

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 those services provided to the family to assist them in coping with the death of the patient.

(c) "Change of ownership," for purposes of section 20142(3) of the code, means a transfer of the property of a hospice from one owner to another, where the new owner will use the transferred property as a hospice operated by the new owner subsequent to the transfer.

(d) "Code" means 1978 PA 368, MCL 333.1101 et seq.

(e) "Department" means the department of consumer and industry services.

(f) "Distinct hospice administration" means an identifiable administrative group which has a distinct organizational structure and which is accountable to a governing body, either directly or through the governing body's chief executive officer, for all aspects of the hospice.

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

(i) The policy-making body of a hospice, which is a government agency.

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

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

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

(h) "Hospice" means a program which provides palliative and supportive services to meet physical, psychological, social, and spiritual needs of patients and their families in the home, health care facilities, or other residential settings.

(i) "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.

(j) "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, alone or in conjunction with a family member or members, has voluntarily requested admission and been accepted into a hospice.

(k) "Hospice patient's family" means the hospice patient's immediate relations, including a spouse, brother, sister, child, or parent. In addition, other relations and individuals with significant personal ties to the hospice patient may be designated as members of the hospice patient's family by mutual agreement between the hospice patient, the relation or individual, and the hospice organization. The patient?family unit shall be considered the unit of care throughout these rules.

(l) "Hospice patient?family record" means written medical and health information pertaining to services rendered the patient?family unit by a hospice.

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

(n) "Hospice staff" means the individuals who work, with or without remuneration, for the hospice.

(o) "Interdisciplinary care team" means a group composed of qualified individuals who collectively have expertise in assessing the special needs of the hospice patient?family unit.

(p) "Licensee" means a program or residence that possesses a currently valid hospice license.

(q) "Ownership interest" means the ownership or control of 5% or more of the equity in the capital or stock, or interest in the profits, of a hospice.

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

(s) "Sale of a hospice" means a change in ownership by sale.

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

History: 1984 AACCS; 2003 AACCS.

R 325.13102 State, federal, and local laws, rules, codes, and ordinances; compliance.

Rule 102. A hospice and its hospice residence, if applicable, which is licensed or certified shall comply with applicable state and federal laws and rules and shall furnish evidence as the department may require to show compliance with the laws and rules and applicable local rules, codes, and ordinances.

History: 1984 AACCS; 2003 AACCS.

R 325.13104 Patient?family unit; rights and responsibilities policy; adoption of written procedure required.

Rule 104. (1) A hospice and its hospice residence, if applicable, shall adopt written policies and procedures to implement the rights and responsibilities of the patient?family unit as provided by section 20201(1) and (2) of the code. Before and following the patient?family unit's admission, the policy and procedures shall be available upon request.

(2) The procedures shall include a mechanism for the initiation, investigation, and resolution of complaints, subject to department approval, and, at a minimum, all of the following:

(a) A statement that a patient?family unit may complain to the hospice, hospice residence, or the department about any condition, event, or procedure in the hospice and its hospice residence, if applicable, without citing a specific violation of the code or these rules.

(b) A procedure for submitting written complaints to the hospice and its hospice residence, if applicable, including a procedure to assist a complainant in reducing an oral complaint to writing, when the oral complaint is not resolved to the satisfaction of the complainant.

(c) The name, title, location, and telephone number of the individual in the hospice and its hospice residence, if applicable, who is responsible for receiving complaints and conducting complaint investigations and a procedure for communicating with that individual.

(d) A requirement that all complaints be investigated within 5 working days following receipt of a complaint by the hospice and its hospice residence, if applicable, and a requirement that, within 15 working days following receipt of the complaint, the hospice and its hospice residence, if applicable, shall deliver to the complainant a written report of the results of the investigation.

(e) A mechanism for appealing the matter to the administrator of the hospice and its hospice residence, if applicable, if the complainant is not satisfied with the investigation or resolution of the complaint.

(3) A hospice and its hospice residence, if applicable, shall maintain written complaints filed under its complaint procedure and all complaint investigation reports delivered to each complainant for 3 years. The records shall be available to the department upon request.

History: 1984 AACCS; 2003 AACCS.

R 325.13105 Complaints to the department.

Rule 105. (1) When a person files a written complaint against, and requests investigation of, a hospice and its hospice residence, if applicable, pursuant to section 20176 of the code, the complaint, if alleging a nonrecurring violation, shall be made within 12 months of the discovery of the violation or, if the complaint has been initially filed with the hospice and its hospice residence, if applicable, within 12 months following a final determination in the matter by the hospice and its hospice residence, if applicable. A complaint, if alleging a recurring violation, shall 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 and its hospice residence, if applicable.

(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 shall be in writing, shall be signed by the complainant, and shall indicate the name and address of the hospice and its hospice residence, if applicable, the nature of the complaint, and the complainant's name, address, and telephone number. If a complaint is oral, the department shall have the option of determining what, if any, action it will take in investigating the complaint.

(4) Anonymous complaints shall be received and evaluated. The department may investigate anonymous complaints.

(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.

History: 1984 AACCS; 2003 AACCS.

R 325.13106 Governing body; duties and responsibilities.

Rule 106. (1) A hospice and its hospice residence, if applicable, shall have a clearly defined, organized governing body which shall assume full legal responsibility for the overall conduct and operation of the hospice and its hospice residence, if applicable, including quality of care and services.

(2) The governing body shall be responsible for the establishment of policies and procedures for the management, operation, and evaluation of the hospice and its hospice residence, if applicable.

(3) The governing body shall meet at sufficient intervals to carry out its legal obligations and shall keep a written record of its actions.

(4) The governing body shall not enter into any agreement limiting its responsibility.

(5) 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.

(6) The governing body shall provide for medical direction of the hospice and its hospice residence, if applicable, through a physician or group of physicians who are currently licensed under part 170 or 175 of the code to practice in the state of Michigan.

(7) If the hospice organization and its hospice residence, if applicable, discontinues operation of the hospice for any reason, the governing body shall comply with the appropriate provisions set forth in R 325.13109(1)(t)(vi).

History: 1984 AACCS; 2003 AACCS.

R 325.13107 Hospice administrators; duties.

Rule 107. (1) The hospice administrator shall direct the hospice and its hospice residence, if applicable, and ensure implementation of policies and procedures regarding all activities and patient/family unit care services provided in the hospice and its hospice residence, if applicable, whether provided through staff employed directly by the hospice and its hospice residence, if applicable, 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 which include personnel policies and which are applicable to all hospice and its hospice residence, if applicable, staff.

(4) The hospice administrator shall implement financial policies and procedures, approved by the governing body, according to sound business practice, including, but not limited to, all of the following:

(a) Payroll.

(b) Budget.

(c) Accepting and accounting for gifts and donations.

(d) Keeping and submitting such reports and records as required by the department and other authorized agencies.

History: 1984 AACCS; 2003 AACCS.

R 325.13108 Services generally.

Rule 108. As the needs of the hospice and its hospice residence, if applicable, 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) Medical care.

(b) Nursing care.

(c) Social work.

(d) Spiritual care.

History: 1984 AACCS; 2003 AACCS.

R 325.13109 Development of policies and procedures for home or inpatient care and services program provided by a hospice and its hospice residence, if applicable.

Rule 109. (1) Written policies and procedures shall be developed to coordinate a program for home or inpatient care and services provided by a hospice and its hospice residence, if applicable. 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 assurance programs.

(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) Medical services.

- (l) Nursing services.
- (m) Nutrition services.
- (n) Pharmaceutical services.
- (o) Bereavement services.
- (p) Social work services.
- (q) Volunteer services.
- (r) Informed consent.
- (s) Availability of a staff member, 24 hours a day, 7 days a week, to a patient?family unit.
- (t) A hospice patient?family unit 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) All policies and procedures shall be reviewed and shall be revised, if necessary, annually.
- (3) All policies and procedures shall be immediately available for on?site inspection by the department.

History: 1984 AACCS; 2003 AACCS.

R 325.13110 Patient rights and responsibilities policy; transmittal of information to patient?family unit; provision of hospice and hospice residence rules and regulations to patient?family unit required.

Rule 110. (1) A hospice and its hospice residence, if applicable, shall develop, adopt, post in a public place, distribute, and implement a policy on the rights and responsibilities of hospice patient?family units in accordance with the requirements of sections 20201, 20202, and 20203 of the code.

(2) A hospice and its hospice residence, if applicable, 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.

(3) The hospice and its hospice residence, if applicable, shall assure that a patient?family unit is provided with information about the hospice rules and regulations affecting patient care and conduct. The hospice and its hospice residence, if applicable, shall provide a written copy of the hospice and its hospice residence, if applicable, rules and regulations to the patient?family unit upon request or admission and when the rules and regulations are changed.

History: 1984 AACCS; 2003 AACCS.

R 325.13111 Quality assurance program.

Rule 111. (1) The hospice and its hospice residence, if applicable, shall develop and implement, through an interdisciplinary committee, an ongoing quality assurance program which will monitor activities and identify problems.

(2) The committee shall adopt or develop professional standards which, at a minimum, shall 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) Home care services.
- (f) 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 AACCS; 2003 AACCS.

PART 2. LICENSURE

R 325.13201 Hospice and hospice residence; establishing, maintaining, or operating without license prohibited.

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

History: 1984 AACCS; 2003 AACCS.

R 325.13202 Time of application.

Rule 202. An application for initial licensure shall be made to the department not less than 90 days before the hospice's and its hospice residence's, if applicable, anticipated opening date. An application for renewed licensure shall be submitted to the department not less than 90 days before the expiration of the current license.

History: 1984 AACCS; 2003 AACCS.

R 325.13203 Content of application.

Rule 203. (1) An application for an initial or renewed license shall be made on a form authorized and provided by the department and shall be completed in full in

accordance with department instructions. The application form shall be accompanied by the attachments, additional data, and information required by the department.

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

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

(b) Identification of owners and financially interested persons as required.

(c) The applicable license fee.

(d) Evidence of a currently valid certificate of need if applicable.

(e) Additional information specified in departmental instructions.

History: 1984 AACCS.

R 325.13204 Processing the 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 investigate and consider each completed application.

(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 AACCS.

R 325.13205 Surveys and investigations.

Rule 205. (1) The department shall conduct a survey and investigation of a hospice for initial licensure within the 3-month period following receipt of the application. An initial hospice license shall only be issued if the department, after completing a survey and investigation, finds the hospice to be in substantial compliance with the requirements of the code and these rules. An initial hospice residence license may be issued subject to a survey and investigation following its opening.

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

(3) Surveys and investigations by the department pursuant to this part may include all 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 and its hospice residence, if applicable.

(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 this purpose, "proper identification" means a card issued by the department certifying that the holder is an employee of the department.

History: 1984 AACS; 2003 AACS.

R 325.13206 Rescinded.

History: 1984 AACS; 2003 AACS; 2014 AACS.

R 325.13207 Administrator; responsibilities as hospice and its hospice residence, if applicable, agent.

Rule 207. An application for an initial or renewed license or certification shall be signed 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 all information necessary for a determination with respect to the application.
- (c) Entering into agreements with the department in connection with licensure or certification.
- (d) Receiving notice and service of process on behalf of the applicant in matters relating to licensure or certification.

History: 1984 AACS; 2003 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 and its hospice residence, if applicable, surveys and investigations, the department shall take 1 of the following actions:

- (a) Issue the license.
- (b) Issue a temporary unrenovable permit.
- (c) Deny an initial or renewed license.
- (d) Take other action consistent with the purposes of the code.

(2) Action by the department pursuant to subrule (1)(b) or (c) of this rule shall 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.

R 325.13209 Rescinded.

History: 1984 AACS; 2003 AACS.

R 325.13210 Temporary permits.

Rule 210. (1) The department may issue a temporary permit to an applicant pursuant to section 20162(2) of the code when, in the department's discretion, additional time is needed for the department's survey, inspection, or investigation of the applicant or additional time

is needed for the applicant, including the initial applicant and applicants applying because of changes in ownership, to undertake remedial action as described in section 20162(2) of the code.

(2) A temporary permit shall expire on the date set forth on its face, but not more than 6 months after the date of its issuance, whichever is sooner. The holder of a temporary permit shall reapply for a license not less than 90 days before the expiration date of the temporary permit. A temporary permit is not renewable.

History: 1984 AACCS.

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 5 business days of any change in information submitted as part of an application for initial or renewed licensure.

(2) A license is not transferable.

(3) The current license shall be posted in a conspicuous public place in the hospice and its hospice residence, if applicable, office. For purposes of this rule, the term "license" includes a limited license or a temporary permit.

History: 1984 AACCS; 2003 AACCS.

R 325.13212 Prohibited terms.

Rule 212. In addition to the terms limited by the code, the use of the words "state approved" or words having a similar meaning is prohibited unless the hospice and its hospice residence, if applicable, is operated under a current license.

History: 1984 AACCS; 2003 AACCS.

R 325.13213 Public inspection of license records.

Rule 213. (1) Unless otherwise provided by law, records pertaining to licensure and certification 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 and certification 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 and certification records shall be assessed in accordance with applicable law and department procedure.

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

History: 1984 AACCS; 2003 AACCS.

PART 3. SERVICES

R 325.13301 Contractual services.

Rule 301. (1) A hospice and its hospice residence, if applicable, may contract with other health care providers or appropriate parties for the provision of care and services when the hospice and/or its hospice residence, if applicable, does not have sufficient qualified staff or available adequate equipment to render such services directly. Contracts for shared services shall be written and shall clearly delineate the authority and responsibility of the contracting parties. Contracts with providers shall maintain the responsibility of the hospice and its hospice residence, if applicable, for coordinating and administering the hospice and its hospice residence, if applicable, program.

(2) The hospice administrator shall maintain responsibility for coordinating and administering the hospice program.

(3) Any and all personnel provided to the hospice and its hospice residence, if applicable, under the terms of contracted services shall be licensed or credentialed as required by law.

(4) All contracts shall include financial arrangements and charges, including donated services.

(5) All contracts shall state the availability of service.

(6) 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.

(7) All contracts shall be reviewed annually and revised if necessary.

(8) All contracts shall be signed and dated by the administrator and the duly authorized official of the agency providing the contractual service.

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

(10) 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.

(11) All contracts shall prohibit the sharing of fees between a referring agency or individual and the hospice and its hospice residence, if applicable.

History: 1984 AACCS; 2003 AACCS.

R 325.13302 Medical services.

Rule 302. (1) At the time of admission to the hospice program and its hospice residence, if applicable, and thereafter, a patient shall be under the care of a physician

who shall be 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 shall be 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) All physician orders and the services rendered shall be entered in the patient and family record.

(8) The hospice and its hospice residence, if applicable, 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 and its hospice residence, if applicable, shall arrange for the availability of medical services 24 hours a day, 7 days a week.

History: 1984 AACCS; 2003 AACCS.

R 325.13303 Physicians' assistants services.

Rule 303. (1) A physician's assistant working under the supervision of a licensed approved physician, as set forth in part 170 or 175 of the code, may carry out appropriate delegated functions in a hospice and its hospice residence, if applicable, in accordance with written policies of the hospice and its hospice residence, if applicable, which are formally adopted by the governing body, owner, or operator.

(2) The written policies governing the functioning of the physician's assistant within the hospice and its hospice residence, if applicable, shall be consistent with law and rules applicable to the hospice and its hospice residence, if applicable, the physician's assistant, and the supervising physician.

(3) The physician's assistant shall not substitute for the licensed physician insofar as the overall responsibility for a patient's care is concerned.

(4) The attending physician supervising a physician's assistant shall do all of the following:

(a) Visit the patient at intervals prescribed in R 325.13302(6).

(b) Check, renew, or amend physician assistant's orders at prescribed intervals.

(c) Review and participate in the development of patient care plans following admission and at prescribed intervals.

(d) Review, approve, and countersign all physician assistant entries in the patient?family unit record. Orders written by the physician's assistant shall be countersigned by the attending supervising physician within 48 hours.

History: 1984 AACCS; 2003 AACCS.

R 325.13304 Nursing services.

Rule 304. (1) Nursing services in a hospice and its hospice residence, if applicable, shall be available directly or by written agreement 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 the state of Michigan.

(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) The development of a comprehensive patient care plan for each hospice and its hospice residence, if applicable, patient?family unit shall commence within 24 hours of admission.

(4) The patient care plan shall be established by the hospice and its hospice residence, if applicable, designated interdisciplinary care team composed of, at a minimum, all of the following:

- (a) Physician.
- (b) Registered nurse.
- (c) Social worker.
- (d) A spiritual advisor, if selected by the patient?family unit.

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

(6) 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 shall specifically address maintenance of patient independence and pain control.

(7) 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 and hospice residence personnel.

History: 1984 AACCS; 2003 AACCS.

R 325.13305 Bereavement and spiritual services.

Rule 305. (1) The hospice and its hospice residence, if applicable, shall provide, either directly or by arrangement, bereavement and spiritual services to the patient and family before and following the patient's death.

(2) Bereavement and spiritual services shall be available, if needed, 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 AACCS; 2003 AACCS.

R 325.13306 Volunteer services.

Rule 306. (1) The hospice and its hospice residence, if applicable, may 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 and its hospice residence, if applicable.

(2) A volunteer services director shall develop and implement a program which 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) The volunteer services director shall be a member of the interdisciplinary team.

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

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

History: 1984 AACCS; 2003 AACCS.

R 325.13307 Social work services.

Rule 307. (1) The hospice and its hospice residence, if applicable, shall provide, either directly or by arrangement, social work services to the patient and family before and following the patient's death.

(2) Social work services shall be available, if needed, 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 AACCS; 2003 AACCS.

PART 4. HEARING PROCEDURE

R 325.13401 Rescinded.

History: 1984 AACCS; 2003 AACCS.

R 325.13402 Rescinded.

History: 1984 AACCS; 2003 AACCS.

R 325.13403 Rescinded.

History: 1984 AACCS; 2003 AACCS.

R 325.13404 Rescinded.

History: 1984 AACCS; 2003 AACCS.

R 325.13405 Rescinded.

History: 1984 AACCS; 2003 AACCS.

R 325.13406 Rescinded.

History: 1984 AACCS; 2003 AACCS.

R 325.13407 Rescinded.

History: 1984 AACCS; 2003 AACCS.

R 325.13408 Rescinded.

History: 1984 AACCS; 2003 AACCS.

R 325.13409 Rescinded.

History: 1984 AACCS; 2003 AACCS.

R 325.13410 Rescinded.

History: 1984 AACCS; 2003 AACCS.

R 325.13411 Rescinded.

History: 1984 AACCS; 2003 AACCS.

R 325.13412 Rescinded.

History: 1984 AACCS; 2003 AACCS.

R 325.13413 Rescinded.

History: 1984 AACCS; 2003 AACCS.

R 325.13414 Rescinded.

History: 1984 AACCS; 2003 AACCS.

R 325.13415 Rescinded.

History: 1984 AACCS; 2003 AACCS.

R 325.13416 Rescinded.

History: 1984 AACCS; 2003 AACCS.

R 325.13417 Rescinded.

History: 1984 AACCS; 2003 AACCS.

R 325.13418 Rescinded.

History: 1984 AACCS; 2003 AACCS.

PART 5. HOSPICE RESIDENCES PROVIDING CARE ONLY AT THE HOME CARE LEVEL

R 325.13501 Applicability.

Rule 501. (1) Unless otherwise specified in a rule, this part shall apply only to hospice residences that provide care only at the home care level of care.

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

History: 2003 AACCS.

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 bureau of health systems of the department for review to assure compliance with the law and these rules.

(2) Plans and specifications meeting the requirements of the law and these rules shall be approved by the department.

(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.

(4) The plan review fee shall be calculated at 0.5% of the first \$1,000,000 and 0.85% of the amount over \$1,000,000. The maximum plan review fee shall be \$30,000.

History: 2003 AACS.

R 325.13505 Exteriors.

Rule 505. (1) The premises of a home care hospice residence shall be maintained 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 shall have a handrail on both sides. A porch shall have a railing to open sides.

History: 2003 AACS.

R 325.13507 Interiors.

Rule 507. (1) A home care hospice residence building shall be of safe construction and shall be 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 which 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 of 25% per ASHRAE standard 52.1992. Printed copies of ASHRAE standard 52.1--1992 are available a cost of \$15.00/member and \$19.00/non-member from the American Society of Heating, Refrigeration, and Air-conditioning Engineers, Inc. (ASHRAE), 1791 Tullie Circle, NE, Atlanta, GA and WWW.ASHRAE.ORG. It is also available for review at the Bureau of Health Systems, Michigan Department of Consumer & Industry Services, 525 W. Ottawa, G. Mennen Williams Building, 5th floor, Lansing, MI 48933.

(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-20 footcandles.

(g) Corridors-20 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.

(k) Light fixtures shall be 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 battery or secondary power source shall be provided for all critical or life support equipment, including oxygen and suction equipment, and there shall be emergency lighting sufficient to light corridors and exits.

(10) 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.

(11) A doorway, passageway, corridor, hallway, or stairwell shall be kept free from obstructions at all times.

(12) 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.

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

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

History: 2003 AACCS.

R 325.13509 Home care 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 home care 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 home care hospice residence shall be determined by an infection control risk assessment. Where provided, an isolation room shall be a single bedroom that has an attached lavatory, water closet, and bathing facility reserved for the use of the occupant of the isolation room only. 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 minimum of 10% of the bedrooms shall be accessible and meet the requirements of the Michigan barrier free design criteria.

(14) A hospice patient room shall have not more than 4 beds.

(15) 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 AACCS.

R 325.13511 Hospice care unit.

Rule 511. (1) A hospice care unit in a home care 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 that is also designed for reprocessing of equipment. The room shall be separate from clean storage facilities.

(d) A janitor's closet shall be provided. For home care hospice residences of 8 or fewer beds, the janitor's closet may be combined with a properly sized soiled workroom.

(2) A bathing facility shall be provided for every 20 home care hospice residence beds.

(3) At least 1 assisted (barrier free) bathing fixture shall be provided.

(4) A home care hospice toilet room or bathroom shall not be used for storage or housekeeping functions.

History: 2003 AACS.

R 325.13513 Public and personnel area.

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

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

History: 2003 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 home care hospice residence that uses an outside laundry service shall have a soiled linen holding room and a separate clean linen/supplies storage room. When justified by the operational narrative, a properly sized soiled workroom may function as the soiled linen holding room.

(3) A home care 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. A separate clean linen storage room/area shall be provided. When justified by the operational narrative, a properly sized and located soiled workroom may serve as a soiled linen holding room. Laundry equipment shall be rated commercial or heavy duty.

History: 2003 AACS.

R 325.13517 Water systems.

Rule 517. (1) A home care hospice residence located in a 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 seq.

(3) Tempered water shall be regulated in the range between 105 and 120 degrees Fahrenheit.

History: 2003 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 home care hospice residence that has more than 8 beds.

(3) The wastewater disposal system shall be maintained in a sanitary manner.

History: 2003 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 which will minimize the danger of disease transmission and avoid creating a public nuisance or a breeding place for insects and rodents.

(2) Suitable containers for garbage, refuse, medical waste, and other solid wastes shall be provided, emptied at frequent intervals, and maintained in a clean and sanitary condition.

History: 2003 AACS.

R 325.13523 Heating.

Rule 523. A room in the home care hospice residence used by residents shall be maintained at a regular daytime temperature of not less 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.

R 325.13525 Kitchen and dietary area.

Rule 525. (1) A home care hospice residence shall have a kitchen and dietary area of adequate size to meet food service needs of the residents. It shall 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 Michigan department of agriculture.

(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 et seq.

(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 et seq.

(5) Food equipment and work surfaces shall meet the requirements of 2000 PA 92, MCL 289.1101 et seq. 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 AACCS.

R 325.13527 Insect and vermin control.

Rule 527. (1) A home care hospice residence shall be kept free from insects and vermin.

(2) Breeding places for insects and vermin shall be eliminated.

History: 2003 AACCS.

R 325.13529 General maintenance.

Rule 529. (1) The building, equipment, and furniture shall be 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 home care hospice residence or on the premises for equipment and furniture maintenance and repair and for the storage of maintenance equipment and supplies.

History: 2003 AACCS.

R 325.13531 Fire safety and disaster planning.

Rule 531. (1) A home care 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 periodically practiced on all shifts.

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

(2) A home care hospice residence shall have policies and procedures which 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.

R 325.13533 Pharmaceutical services.

Rule 533. Pharmaceutical services in a home care hospice residence shall comply with the requirements of 42 CFR 418.100(k). Printed copies of 42 CFR, part 418.00, published in December 2001 in the federal register, are available for inspection and distribution to the public from the United States Government Printing Office, Superintendent of Documents, PO Box 371954, Pittsburgh, PA 15250-7924, at a cost of \$59.00 at the time of the adoption of this rule. The full text of code of federal regulations are also

available in electronic format at www.access.gpo.gov/nara and is available for review at the Bureau of Health Systems, Michigan Department of Consumer & Industry Services, G. Mennen Williams Building, 525 W. Ottawa, Lansing, MI 48933.

History: 2003 AACS.

R 325.13535 Infection control.

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

- (a) Provisions for isolating each patient who has an infectious disease.
- (b) Provisions for isolation rooms.
- (c) Universal precautions.
- (d) Transfer of patients to other facilities if required.
- (e) Non-admission of patients who have airborne infectious disease.

(2) A residence shall require a new resident to have had a chest x-ray within 90 days before admission.

(3) Employee TB testing shall include the 2-step mantoux test and shall be annual or as specified by the local health department.

History: 2003 AACS.

R 325.13537 Staffing requirements.

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

(a) Provide 24-hour nursing services for each patient in accordance with the patient's hospice care plan as required by 42 CFR part 418. Printed copies of 42 CFR, part 418.00, published in December, 2001 in the federal register, are available for inspection and distribution to the public from the United States Government Printing

Office, Superintendent of Documents, PO Box 371954, Pittsburgh, PA 15250-7924, at a cost of \$59.00 at the time of the adoption of this rule. The full text of code of federal regulations are also available in electronic format at www.access.gpo.gov/nara and is available for review at the Bureau of Health Systems, Michigan Department of Consumer & Industry Services, G. Mennen Williams Building, 525 W. Ottawa, Lansing, MI 48933.

(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 nurse for each shift.

(2) A home care 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.

R 325.13539 Medical waste.

Rule 539. A home care hospice residence shall comply with the requirements of 1990 PA 13, MCL 330.1147 et seq.

History: 2003 AACS.

R 325.13541 Dietary.

Rule 541. A home care hospice residence dietary service shall comply with the requirements of 42 CFR 418.100(j). Printed copies of 42 CFR, part 418.00, published in December 2001 in the federal register, are available for inspection and distribution to the public from the United States Government Printing Office, Superintendent of Documents, PO Box 371954, Pittsburgh, PA 15250-7924, at a cost of \$59.00 at the time of the adoption of this rule. The full text of code of federal regulations are also available in electronic format at www.access.gpo.gov/nara and is available for review at the Bureau of Health Systems, Michigan Department of Consumer & Industry Services, G. Mennen Williams Building, 525 W. Ottawa, Lansing, MI 48933.

History: 2003 AACS.

R 325.13543 Additional requirements.

Rule 543. A hospice residence which provides both home care and an inpatient level of care shall comply with the requirements established for hospices providing an inpatient level of care.

History: 2003 AACCS.