum efficiency reporting value (MERV) 8 (minimum efficiency of 30 to 35%).

(c) Net airflow shall be from clean to less clean.

(d) Air shall not be returned from toilet/bathing rooms, janitor's closets, soiled holding/utility rooms, and isolation rooms.

(e) Continuous exhaust ventilation shall be provided for janitor closets, soiled utility rooms, isolation rooms, and toilet rooms that serve more than 1 patient.

(4) A floor, wall, or ceiling shall be covered and finished in a manner that will permit maintenance of a sanitary environment.

(5) All of the following areas of the hospice residence shall be provided with lighting as follows:

(a) General room illumination-10 footcandles measured at 30 inches above the floor.

(b) Reading locations (head of bed)-30 footcandles.

(c) Charting/medical area-50 footcandles.

(d) Handwash sinks and bathing areas-30 footcandles.

(e) Food preparation areas (task level)-30 footcandles.

(f) Storage rooms-15 footcandles.

(g) Corridors-15 footcandles.

(h) Laundry (general)-30 footcandles.

(i) Examination/treatment (may be portable)-75 footcandles.

(j) Night lighting in toilet rooms and bedrooms, sufficient to illuminate a footpath from the bed to the toilet room-minimum of 5 footcandles.

(k) Light fixtures equipped with lenses or shields for protection of the lamps or with lamps that will not shatter.

(6) A room used for living or sleeping purposes shall have a minimum total window glass area on the outside walls equal to 10% of the required floor area and a clear unobstructed window view for a minimum distance of 20 feet.

(7) A minimum of 30 square feet of floor space per hospice bed shall be provided for dayroom, dining, and activity space.

(8) A basement or cellar shall not be used for sleeping or living quarters.

(9) A functionally separate living, sleeping, dining, lavatory, water closet, and bathing facility shall be provided for personnel and members of their families who live on the premises.

(10) An elevator shall be provided if hospice beds are located on more than 1 floor level. An elevator shall have a minimum cab size of 5 feet by 7 feet 6 inches.

(11) Dedicated space shall be provided for patient/family visitation and bereavement. The space may be omitted where all private bedrooms are provided.

(12) The facility shall provide for family overnight stay.

History: 2003 AACS; 2017 AACS.

R 325.13509 Hospice residence rooms.

Rule 509. (1) A bedroom shall have the floor surface at or above grade level along exterior walls with windows.

(2) A single bedroom shall provide not less than 100 square feet of usable floor space.
(3) A multi-bed room shall provide not less than 80 square feet of usable floor space per bed.
(4) Usable floor space shall not include a toilet room, closet, or vestibule.
(5) A bedroom shall be provided with a lavatory and toilet room opening into the room.
(6) A wardrobe or closet shall be provided for the storage of personal clothing.
(7) A multiple bedroom shall be designed to have a 3-foot clearance at each side and foot of the bed.
(8) A water closet or bathing facility shall have substantially secured grab bars at least 1 foot long.
(9) A bedroom shall permit the functional placement of furniture and equipment essential to the residents' comfort and safety.
(10) A bedroom shall have not less than 2 duplex receptacles, at least 1 of which shall be near the head of each bed.
(11) A nurse call system shall be provided at each hospice resident bed, water closet, and bathing fixture. The nurse call shall register at a staff location. An alternate calling/alert system may be approved by the department. A hand bell or other call system is acceptable in a hospice residence that has 8 or fewer beds if all beds are located within direct observation of the staff work station and if the call is clearly audible and identifies the patient location.
(12) The need for and number of airborne infection isolation rooms in a hospice residence shall be determined by an infection control risk assessment. Where provided, an isolation room shall be a private bedroom that has an attached lavatory, water closet, and bathing facility serving only that patient room. The isolation room shall have an area for staff hand washing and gowning and for storage of clean and soiled materials located directly outside or immediately inside the entry door to the room.
(13) A hospice patient room shall have not more than 2 beds.
(14**)** In multiple-bedrooms, visual privacy from casual observation by other residents and visitors shall be provided for each resident. The design for privacy shall not restrict resident access to the entrance, lavatory, toilet room, or wardrobe.

History: 2003 AACS; 2017 AACS.

R 325.13511 Hospice care unit.

Rule 511. (1) A hospice care unit in a hospice residence shall have all of the following:
(a) A dedicated area for medication storage and preparation and charting. The space shall be well lighted, equipped with a lavatory for hand washing, a refrigerator, and locked storage for medication.
(b) A room for the storage of clean linen, clean equipment, and clean supplies.
(c) A workroom for holding trash and soiled linens. The room shall be separate from clean storage facilities.
(d) A janitor's closet.
(2) A bathing facility shall be provided for every 20 hospice residence beds.
(3) At least 1 assisted (barrier free) bathing fixture shall be provided.
(4) A hospice residence toilet room or bathroom shall not be used for storage or housekeeping functions.

History: 2003 AACS; 2017 AACS.

R 325.13513 Public and personnel area.

Rule 513. (1) A hospice shall provide a public toilet room that has a lavatory and water closet.

(2) A hospice shall provide a dedicated staff break/locker space. A lavatory and water closet shall be located convenient to the break/locker space. For a hospice residence that has 8 or fewer beds, the staff facilities and public areas may be shared.

History: 2003 AACS; 2017 AACS.

R 325.13515 Laundry and linens.

Rule 515. (1) The collection, storage, and transfer of clean and soiled linen shall be accomplished in a manner that will minimize the danger of disease transmission.

(2) A hospice shall provide a separate clean linen storage room/area. When justified by the operational narrative, a properly sized and located soiled workroom may serve as a soiled linen holding room.

(3) A hospice residence that processes its own linen shall provide a well-ventilated laundry room of sufficient size to allow functional separation of soiled linen holding, laundry processing, and clean linen folding. The laundry shall be ventilated to provide directional airflow from clean to soiled areas. A lavatory for hand washing shall be provided in the laundry processing area. Laundry equipment shall be rated commercial or heavy duty.

History: 2003 AACS; 2017 AACS.

R 325.13517 Water systems.

Rule 517. (1) A hospice residence located in an area served by a public water system shall connect to and use that system.

(2) If a public water system is not available, then the location and construction of a well and the operation of the water system shall comply with 1976 PA 399, MCL 325.1001 to 325.1023.

(3) A hospice shall ensure that tempered water is regulated in the range between 105 and 120 degrees Fahrenheit.

History: 2003 AACS; 2017 AACS.

R 325.13519 Liquid wastes.

Rule 519. (1) Liquid wastes shall be discharged into a public sanitary sewage system when a system is available.

(2) If a public sanitary sewage system is not available and a private liquid wastewater disposal system is used, the type, size, construction, and alteration of the system shall

comply with all applicable laws. A subsurface disposal system shall not be approved for a hospice residence that has more than 8 beds.

(3) A hospice shall ensure that the wastewater disposal system is maintained in a sanitary manner.

History: 2003 AACS; 2017 AACS.

R 325.13521 Solid wastes.

Rule 521. (1) The collection, storage, and disposal of solid wastes, including garbage, refuse, and dressings, shall be accomplished in a manner that will minimize the danger of disease transmission and avoid creating a public nuisance or harbor vermin.

(2)A hospice shall ensure that suitable containers for garbage, refuse, medical waste, and other solid wastes are provided, emptied at frequent intervals, and maintained in a clean and sanitary condition.

History: 2003 AACS; 2017 AACS.

R 325.13523 Heating.

Rule 523. A room in the hospice residence used by residents shall be maintained at a regular daytime temperature of not less than 72 degrees Fahrenheit. Bedroom temperatures may be less than 72 degrees Fahrenheit if justified by the hospice patient's medical condition or preference.

History: 2003 AACS; 2017 AACS.

R 325.13525 Kitchen and dietary area.

Rule 525. (1) A hospice residence shall have a kitchen and dietary area of adequate size to meet food service needs of the residents. The kitchen and dietary area must be arranged and equipped for the refrigeration, storage, preparation, and serving of food as well as for dish and utensil cleaning and refuse storage and removal. Where food service is provided from an outside service, the food service shall be licensed by the local health department having jurisdiction.

(2) The kitchen and dietary area shall be equipped with a lavatory for hand washing. The lavatory shall have a gooseneck inlet and wristblade or other hands-free controls.

(3) Food stored, prepared, and served in the hospice residence shall meet the requirements of 2000 PA 92, MCL 289.1101 to 289.8111.

(4) Multi-use utensils used in food storage, preparation, transport, or serving shall be designed, cleaned, and sanitized in accordance with the requirements of 2000 PA 92, MCL 289.1101 to 289.8111.

(5) Food equipment and work surfaces shall meet the requirements of 2000 PA 92, MCL 289.1101 to 289.8111. Heavy-duty residential food equipment, including an exhaust hood and work surfaces**,** may be provided in a hospice residence that has 8 beds or less.

History: 2003 AACS; 2017 AACS.

R 325.13527 Insect and vermin control.

Rule 527. A hospice shall ensure a hospice residence is kept free from insects and vermin.

History: 2003 AACS; 2017 AACS.

R 325.13529 General maintenance.

Rule 529. (1) A hospice shall ensure that the building, equipment, and furniture are kept clean and in good repair.

(2) Hazardous and toxic materials shall be stored in a safe manner.

(3) A room shall be provided in the hospice residence or on the premises for equipment and furniture maintenance and repair and for the storage of maintenance equipment and supplies.

History: 2003 AACS; 2017 AACS.

R 325.13531 Fire safety and disaster planning.

Rule 531. (1) A hospice residence shall comply with all of the following provisions:

(a) Obtain fire safety approval pursuant to sections 20156 and 21413 (3) (c) of 1978 PA 368, MCL 333.20156 and 333.21413 (3) (c).

(b) Have a disaster management plan tailored to the facility and the types of residents it serves, which shall be practiced on all shifts at least quarterly.

(c) Have policies and procedures to meet potential emergencies and disasters that include, at a minimum, fire, tornado, power outage, and severe weather.

(2) A hospice residence shall have policies and procedures that address all of the following:

(a) Prompt identification and transfer of patients and records to the appropriate facility.

(b) Arrangements with community resources.

(c) Emergency management and family call.

History: 2003 AACS; 2017 AACS.

R 325.13533 Pharmaceutical services.

Rule 533. Pharmaceutical services in a hospice residence shall comply with the requirements of 42 C.F.R. §418.106 (2008).

History: 2003 AACS; 2017 AACS.

R 325.13535 Infection control.

Rule 535. (1) The plan for infection control, required by section 21413 (3) (b) of the code**,** MCL 333. 21413 (3) (b), shall be approved by the residence administration and shall contain a plan and facility policies that address, at least all of the following:

(a) Maintaining and documenting an effective infection control program that protects patients, patient/family units, and hospice personnel.

(b) Ongoing infection control education.

(c) Monitoring and surveillance of known and acquired infections.

(d) Monitoring of infection control practices.

(e) Provisions for isolating each patient who has an infectious disease.

(f) Provisions for isolation rooms.

(g) Standard precautions.

(h) Transfer of patients to other facilities if required.

(i) Non-admission of patients who have airborne infectious disease.

(2) A hospice residence shall require a new resident to have had a chest x-ray within 90 days before admission. A chest x-ray may be omitted based on the hospice's tuberculosis (TB) annual risk assessment and a properly documented patient screening conducted by the hospice at the time of admission.

(3) Employee TB testing shall include the 2-step TST or single BAMT test upon hire, unless proof of a negative test within the last 12 months is documented and provided on hire. The need for and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in 2005 MMWR "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005" **(http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf)**, Appendices B and C, and any subsequent guidelines as published by the Center for Disease Control. For low risk settings, additional TB screenings are not necessary unless an exposure to TB occurs. For medium risk settings, all employees shall be screened annually.

History: 2003 AACS; 2017 AACS.

R 325.13537 Staffing requirements.

Rule 537. (1) A hospice residence shall comply with all of the following staffing requirements:

(a) Provide 24-hour nursing services for each patient pursuant to the patient's hospice care plan**.**

(b) Provide nursing care and services by or under the supervision of a registered nurse.

(c) Direct and staff nursing services to assure that the nursing needs of patients are met.

(d) Specify patient care responsibilities of nursing and other hospice personnel.

(e) Provide services in accordance with recognized standards of practice.

(f) Provide a licensed registered nurse for each shift.

(2) A hospice residence shall maintain a nursing staff sufficient to provide at least 1 nurse to each 8 patients on the morning shift; 1 nurse to each 12 patients on the afternoon shift; and 1 nurse to each 15 patients on the nighttime shift. Additional nurses and other nursing personnel shall be added based upon patient or family needs.

History: 2003 AACS; 2017 AACS.

R 325.13539 Medical waste.

Rule 539. A hospice residence shall comply with the requirements of part 138 of the code MCL 333.13801 to 333.13832.

History: 2003 AACS; 2017 AACS.

R 325.13541 Dietary.

Rule 541. A hospice residence shall offer dietary education and interventions to the patient and family regarding appropriate nutritional intake as the patient's condition progresses. Dietary counseling is provided by qualified individuals, who may include a registered nurse, dietitian, or nutritionist, when identified.

History: 2003 AACS; 2017 AACS.

R 325.13543 Rescinded.

History: 2003 AACS; 2017 AACS.