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Aspen State Regulation Set: T 2.03 Hospice

ST - T0000 - Initial Comments

Title Initial Comments

Type Memo Tag

Regulation Definition

Interpretive Guideline

These guidelines are meant solely to provide guidance to surveyors in the survey process.

ST - T0001 - Hospice Services

Title Hospice Services

Type Rule

400.609(1)

Regulation Definition

Each hospice shall provide a continuum of hospice services which afford the patient and the family of the patient a range of service delivery which can be tailored to specific needs and preferences of the patient and family at any point in time throughout the length of care for the terminally ill patient and during the bereavement period. These services must be available 24 hours a day, 7 days a week, and must include:

(1) SERVICES.-

(a) The hospice care team shall directly provide the following core services: nursing services, social work services, pastoral or counseling services, dietary counseling, and bereavement counseling services. Physician services may be provided by the hospice directly or through contract. A hospice may also use contracted staff if necessary to supplement hospice employees in order to meet the needs of patients during periods of peak patient loads or under extraordinary

Interpretive Guideline

Does the hospice directly provide all core services with the exception of physician services? Contract services should only be used in periods of peak patient loads or under extraordinary circumstances.

Are the additional services listed in the standard provided or arranged? Please note that section 400.609(1)(b), Florida Statutes, states that additional services may include and names many services. These services should be provided as needed by the patient and caregiver. Funeral services may include assisting the family with making funeral arrangements and seeing that pre-paid policies are carried out.

Review patient records to note the services provided and if they were provided after normal business hours and on weekends if needed.

400.601(6)

"Hospice services" means items and services furnished to a patient and family by a hospice, or by others under arrangements with such a program, in a place of temporary or permanent residence used as the patient's home for the purpose of maintaining the patient at home; or, if the patient needs short-term institutionalization, the services shall be furnished in cooperation with those contracted institutions or in the hospice inpatient facility.

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circumstances.

(b) Each hospice must also provide or arrange for such additional services as are needed to meet the palliative and support needs of the patient and family. These services may include, but are not limited to, physical therapy, occupational therapy, speech therapy, massage therapy, home health aide services, infusion therapy, provision of medical supplies and durable medical equipment, day care, homemaker and chore services, and funeral services.

59A-38.001 Definitions

(8) Home Health Aide: An individual who provides personal health care services for a patient in the patient's home or place of residence under the supervision of a registered nurse.

(9) Licensed Practical Nurse: An individual licensed pursuant to chapter 464, F.S., to practice practical nursing.

(10) Patient Care Staff: Persons involved in direct care of the patient, including registered nurses, practical nurses and home health aides, social workers and other mental health professionals, and clergy or pastoral counselors.

(11) Patient's Family: The person or those persons designated by the patient as having primary responsibility for care, or persons who are closely linked with the patient and are involved in the health and supportive care of the patient.

(13) Registered Nurse: An individual who is licensed pursuant to chapter 464, F.S., to practice professional nursing.

ST - T0002 - Bereavement Services

Title Bereavement Services

Type Rule

400.609(5); 59A-38.013

Regulation Definition

400.609(5) Bereavement Counseling

The hospice bereavement program must be a comprehensive program, under professional supervision, that provides a continuum of formal and informal supportive services to the family for a minimum of 1 year after the patient's death. This subsection does not constitute an additional exemption from chapter 490 or chapter 491.

59A-38.013 Bereavement Services.

The hospice shall provide bereavement counseling and services to the families of hospice patients for a minimum of one (1) year following the patient's death. The formal and informal supportive services which comprise bereavement counseling shall be supervised or provided by professional staff as described in rules 59A-38.010 and 59A-38.011, F.A.C.

(1) The administrator shall ensure the development, documentation and implementation of policies and procedures

Interpretive Guideline

On the initial visit, check the hospice policies and procedures for providing bereavement services to see that it meets the requirements in this standard.

On subsequent surveys, review records that show such services are being offered to families. For example, cards or letters, memorial services, telephone calls, home visits, and support group.

Interview family members to determine if bereavement services are being offered consistent with the established policies and procedures.

Review information on support groups provided by the hospice such as meeting agendas and materials, notices of meetings distributed.

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regulating the delivery of bereavement counseling and services.

(2) The bereavement program shall provide educational and spiritual materials and individual and group support services for the patient's family after the patient's death.

ST - T0003 - Administrative Policies and Practices

Title Administrative Policies and Practices

Type Rule

59A-38.004(3)(b)

Regulation Definition

59A-38.004(3)(b)
Equipment and personnel, under medical supervision, must be provided for diagnostic procedures to meet the needs of the hospice inpatient, residential and home-care programs. This must include the services of a clinical laboratory and radiological services, which must meet all standards of the State of Florida. There must be written agreements or contracts for such services unless provided on the premises of the hospice. The hospice program must ensure that services are available twenty-four (24) hours a day, seven (7) days a week, either through contractual agreement, written agreement, or direct service provision by the hospice.

Interpretive Guideline

Review patient records to determine if equipment and personnel are provided for providing diagnostic procedures for the hospice patient when needed, including the services of a clinical laboratory and radiological services.

Identify who provides laboratory and radiological services. Determine if they are appropriately licensed.

Review any applicable contracts or written agreements for provision of 24/7 direct services.

ST - T0004 - Definitions

Title Definitions

Type Memo Tag

400.601; 59A-38.001

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Regulation Definition

400.601 Definitions.-As used in this part, the term:

- (1) "Agency" means the Agency for Health Care Administration.
- (2) "Department" means the Department of Elderly Affairs.
- (3) "Hospice" means a centrally administered corporation or a limited liability company that provides a continuum of palliative and supportive care for the terminally ill patient and his or her family.
- (4) "Hospice care team" means an interdisciplinary team of qualified professionals and volunteers who, in consultation with the patient, the patient's family, and the patient's primary or attending physician, collectively assess, coordinate, and provide the appropriate palliative and supportive care to hospice patients and their families.
- (5) "Hospice residential unit" means a homelike living facility, other than a facility licensed under other parts of this chapter, under chapter 395, or under chapter 429, that is operated by a hospice for the benefit of its patients and is considered by a patient who lives there to be his or her primary residence.
- (6) "Hospice services" means items and services furnished to a patient and family by a hospice, or by others under arrangements with such a program, in a place of temporary or permanent residence used as the patient's home for the purpose of maintaining the patient at home; or, if the patient needs short-term institutionalization, the services shall be furnished in cooperation with those contracted institutions or in the hospice inpatient facility.
- (7) "Palliative care" means services or interventions which are not curative but are provided for the reduction or abatement of pain and human suffering.
- (8) "Patient" means the terminally ill individual receiving hospice services.
- (9) "Plan of care" means a written assessment by the hospice of each patient's and family's needs and preferences, and the services to be provided by the hospice to meet those needs.

Interpretive Guideline

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(10) "Terminally ill" means that the patient has a medical prognosis that his or her life expectancy is 1 year or less if the illness runs its normal course.

59A-38.001 Definitions.

In addition to definitions contained in chapter 400, part IV, F.S., the following terms shall apply:

- (1) Advertising: The delivery, distribution, publication or display of an item, document, or medium initiated by the hospice that is intended to offer, describe, or advertise hospice or hospice-like services to the general public. A type of listing, which is formatted to only include a licensed hospice provider's name, address, and telephone number in the telephone directory, shall not be considered advertising.
- (2) Agency: Agency for Health Care Administration.
- (3) AHCA: Agency for Health Care Administration.
- (4) Autonomous: A separate and distinct operational entity, which functions under its own administration and bylaws, either within or independently of a parent organization.
- (5) Department: Department of Elder Affairs.
- (6) Employ: To engage the services of an individual, on either a salary or volunteer basis.
- (7) Home: The patient's current primary place of residence, including a private residence, assisted living facility, nursing home, hospice residential unit, or other place of permanent or temporary residence.
- (8) Home Health Aide: An individual who provides personal health care services for a patient in the patient's home or place of residence under the supervision of a registered nurse.
- (9) Licensed Practical Nurse: An individual licensed pursuant to chapter 464, F.S., to practice practical nursing.
- (10) Patient Care Staff: Persons involved in direct care of the patient, including registered nurses, practical nurses and home health aides, social workers and other mental health

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professionals, and clergy or pastoral counselors.

(11) Patient's Family: The person or those persons designated by the patient as having primary responsibility for care, or persons who are closely linked with the patient and are involved in the health and supportive care of the patient.

(12) Patient and Family Unit: The patient and the patient's family.

(13) Registered Nurse: An individual who is licensed pursuant to chapter 464, F.S., to practice professional nursing.

(14) Satellite Office: An office or other physical location serving as a contact point for patients, which is remote from the provider's principal office, but is not separately licensed, and shares administration with the principal office.

ST - T0010 - Governing Body

Title Governing Body

Type Rule

400.610(1); 59A-38.004(1)(a-b)

Regulation Definition

400.610(1)

A hospice shall have a clearly defined organized governing body, consisting of a minimum of seven persons who are representative of the general population of the community served.

59A-38.004

(1) . . . The governing body must satisfy the following requirements:

(a) Members must reside or work in the hospice's service area as defined in paragraph 59C-1.0355(2)(k), F.A.C.

(b) No person shall be denied membership on the governing body by reason of race, creed, color, age or sex.

Interpretive Guideline

Request list of names and addresses of governing body from administrator on entrance interview. Review the names of current board members to determine if there are at least seven individuals on the board. Review the names and home or business addresses of all current governing board members. They should all reside or work in the hospice's service area. The hospice's service area includes the counties listed on the license.

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ST - T0011 - Governing Body

Title Governing Body

Type Rule

400.610(1); 59A-38.004(1)

Regulation Definition

400.610(1) . . . The governing body shall have autonomous authority and responsibility for the operation of the hospice and shall meet at least quarterly.

59A-38.004 Administration of the Hospice.

(1) Governing Body. The hospice must established written bylaws for a governing body with autonomous authority for the conduct of the hospice program.

Interpretive Guideline

Review minutes of the governing board meeting to determine if the board meets at least quarterly. This means the board should have a formal meeting at least every three months with minutes that are reviewed and approved by the Board.

On initial visit, review by-laws of the governing board to see if they have autonomous authority for the conduct of the hospice program.

59A-38.001 Definitions.

(4) Autonomous: A separate and distinct operational entity, which functions under its own administration and bylaws, either within or independently of a parent organization.

ST - T0012 - GOVERNING BODY

Title GOVERNING BODY

Type Rule

59A-38.004(1)(c)1a

Regulation Definition

(c) Duties of the governing body must include:

1. Adoption in writing of the following documents which must be in compliance with provisions of chapter 400, part IV, F.S., and these rules, with updates as necessary:

a. Criteria defining eligibility for hospice services;

Interpretive Guideline

The governing board should formally adopt the following documents. This means there should be a copy of the minutes of the governing board meeting at which the document was adopted with each document, or there is notation of the date each document was formally adopted by the governing board. On the initial visit, locate and review the documents that are listed in the standard.

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ST - T0013 - GOVERNING BODY

Title GOVERNING BODY

Type Rule

59A-38.004(1)(c)1b

Regulation Definition

(c) Duties of the governing body must include:

1. Adoption in writing of the following documents which must be in compliance with provisions of chapter 400, part IV, F.S., and these rules, with updates as necessary:
- b. A program for building and coordinating relationships with other community organizations in order to provide hospice patients assistance with meals, utility payments, legal services, home repair and equipment, and other needs as identified on an individual basis;

Interpretive Guideline

Find out about community relations activities during interviews with administrator and review materials from these activities.

ST - T0014 - GOVERNING BODY

Title GOVERNING BODY

Type Rule

59A-38.004(1)(c)1c

Regulation Definition

(c) Duties of the governing body must include:

1. Adoption in writing of the following documents which must be in compliance with provisions of chapter 400, part IV, F.S., and these rules, with updates as necessary:
- c. Standards of hospice care which will ensure compliance with these rules and chapter 400, part IV, F.S., and which will promote and maintain a quality of life for each patient and family that reflects the patient's needs and values;

Interpretive Guideline

Review standards for hospice care adopted by the governing body. Do they appear to promote a quality of life for patients and families?

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ST - T0016 - GOVERNING BODY

Title GOVERNING BODY

Type Rule

59A-38.004(1)(c)1e; 400.610(1)(a) & (c)

Regulation Definition

59A-38.004(1)(c) Duties of the governing body shall include:

1. Adoption in writing, with updates as necessary, of the following documents which shall be in compliance with provisions of Chapter 400, Part VI, F.S., and these rules:
 - e. An annual operating and strategic plan and budget.

400.610

The governing body shall:

- (a) Adopt an annual plan for the operation of the hospice, which shall include a plan for providing for uncompensated care and philanthropic community activities.
- (c) Adopt an annual budget.

Interpretive Guideline

On each visit, review the most recent annual budget and annual operating and strategic plan. Does the plan include providing uncompensated care and philanthropic community activities?

ST - T0017 - GOVERNING BODY

Title GOVERNING BODY

Type Rule

59A-38.004(1)(c)2

Regulation Definition

(1) The governing body must satisfy the following requirements:

(c) Duties of the governing body must include:

2. Promulgation of rules and bylaws which include at least the following:

Interpretive Guideline

On the initial visit to the hospice, examine the hospice's bylaws. They should include the following information:

1. Purpose of the hospice
2. The process for annual review of the bylaws.
3. The offices and committees of the governing board and the powers and duties of each.
4. Qualifications, method of selection and terms of office for board members, board chairperson and committee

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- a. The purpose of the hospice;
- b. Annual review of the rules and bylaws which shall be dated and signed by the chairman of the governing body;
- c. The powers and duties of the officers and committees of the governing body;
- d. The qualifications, method of selection and terms of office of members and chairpersons of the governing body and committees; and,
- e. A mechanism for the administrator's appointment of the medical director and other professional and ancillary personnel.

chairpersons and members.

5. How the hospice administrator will select the medical director and other hospice staff. (This could be in the hospice's personnel policies.)

If by-laws have not changed since the last survey, the surveyor does not need to review them. If sections of the bylaws have changed, the surveyor should review.

ST - T0018 - Governing Body

Title Governing Body

Type Rule

400.610(1)(e)

Regulation Definition

- (1) The governing body shall:
- (e) Undertake such additional activities as necessary to ensure that the hospice is complying with the requirements for hospice services as set forth in this part.

Interpretive Guideline

Interview the administrator as to any additional activities of the governing body.

ST - T0019 - Administration & Mgmt of a Hospice

Title Administration & Mgmt of a Hospice

Type Rule

400.610(3)

Regulation Definition

- (3) Each hospice shall ensure that adequate policies, procedures, and systems are developed and implemented to

Interpretive Guideline

Interview the administrator on how the hospice develops policies and procedures. Review the policies and procedures for delivery of effective services.

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provide effective delivery of services.

ST - T0020 - Medical Director

Title Medical Director

Type Rule

400.6105(1); 59A-38.008(1-2a) & (3)

Regulation Definition

400.6105(1)

Each hospice shall have a medical director licensed pursuant to chapter 458 or chapter 459 who shall have responsibility for directing the medical care and treatment of hospice patients.

59A-38.008

(1) The hospice shall employ a medical director who shall be a hospice physician licensed in the State of Florida pursuant to chapter 458 or 459, F.S., who has admission privileges at one or more hospitals commonly serving patients in that hospice's service area as defined in rule 59C-1.0355, F.A.C. Duties shall be enumerated in a job description, including job qualifications, which shall be kept in an administrative file.

(2)(a) The medical director or his or her designee, a physician licensed under chapter 458 or 459, F.S., must be a member of the hospice care team and must be responsible for the direction and quality of the medical component of the care rendered to the patient by the hospice care team. The patient's attending physician(s) may remain the primary physician(s) to the patient, depending upon the preferences of the patient and the patient's family. The patient and the patient's family may elect to have the hospice medical director assume all or part of the primary medical care functions, or act as a consultant to the patient's attending physician(s). In either case, the hospice care team must maintain a reporting relationship with the patient's attending physician(s).

Interpretive Guideline

Verify through review of personnel files that the medical director and any associate or assistant medical directors. On subsequent visits, review if changed:

1. Are properly licensed to practice medicine in the state of Florida. There should be a copy of each individual's license in his or her personnel file.
2. Have admission privileges at one or more hospitals in the hospice's service area. There should be written documentation in the individual's personnel file.
3. Participates as a member of the hospice care team. Interview the medical director, as time permits, to determine the extent of his involvement with the hospice. In large hospices with many teams, it is not feasible for the medical director to serve as a member of the hospice care team. Other physicians, designated by the medical director, will serve as members of the teams.

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(3) In addition to the hospice medical director, the hospice may appoint additional hospice physician(s) who shall perform duties prescribed herein. Any appointed physician shall be subject to the same licensing qualifications as the hospice medical director.

ST - T0021 - Medical Director

Title Medical Director

Type Rule

59A-38.008(2)(b)1-4

Regulation Definition

(2)(b) Duties of the medical director shall include:

1. Reviewing clinical material of the patient's attending physician(s) to document basic disease process, prescribed medicines, assessment of patient's health at time of entry and the drug regimen, or performing an admission history and physical for each patient.
2. Validating the attending physician(s)' prognosis and life expectancy for the patient.
3. Assisting in developing and medically validating the plan of care for each patient and family unit with the coordination of the patient's attending physician(s).
4. Attending and actively participating in patient and family care conferences.

Interpretive Guideline

On initial visit, check to see if job description includes these duties.

On subsequent visits, review patient records to determine if the medical director or his/her designee performed the duties in the standard.

59A-38.001 Definitions

(12) Patient and Family Unit: The patient and the patient's family.

ST - T0022 - Medical Director

Title Medical Director

Type Rule

59A-38.008(2)(b)5-8

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Regulation Definition

(2)(b) Duties of the medical director shall include:

5. Rendering or actively supervising medical care for hospice patients and maintaining a record of such care.
6. Maintaining a regular schedule of participation in all components of the hospice care program and maintaining twenty-four (24) hours a day, seven (7) days a week coverage of and ready availability to the hospice program through him or herself or his or her licensed hospice physician designee.
7. Acting as a consultant to attending, including personal, physicians and other members of the hospice care team; helping to develop and review policies and procedures for delivering care and services to the patient and family unit; serving on appropriate committees; and reporting regularly to the hospice administrator regarding medical care delivered to the hospice patients.
8. Maintaining liaison with the patient's attending physician(s), who is encouraged to provide primary care to his or her patient even though the patient also receives hospice care. The hospice physician will provide palliative care to his or her patient.

Interpretive Guideline

Interview the medical director to determine the extent of his involvement in the hospice as stated in a previous medical director tag.

Interview the administrator and DON regarding the medical director's involvement.

Interview patients and family members to determine if they have not had access to a physician when needed 24/7.

Review patient records and interviews attending physicians to determine if the medical director or his/her designee maintains a liaison with the attending physician.

ST - T0023 - Medical Director

Title Medical Director

Type Rule

59A-38.008(2)(b)9

Regulation Definition

(b) Duties of the medical director shall include:

9. Establishing written protocols for symptom control, i.e., pain, nausea, vomiting, or other symptoms.

Interpretive Guideline

Review the written protocols and review patient records to determine if hospice personnel appear to be adequately addressing symptom control.

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ST - T0024 - Medical Director

Title Medical Director

Type Rule

59A-38.008(2)(b)10

Regulation Definition

(2)(b) Duties of the medical director shall include:
10. Assisting the administrator in developing, documenting and implementing a policy for discharge of patients from hospice care.

Interpretive Guideline

The medical director should assist the administrator in developing a policy for discharging patients from hospice care.

When sampling patient records, review the records of patients who have been discharged to determine if the established policy was followed.

ST - T0030 - Contractual Services

Title Contractual Services

Type Rule

400.6085(1)

Regulation Definition

400.6085 Contractual services.-A hospice may contract out for some elements of its services. However, the core services, as set forth in s. 400.609(1), with the exception of physician services, shall be provided directly by the hospice. Any contract entered into between a hospice and a health care facility or service provider must specify that the hospice retains the responsibility for planning, coordinating, and prescribing hospice care and services for the hospice patient and family. A hospice that contracts for any hospice service is prohibited from charging fees for services provided directly by the hospice care team that duplicate contractual services provided to the patient and family.

(1) A contract for hospice services, including inpatient

Interpretive Guideline

Review contracts to see if they contain the required items in this standard. Surveyor should review any new contracts since the previous survey.

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services, must:

- (a) Identify the nature and scope of services to be provided.
- (b) Require that direct patient care shall be maintained, supervised, and coordinated by the hospice care team.
- (c) Limit the services to be provided to only those expressly authorized by the hospice in writing.
- (d) Delineate the roles of hospice staff and contract staff in the admission process and patient assessment.
- (e) Identify methods for ensuring continuity of hospice care.
- (f) Plan for joint quality assurance.
- (g) Specify the written documentation, including patient records, required of contract staff.
- (h) Specify qualifications of persons providing the contract services.
- (i) Specify the effective dates for the contract.

ST - T0031 - Contractual Services

Title Contractual Services

Type Rule

400.6105(5)

Regulation Definition

(5) A hospice may contract with other persons or legal entities to provide additional services beyond those provided by the hospice care team or, to supplement the number of persons on the hospice care team, to ensure that the needs of patients and their families are met. Persons hired on contract shall have the same qualifications as are required of hospice personnel.

Interpretive Guideline

Check records of contractors to see if they meet the same qualifications as staff.

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ST - T0035 - Hospice Home Care

Title Hospice Home Care

Type Rule

400.609(2)

Regulation Definition

(2) HOSPICE HOME CARE.-Hospice care and services provided in a private home shall be the primary form of care. The goal of hospice home care shall be to provide adequate training and support to encourage self-sufficiency and allow patients and families to maintain the patient comfortably at home for as long as possible. The services of the hospice home care program shall be of the highest quality and shall be provided by the hospice care team.

Interpretive Guideline

Review records of patients cared for at home. Is there documentation of training and support provided to families?

59A-38.001 Definitions.

(7) Home: The patient's current primary place of residence, including a private residence, assisted living facility, nursing home, hospice residential unit, or other place of permanent or temporary residence.

ST - T0036 - Routine Home Care

Title Routine Home Care

Type Rule

59A-38.005(1)(c)

Regulation Definition

(c) Minimum service provided for routine home care, consistent with the patient's status and the family's well-being, shall be a weekly telephone contact and a biweekly visit by a registered nurse.

Interpretive Guideline

Review patient records and interview patients and family members to determine if the hospice has provided the minimum service for routine home care, and if the care provided has been consistent with the patient and family needs.

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ST - T0037 - Home & Inpatient Care Start-Up

Title Home & Inpatient Care Start-Up

Type Rule

400.607(3-4)

Regulation Definition

(3) If, 3 months after the date of obtaining a license, or at any time thereafter, a hospice does not have in operation the home-care component of hospice care, the agency shall immediately revoke the license of such hospice.

(4) If, 12 months after the date of obtaining a license pursuant to s. 400.606, or at any time thereafter, a hospice does not have in operation the inpatient components of hospice care, the agency shall immediately revoke the license of such hospice.

Interpretive Guideline

For new hospices, the surveyor should verify whether the home care component is in place within three months. Review records of home care patients served to note the date they began receiving hospice services.

Verify that the inpatient component of hospice care is in place 12 months after the date of obtaining a license. Review contract with hospital or other facility to determine that inpatient care was set up.

ST - T0041 - Inpatient Care

Title Inpatient Care

Type Rule

400.609(4)

Regulation Definition

(4) HOSPICE INPATIENT CARE.-The inpatient component of care is a short-term adjunct to hospice home care and hospice residential care and shall be used only for pain control, symptom management, or respite care. The total number of inpatient days for all hospice patients in any 12-month period may not exceed 20 percent of the total number of hospice days for all the hospice patients of the licensed hospice. Hospice inpatient care shall be under the

Interpretive Guideline

When reviewing patient records, determine if the hospice makes provision for short-term inpatient care for the following circumstances:

1. Pain control
2. Symptom management
3. Respite for the caregiver(s)

Review patient records to determine if patients are being referred as appropriate for inpatient care and to determine if there was continuity of care.

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direct administration of the hospice, whether the inpatient facility is a freestanding hospice facility or part of a facility licensed pursuant to chapter 395 or part II of this chapter. The facility or rooms within a facility used for the hospice inpatient component of care shall be arranged, administered, and managed in such a manner as to provide privacy, dignity, comfort, warmth, and safety for the terminally ill patient and the family. Every possible accommodation must be made to create as homelike an atmosphere as practicable. To facilitate overnight family visitation within the facility, rooms must be limited to no more than double occupancy; and, whenever possible, both occupants must be hospice patients. There must be a continuum of care and a continuity of caregivers between the hospice home program and the inpatient aspect of care to the extent practicable and compatible with the preferences of the patient and his or her family....

Interview patients or family members on the use of inpatient care and if there was continuity of care in the inpatient setting.

Since inpatient care is a short-term adjunct to home-care, the total number of inpatient days for all hospice patients is limited as follows: In any given 12-month period (e.g., January to December, April to March, September to August), the total number of inpatient days for all hospice patients cannot exceed 20 percent of the total number of hospice days for all the hospice's patents. To ensure they do not exceed this limit, the hospice should keep monthly data on total inpatient days and total patient days (home-care, residential, and inpatient combined). The hospice should be able to determine for any 12-month period what percent of total patients days were inpatient days. Ask for evidence that the hospice has not exceeded the 20 percent limit.

As time permits, the survey should visit an inpatient facility to see if the inpatient facility or rooms is homelike and meets the requirements in the standard.

ST - T0042 - Fee Charged for Inpatient Care

Title Fee Charged for Inpatient Care

Type Rule

400.609(4)

Regulation Definition

(4) ...Fees charged for hospice inpatient care, whether provided directly by the hospice or through contract, must be made available upon request to the Agency for Health Care Administration...

Interpretive Guideline

Request information on the fees charged for inpatient care.

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ST - T0043 - Hours of Operation for Inpatient

Title Hours of Operation for Inpatient

Type Rule

400.609(4); 59A-38.004(3)(a)10

Regulation Definition

400.609(4) HOSPICE INPATIENT CARE.

. . . The hours for daily operation and the location of the place where the services are provided must be determined, to the extent practicable, by the accessibility of such services to the patients and families served by the hospice.

59A-38.004

(3) Administrative Policies and Practices.

(a) The administrator must be responsible for developing, documenting and implementing administrative policies and practices which are consistent with these rules, the bylaws, and the plans and decisions adopted by the governing body. These policies and practices must ensure the most efficient operation of the hospice program and the safe and adequate care of the patient and family units. These policies and practices must include:

10. Procedures for inpatient visitation by family and friends.

Interpretive Guideline

See also HS 025

Request information on the hours of operation.

On the initial visit, review procedures for family and friends to visit the hospice patient when he or she is in inpatient care.

Interview patients or family members to determine if the hospice and the inpatient facility follow the established procedures.

ST - T0044 - Inpatient Contractual Arrangement

Title Inpatient Contractual Arrangement

Type Rule

400.6085(2)

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Regulation Definition

(2) With respect to contractual arrangements for inpatient hospice care:

(a) Licensed beds designated for inpatient hospice care through contract between an existing health care facility and a hospice shall not be required to be delicensed from one type of health care in order to enter into a contract with a hospice, nor shall the physical plant of any facility licensed pursuant to chapter 395 or part II of this chapter be required to be altered, except that a homelike atmosphere may be required.

(b) Hospices contracting for inpatient care beds shall not be required to obtain an additional certificate of need for the number of such designated beds. Such beds shall remain licensed to the health care facility and be subject to the appropriate inspections.

(c) Staffing standards for inpatient hospice care provided through a contract may not exceed the staffing standards required under the license held by the contractee.

(d) Under no circumstances may a hospice place a patient requiring inpatient care in a health care facility that is under a moratorium, has had its license revoked, or has a conditional license, accreditation, or rating. However, a hospice may continue to provide care or initiate care for a terminally ill person already residing in such a facility.

Interpretive Guideline

Determine what facility(ies) the hospice has inpatient contract(s) with.

Determine from the AHCA area office if the facility is under a moratorium, has a current or conditional license, and whether or not it has conditional accreditation. If so, has the hospice placed any additional patients and has it made arrangements with another facility for inpatient care?

ST - T0050 - Hospice Residential Care

Title Hospice Residential Care

Type Rule

400.609(3)

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Regulation Definition

(3) HOSPICE RESIDENTIAL CARE.-Hospice care and services, to the extent practicable and compatible with the needs and preferences of the patient, may be provided by the hospice care team to a patient living in an assisted living facility, adult family-care home, nursing home, hospice residential unit or facility, or other nondomestic place of permanent or temporary residence. A resident or patient living in an assisted living facility, adult family-care home, nursing home, or other facility subject to state licensing who has been admitted to a hospice program shall be considered a hospice patient, and the hospice program shall be responsible for coordinating and ensuring the delivery of hospice care and services to such person pursuant to the standards and requirements of this part and rules adopted under this part.

Interpretive Guideline

Request a list of the patients in residential care by facility. Review a sampling of records for patients in residential care to determine the extent of hospice services and coordination with the facility staff.

The hospice should not expect that the patient in a standard ALF or adult family care home will receive services that a licensed nurse is required to perform.

Review the ALF, AFCH or nursing home to ensure the facility is licensed. NOTE: If the residential facility is operating as unlicensed activity, please contact your Field Office for further instructions.

The surveyor should see evidence in the record of nursing provided by the hospice directly or through a contractor in these settings. Some nursing may be provided by Extended Congregate Care licensed ALFs.

Does it appear that the ALF or adult family care home can provide proper care for the patient to assure that the patient is comfortable?

Can the hospice visit the ALF or adult family care home often enough to provide (or contract for the provision of) nursing and home health aide care for bed sores or tube feedings?

From the ALF law, s. 400.426, F.S.:

"(9) A terminally ill resident who no longer meets the criteria for continued residency [in the ALF] may remain in the facility if the arrangement is mutually agreeable to the resident and the facility; additional care* is rendered through a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident are being met. (*meaning additional care beyond what the ALF is licensed to provide)

(10) Facilities licensed to provide extended congregate care services shall promote aging in place by determining appropriateness of continued residency based on a comprehensive review of the resident's physical and functional status; the ability of the facility, family members, friends, or any other pertinent individuals or agencies to provide the care and services required; and documentation that a written service plan consistent with facility policy has been developed and implemented to ensure that the resident's needs and preferences are addressed."

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ST - T0051 - Hospice Residential Units

Title Hospice Residential Units

Type Rule

59A-38.016(1-3)

Regulation Definition

59A-38.016 Residential Units.

- (1) Residential units which are established by a licensed hospice provider will not be required to be separately licensed. Residential units shall comply with local codes and ordinances governing zoning, fire, safety, and health standards.
- (2) Residential units shall be maintained in a manner which provides for managing personal hygiene needs of the patients and implementation of infection control procedures.
- (3) Equipment and furnishings in residential units will provide for the health care needs of the resident while providing a home-like or non-institutional type of atmosphere.

Interpretive Guideline

Visit the residential facility to determine if it meets these requirements. Nursing homes, ALFs, and adult family care homes should have current licenses posted and the surveyor can assume that it complies with local codes and ordinances since it is licensed. The surveyor can also check the facility's status at the AHCA area office.

400.601

- (5) "Hospice residential unit" means a homelike living facility, other than a facility licensed under other parts of this chapter, under chapter 395, or under chapter 429, that is operated by a hospice for the benefit of its patients and is considered by a patient who lives there to be his or her primary residence.

ST - T0052 - Hospice Residential Units

Title Hospice Residential Units

Type Rule

59A-38.016(4)(a)

Regulation Definition

- (4) The hospice provider shall insure that:
 - (a) Each patient residing in a residential unit has an identified individual who will serve as that patient's principal advocate and contact person.

Interpretive Guideline

Patients in the residential unit should have a principal advocate and contact person. Depending on the patient's circumstances, this may be a family member, a close friend, an attorney etc. The name, address and telephone number(s) for this person should be in the patient's medical (interdisciplinary care) record. The hospice should know how to contact this person at all times. (The principal advocate and contact person should not be assumed to be the primary caregiver.)

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ST - T0053 - Hospice Residential Units Staffing

Title Hospice Residential Units Staffing

Type Rule

59A-38.016(4b-6)

Regulation Definition

(b) The residential unit is staffed at sufficient skill level and number to meet the needs of the patients and their families.

1. At all times the residential unit shall be staffed with a minimum of two (2) employees, one (1) of which shall be a licensed nurse.

2. Units for more than eight (8) patients shall be a staff-to-patient ratio of one to four (1:4) calculated on a twenty-four (24) hour period. At no time shall the unit have a staff-to-patient ratio of less than one to six (1:6).

3. All staff on duty shall assist with evacuation of patients in the event of an emergency.

(5) Services provided in the residential unit are consistent with the plan of care prepared for that patient and are consistent with services provided by the hospice program in other settings.

(6) Residential units shall be equipped to prepare meals that meet the dietary requirements of the patient.

Interpretive Guideline

The hospice should maintain a staff schedule that shows who works when so that the surveyor can determine if the residential unit is meeting the minimum staffing requirements as specified in the rule.

Observe to ensure the hospice facility is equipped to serve meals in their residential units.

Interview residents to determine if needs are being met in accordance with the plan of care.

ST - T0055 - Admin Policies and Practices-Admission

Title Admin Policies and Practices-Admission

Type Rule

400.6095(1); 59A-38.004(3)(a)1

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Regulation Definition

400.6095 Patient admission; assessment; plan of care; discharge; death.-

(1) Each hospice shall make its services available to all terminally ill persons and their families without regard to age, gender, national origin, sexual orientation, disability, diagnosis, cost of therapy, ability to pay, or life circumstances. A hospice shall not impose any value or belief system on its patients or their families and shall respect the values and belief systems of its patients and their families.

59A-38.004

(3) Administrative Policies and Practices.

(a) The administrator must be responsible for developing, documenting and implementing administrative policies and practices which are consistent with these rules, the bylaws, and the plans and decisions adopted by the governing body. These policies and practices must ensure the most efficient operation of the hospice program and the safe and adequate care of the patient and family units. These policies and practices must include:

1. Policies governing admission to the hospice program and discontinuation of care.

Interpretive Guideline

On the initial visit, review admission policies, which should include policies for discontinuation of care policies.

Review patient records to see if it appears that this standard is being met.

Interview patients about their care.

ST - T0056 - Patient Admission and Assessment

Title Patient Admission and Assessment

Type Rule

400.6095(2) & (4)

Regulation Definition

(2) Admission to a hospice program shall be made upon a diagnosis and prognosis of terminal illness by a physician licensed pursuant to chapter 458 or chapter 459 and shall be

Interpretive Guideline

400.601(10) "Terminally ill" means that the patient has a medical prognosis that his or her life expectancy is 1 year or less if the illness runs its normal course.

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dependent on the expressed request and informed consent of the patient.

Review patient records to see if there is documentation from a physician that the patient has a terminal illness. Also, see if any assessment was done as part of the admission process.

(4) The admission process shall include a professional assessment of the physical, social, psychological, spiritual, and financial needs of the patient. This assessment shall serve as the basis for the development of a plan of care.

ST - T0058 - Discharge or Transfer

Title Discharge or Transfer

Type Rule

400.6095(7)

Regulation Definition

(7) In the event a hospice patient chooses to be discharged or transferred to another hospice, the hospice shall arrange for continuing care and services and complete a comprehensive discharge summary for the receiving provider.

Interpretive Guideline

Ask the Administrator if any patients have been transferred to another hospice.

Review patient medical records of those transfers for comprehensive discharge summary and information shared with the receiving provider.

ST - T0059 - DNRO or Death

Title DNRO or Death

Type Rule

400.6095(8-9)

Regulation Definition

(8) The hospice care team may withhold or withdraw cardiopulmonary resuscitation if presented with an order not to resuscitate executed pursuant to s. 401.45. The agency shall adopt rules providing for the implementation of such orders. Hospice staff shall not be subject to criminal prosecution or civil liability, nor be considered to have engaged in negligent

Interpretive Guideline

Ask the Administrator if any patient deaths were unusual or occurred during unexpected circumstances. Review those patient records to determine if they were reported to the Medical Examiner.

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or unprofessional conduct, for withholding or withdrawing cardiopulmonary resuscitation pursuant to such an order and applicable rules. The absence of an order to resuscitate executed pursuant to s. 401.45 does not preclude a physician from withholding or withdrawing cardiopulmonary resuscitation as otherwise permitted by law.

(9) The death of a person enrolled as a hospice patient shall be considered an attended death for the purposes of s. 406.11(1)(a)5. However, a hospice shall report the death to the medical examiner if any unusual or unexpected circumstances are present.

ST - T0060 - Plan of Care

Title Plan of Care

Type Rule

400.6105(2)

Regulation Definition

(2) Each hospice shall employ a full-time registered nurse licensed pursuant to part I of chapter 464 who shall coordinate the implementation of the plan of care for each patient.

Interpretive Guideline

Review patient records to determine nurse involvement in coordinating the plan of care.

Interview director of nurses, as time permits, regarding the role of the nurse in coordinating the plan of care.

ST - T0061 - Plan of Care

Title Plan of Care

Type Rule

400.6095(5-6)

Regulation Definition

(5) Each hospice, in collaboration with the patient and the patient's primary or attending physician, shall prepare and

Interpretive Guideline

400.601(9)

"Plan of Care" means a written assessment by the hospice of each patient's and family's needs and preferences, and

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maintain a plan of care for each patient, and the care provided to a patient must be in accordance with the plan of care. The plan of care shall be made a part of the patient's medical record and shall include, at a minimum:

- (a) Identification of the primary caregiver, or an alternative plan of care in the absence of a primary caregiver, to ensure that the patient's needs will be met.
- (b) The patient's diagnosis, prognosis, and preferences for care.
- (c) Assessment of patient and family needs, identification of the services required to meet those needs, and plans for providing those services through the hospice care team, volunteers, contractual providers, and community resources.
- (d) Plans for instructing the patient and family in patient care.
- (e) Identification of the nurse designated to coordinate the overall plan of care for each patient and family.
- (f) A description of how needed care and services will be provided in the event of an emergency.

(6) The hospice shall provide an ongoing assessment of the patient and family needs, update the plan of care to meet changing needs, coordinate the care provided with the patient's primary or attending physician, and document the services provided.

the services to be provided by the hospice to meet those needs.

In the review of patient records, determine if there is a plan of care for each patient. The plan of care should include:

1. Identification of the primary caregiver or alternative plan of care in the absence of a primary caregiver. Usually this will be a family member or close friend. However, if the patient resides in a nursing home, residential facility, assisted living facility or adult family care home, it may be an alternate plan of care with caregivers from the facility staff that would normally be assigned to care for the patient as part of their assigned duties. In assisted living facilities and adult family care homes, unlicensed personnel cannot perform the duties of licensed personnel.
2. The patient's diagnosis, prognosis, and preferences for care
3. The needs of the patient and the family (based on the professional assessment done at admission) and how these needs will be met
4. Plans for teaching the patient and family how to care for the patient
5. Identification of the hospice team nurse

Determine if the plan of care is carried out in the review of patient records.

ST - T0062 - Admin Policies- Request for Services

Title Admin Policies- Request for Services

Type Rule

59A-38.004(3)(a)11

Regulation Definition

(3) Administrative Policies and Practices.

- (a) The administrator must be responsible for developing, documenting and implementing administrative policies and

Interpretive Guideline

On the initial visit, review policies for how the hospice will maintain a record of all requests for hospice care.

On subsequent visits, ask to see the record and confirm that it indicates whether or not the patient is able to pay for

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practices which are consistent with these rules, the bylaws, and the plans and decisions adopted by the governing body. These policies and practices must ensure the most efficient operation of the hospice program and the safe and adequate care of the patient and family units. These policies and practices must include:

11. Procedures for maintaining a record of requests for services. The record shall indicate the action taken regarding each request for hospice services and whether or not the patient has the ability to pay for the services. In no case shall a hospice refuse or discontinue hospice services based on the inability of the patient to pay for such services.

hospice services if the patient is not Medicare or Medicaid eligible.

Review a sample of patient records to determine if the record of requests shows acceptance of patients who are unable to pay.

ST - T0063 - Administrative Policies-Notices to the Public

Title Administrative Policies-Notices to the Public

Type Rule

59A-38.004(3)(a)12-13

Regulation Definition

(3) Administrative Policies and Practices.

(a) The administrator must be responsible for developing, documenting and implementing administrative policies and practices which are consistent with these rules, the bylaws, and the plans and decisions adopted by the governing body. These policies and practices must ensure the most efficient operation of the hospice program and the safe and adequate care of the patient and family units. These policies and practices must include:

12. Notice to the public that the hospice provides services regardless of ability to pay.

13. Notice to the public of all services provided by the hospice program, the geographic area in which the services are

Interpretive Guideline

On the initial visit, review policy stating how and when the hospice will notify the public of its services, service area and admission criteria, including the availability of hospice services to those who cannot pay for such services.

Review documents that notify the public of these services and determine if they are in accordance with the established policy.

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available, and admission criteria.

ST - T0064 - Administrative Policies & Practices

Title Administrative Policies & Practices

Type Rule

59A-38.004(3)(a)2

Regulation Definition

(3) Administrative Policies and Practices.

(a) The administrator must be responsible for developing, documenting and implementing administrative policies and practices which are consistent with these rules, the bylaws, and the plans and decisions adopted by the governing body. These policies and practices must ensure the most efficient operation of the hospice program and the safe and adequate care of the patient and family units. These policies and practices must include:

2. Personnel policies applicable to all full-time and part-time paid employees and volunteers, including job descriptions, job qualifications and duties, which shall be kept in an administrative file.

Interpretive Guideline

Interview the Administrator about the development, documentation of and implementing of administrative policies and practices.

ST - T0065 - Administrative Policy-Orientation - Training

Title Administrative Policy-Orientation - Training

Type Rule

400.6105(6), 59A-38.004(3)(a)3

Regulation Definition

400.6105

(6) Each hospice shall provide ongoing training and support

Interpretive Guideline

Review training plan on initial visit to see if it meets the standard. Review the assessment of training needs at least once every two years. Review training held since the last visit to determine if it addresses the identified needs.

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programs for hospice staff and volunteers.

Review personnel files and other appropriate documentation to determine if all paid and volunteer staff are being trained according to the hospice's policies and procedures.

59A-38.004

Interview staff and administrators about knowledge of their policies and practices.

(3) Administrative Policies and Practices.

(a) The administrator must be responsible for developing, documenting and implementing administrative policies and practices which are consistent with these rules, the bylaws, and the plans and decisions adopted by the governing body. These policies and practices must ensure the most efficient operation of the hospice program and the safe and adequate care of the patient and family units. These policies and practices must include:

3. A plan for orientation and training of all staff, including volunteers, which must ensure that staff receive training prior to the delivery of services. This plan must describe the method of assessing training needs and designing training to meet those needs, and must include a curriculum outline with specific objectives.

ST - T0066 - Staff Training Requirements - Alzheimer's Dis

Title Staff Training Requirements - Alzheimer's Dis

Type Rule

400.6045(1)(a)

Regulation Definition

400.6045 Patients with Alzheimer's disease or other related disorders; staff training requirements; certain disclosures.

(1) A hospice licensed under this part must provide the following staff training:

(a) Upon beginning employment with the agency, each employee must receive basic written information about interacting with persons who have Alzheimer's disease or

Interpretive Guideline

Review written information for required content and verify that it has been provided to all employees upon beginning employment. Use of "The Alzheimer's Patient and Hospice Care" fact sheet developed by Florida Hospices and Palliative Care, Inc. in partnership with the Alzheimer's Association Chapters of Florida will satisfy this requirement. If other information is disseminated, review for a basic overview of the disease, its progression (especially late stages) and tips on interaction such as:

- persons with Alzheimer's disease often retain social skills quite far into the illness
- identify self and others present

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dementia-related disorders.

- use the person's name
- get close - touch if appropriate
- speak slowly and clearly
- use simple words & phrases
- do not expect an answer
- do not ask questions requiring memory or reasoning
- do not talk about or over the person
- repeat the same message often
- communicate by "being with"
- foster comfort with music (singing) and tactile objects
- read to the patient

Determine employment dates of sampled staff to verify compliance within time frame.

Interview staff to verify receipt of required written information.

59A-38.001 Definitions.

In addition to definitions contained in chapter 400, part IV, F.S., the following terms shall apply:

(6) Employ: To engage the services of an individual, on either a salary or volunteer basis.

ST - T0067 - Staff Training Requirements- Alzheimer's

Title Staff Training Requirements- Alzheimer's

Type Rule

400.6045(1)(b), 59A-38.019(1)(a) .020(6)

Regulation Definition

400.6045 Patients with Alzheimer's disease or other related disorders; staff training requirements; certain disclosures.-

(1) A hospice licensed under this part must provide the following staff training:

(b) In addition to the information provided under paragraph (a), employees who are expected to, or whose responsibilities require them to, have direct contact with participants who have Alzheimer's disease or dementia-related disorders must

Interpretive Guideline

Select a sample of staff that has various types of participant contact. Determine employment dates for sample staff selected.

Review personnel files for a certificate documenting completion of required training within required time frame.

"Direct contact" is defined as person-to-person contact whether physical, verbal or within the participant's surroundings. Staff meeting this definition include but are not limited to nursing, dietary, activity, social service, housekeeping and maintenance staff. Administrative and clerical staff must be evaluated as to the need for training

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complete initial training of at least 1 hour within the first 3 months after beginning employment. The training must include an overview of dementias and must provide instruction in basic skills for communicating with persons who have dementia.

59A-38.019 Hospice Employee Training Requirements.

(1) Each hospice licensed under chapter 400, part IV, F.S., shall provide that hospice employees receive the following training:

(a) Completion of the required initial one hour of training after June 30, 2003, shall satisfy the requirement referenced in section 400.6045(1)(b), F.S. Initial one-hour training shall address the following subject areas:

1. Understanding Alzheimer's Disease and Related Disorders;
2. Characteristics of Alzheimer's Disease and Related Disorders; and,
3. Communicating with patients with Alzheimer's Disease or Related Disorders.

59A-38.020 Hospice Training Provider and Curriculum Approval.

(6) Certificates or copies of certificates of any training required by this rule shall be documented in the hospice's personnel files.

based upon individual employment responsibilities.

Alzheimer's disease and related disorders (ADRD) training is only required for staff hired on or after July 1, 2003. All staff are required to have the skills and education to provide the necessary care and services to patients. [58A-2.005(3)(a)3., F.A.C.]

Note:

1. ADRD training curriculum and training providers must be approved by DOEA. DOEA's contractor (the Florida Policy Exchange Center on Aging at the University of South Florida) maintains an updated list of approved hospice training providers and curricula on their website www.fpeca.usf.edu. [400.6045(1)(g), F.S. and 58A-2.028(1), F.A.C.] Providers and curricula approved by DOEA under guidelines for the assisted living facility, nursing home and adult day care center programs shall be considered approved for hospice ADRD training purposes. [58A-2.028(5), F.A.C.]
2. Hospice staff approved by DOEA as ADRD training providers meet this training requirement.
3. Upon successful completion of training, the trainee shall be issued a certificate by the approved training provider. The certificate shall include the title of the training, DOEA curriculum approval number, number of training hours, participant's name, dates of attendance, location, training provider's name, DOEA training provider's approval number and dated signature. The training provider's signature on the certificate shall serve as documentation that the training provider has verified that the trainee has completed the required training pursuant to 400.6045, F.S. and Rule 58A-2.027, F.A.C. [58A-2.028(3), F.A.C.]
4. An employee who has successfully completed a DOEA approved 4-hour Level I assisted living facility or 1-hour initial nursing home/adult day care center ADRD training curricula shall be considered to have met this training requirement. [58A-2.027(2), F.A.C.]
5. This training is required only once for each applicable employee. [58A-2.027(3), F.A.C.]
6. The certificate is evidence of completion of training in the identified topic, and the employee or direct caregiver is not required to repeat training in that topic if the employee or direct caregiver changes employment to a different hospice or to a home health agency, assisted living facility, nursing home or adult day care center. [400.6045(1)(h), F.S.]
7. Per DOEA "Training Guidelines for the Special Care of Hospice Patients with Alzheimer's Disease or Related

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Disorders" (September 2003), content must include:

- normal aging vs. memory loss from ADRD;
- the characteristics of ADRD; and
- effective communication with ADRD patients.

[58A-2.028(1)(c), F.A.C.]

ST - T0068 - Staff Training Requirements-Alzheimer's

Title Staff Training Requirements-Alzheimer's

Type Rule

400.6045(1)(c-h) 59A-38.019(1)(b) .020(6)

Regulation Definition

400.6045 Patients with Alzheimer's disease or other related disorders; staff training requirements; certain disclosures.-

(1) A hospice licensed under this part must provide the following staff training:

(c) In addition to the requirements of paragraphs (a) and (b), an employee who will be providing direct care to a participant who has Alzheimer's disease or a dementia-related disorder must complete an additional 3 hours of training within 9 months after beginning employment. This training must include, but is not limited to, the management of problem behaviors, information about promoting the patient's independence in activities of daily living, and instruction in skills for working with families and caregivers.

(d) For certified nursing assistants, the required 4 hours of training shall be part of the total hours of training required annually.

(e) For a health care practitioner as defined in s. 456.001, continuing education hours taken as required by that practitioner's licensing board shall be counted toward the total of 4 hours.

(f) For an employee who is a licensed health care practitioner as defined in s. 456.001, training that is sanctioned by that

Interpretive Guideline

Determine employment dates for sample staff selected.

Review personnel files for a certificate documenting completion of required training within required time frame.

"Direct care" is defined as providing personal or health care services to participants or supervising staff providing such services. Administrative and clerical staff must be evaluated as to the need for training based upon individual employment responsibilities.

Alzheimer's disease and related disorders (ADRD) training is only required for staff hired on or after July 1, 2003. All staff is required to have the skills and education to provide the necessary care and services to patients.

[58A-2.005(3)(a)3., F.A.C.]

Note:

1. Refer to "Note 1" under T067 for guidelines regarding approved ADRD training curriculum and providers.

[58A-2.028(5), F.A.C.]

2. Hospice staff approved by DOEA as ADRD training providers meets this training requirement.

3. Refer to "Note 3" under T067 for guidelines regarding training certificate requirements.

[58A-2.028(3), F.A.C.]

4. An employee who has successfully completed a DOEA approved 4-hour Level I and additional 4-hour Level II

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practitioner's licensing board shall be considered to be approved by the Department of Elderly Affairs.

(g) The Department of Elderly Affairs or its designee must approve the required 1-hour and 3-hour training provided to employees or direct caregivers under this section. The department must consider for approval training offered in a variety of formats. The department shall keep a list of current providers who are approved to provide the 1-hour and 3-hour training. The department shall adopt rules to establish standards for the employees who are subject to this training, for the trainers, and for the training required in this section.

(h) Upon completing any training described in this section, the employee or direct caregiver shall be issued a certificate that includes the name of the training provider, the topic covered, and the date and signature of the training provider. The certificate is evidence of completion of training in the identified topic, and the employee or direct caregiver is not required to repeat training in that topic if the employee or direct caregiver changes employment to a different hospice or to a home health agency, assisted living facility, nursing home, or adult day care center.

59A-38.019 Hospice Employee Training Requirements.

(1) Each hospice licensed under chapter 400, part IV, F.S., shall provide that hospice employees receive the following training:

(b) Completion of the required three hours of training after June 30, 2003, shall satisfy the requirement referenced in section 400.6045(1)(c), F.S. The three hours of training must address the following subject areas as they apply to Alzheimer's Disease and Related Disorders:

1. Behavior management;
2. Assistance with activities of daily life to promote the patient's independence;
3. Activities for patients;

assisted living facility or 1-hour initial plus additional 3-hour nursing home/adult day care center ADRD training curricula shall be considered to have met this training requirement. [58A-2.027(2), F.A.C.]

5. This training is required only once for each applicable employee. [58A-2.027(3), F.A.C.]

6. Refer to "Note 6" under T067 for guidelines regarding portability of training to different licensed facilities. [400.6045(1)(h), F.S.]

7. Per DOEA "Training Guidelines for the Special Care of Hospice Patients with Alzheimer's Disease or Related Disorders" (September 2003), content must include:

- conditions that mimic ADRD;
- causes and diagnostics;
- progression of ADRD with associated symptoms, behaviors and challenges;
- common problem behaviors and their management;
- provision of personal care emphasizing independence and dignity;
- strategies for assisting caregivers with patient's ADLs;
- positive group and individual activities;
- stress management techniques;
- family dynamics and involvement;
- safe, secure and supportive environments for patient and staff; and
- common ethical conflicts.

[58A-2.028(1)(c), F.A.C.]

8a. For certified nursing assistants, the required 4 hours of training shall be part of the total hours of training required annually. [400.6045(1)(d), F.S.]

b. For a health care practitioner as defined in s. 456.001, continuing education hours taken as required by that practitioner's licensing board shall be counted toward the total of 4 hours. [400.6045(1)(e), F.S.]

c. For an employee who is a licensed health care practitioner as defined in s. 456.001, training that is sanctioned by that practitioner's licensing board shall be considered to be approved by DOEA.

[400.6045(1)(f), F.S.]

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4. Stress management for the care giver;
5. Family issues;
6. Patient environment; and,
7. Ethical issues.

59A-38.020

(6) Certificates or copies of certificates of any training required by this rule shall be documented in the hospice's personnel files.

ST - T0070 - Quality Assurance and Utilization Review Plan

Title Quality Assurance and Utilization Review Plan

Type Rule

400.610(2), 59A-38.006

Regulation Definition

400.610

(2) Each hospice shall develop and implement a comprehensive quality assurance and utilization review plan to be used for ongoing internal evaluation of the appropriateness and effectiveness of the hospice services provided. Each hospice shall take the corrective actions identified by the review and report a summary of these actions to the governing body at least annually.

59A-38.006 Quality Assurance and Utilization Review (QAUR)/Quality Assessment and Performance Improvement (QAPI) Committee and Plan.

Pursuant to section 400.610(2), F.S., each hospice must appoint a committee which must develop, document and implement a comprehensive quality assurance and utilization review plan, also referred to as a quality assessment and performance improvement plan. The QAUR/QAPI plan must be in accordance with quality assessment and performance

Interpretive Guideline

On the initial visit, review the QAUR Plan. Review updates and revisions on subsequent visits. Does the plan include the required items in the standard?

The plan should include the items required in the standard.

Review documentation of corrective actions taken in response to QAUR findings and recommendations

Review the most recent annual report submitted to the governing body. Does it include corrective actions taken?

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improvement (QAPI) standards incorporated within the Medicare Conditions for Participation, 42 C.F.R., Part 418, and must include goals and objectives, provisions for identifying and resolving problems, methods for evaluating the quality and appropriateness of care, and the effectiveness of actions taken to resolve identified problems. The QAUR/QAPI plan must establish a process for revising policies, procedures and practices when reviews have identified problems.

ST - T0071 - QUAR Committee

Title QUAR Committee

Type Rule

59A-38.006(7)

Regulation Definition

59A-38.006 Quality Assurance and Utilization Review (QAUR)/Quality Assessment and Performance Improvement (QAPI) Committee and Plan.

. . . The QAUR/QAPI committee must review the QAUR/QAPI plan and report findings and recommendations to the governing body annually. Dated and signed minutes of those meetings of the governing body at which QAUR/QAPI findings and recommendations are presented must be kept in an administrative file.

(7) The QAUR/QAPI committee shall make recommendations to the administrator and the governing body for resolving identified problems and for improving patient and family care.

Interpretive Guideline

Review QAUR annual report to the governing body. Does it include findings and recommendations? Review minutes of meeting where QAUR report was presented to the governing body.

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ST - T0072 - QUAR Committee

Title QUAR Committee

Type Rule

59A-38.006(1)

Regulation Definition

(1) The QAUR/QAPI committee must be composed of individuals who are trained, qualified, supervised and supported by review procedures and written criteria related to treatment outcomes. These review procedures and written criteria must be established with involvement from physicians, and shall be evaluated and updated annually by the QAUR/QAPI committee.

Interpretive Guideline

Review the composition of the QAUR committee. Review the personnel files of the committee members to determine if they are qualified and trained to perform their duties.

Are the review procedures and written criteria updated annually?

ST - T0073 - QUAR-Incident or Accident Report

Title QUAR-Incident or Accident Report

Type Rule

59A-38.006(2)

Regulation Definition

(2) An incident or accident report shall be required in every instance of error in treatment, adverse reaction to treatment or medication, or injury to the patient. All of these incident or accident reports shall be reviewed by the QAUR/QAPI committee.

Interpretive Guideline

Review accident/incident reports to determine QAUR involvement.

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ST - T0074 - QAUR Audit of Patient Records

Title QAUR Audit of Patient Records

Type Rule

59A-38.006(3)

Regulation Definition

(3) The QAUR/QAPI committee must audit patient records, including interdisciplinary care records, on a regular and periodic basis.

Interpretive Guideline

In review of patient records or in QAUR files, look for documentation of QAUR reviews to see if they are audited on a regular and periodic basis.

ST - T0075 - QAUR Training

Title QAUR Training

Type Rule

59A-38.006(4)

Regulation Definition

(4) The QAUR/QAPI committee shall assist the administrator in developing, documenting and implementing a formal training and orientation program for individuals conducting utilization review activities.

Interpretive Guideline

There should be a written training program for the QAUR committee. The may be contained in the QAUR plan.

Check personnel files for documentation that will indicate QAUR committee members are being adequately trained.

ST - T0076 - QAUR

Title QAUR

Type Rule

59A-38.006(5-6)

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Regulation Definition

(5) Activities undertaken by the QAUR/QAPI committee must demonstrate a systematic collection, review, and evaluation of information and must result in proposed actions to correct any identified problems. The information used by the QAUR/QAPI committee must include:

- (a) Care provided in alternate settings and by contracted entities;
- (b) Services provided by professional and volunteer staff;
- (c) Evaluations by the patient and the patient's family of care provided by the hospice;
- (d) Incident reports;
- (e) Complaints received from patients and their families;
- (f) High-risk, high-volume and problem-prone activities that would have a significant impact on patients, staff or the organization, even if adverse incidents occur infrequently. For example, high-risk activities may include review and evaluation of protocols for containment of communicable diseases, emergency evacuations and continuity of operations; high-volume activities might include collection of information regarding administration of medications; lastly, identifying problem-prone activities might include deterioration or malfunction of equipment, including security of information systems, disposal of contaminated materials or other bio-medical waste; and,
- (g) Appropriateness of team services and levels of care measured by whether:
 1. The plan of care was directly related to the identified physical and psychosocial needs of the patient and the patient's family;
 2. Services, medications and treatments prescribed were in accordance with the current hospice plan of care; and,
 3. The hospice care was primarily a home-care program that utilized inpatient hospice care on a short-term or respite basis only.

Interpretive Guideline

Review patient records and QAUR committee meeting notes to determine if the QAUR reviewed the required items.

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(6) The QAUR/QAPI committee shall periodically review the accessibility of hospice services and the quality of those services.

ST - T0077 - Program Reporting Requirements

Title Program Reporting Requirements

Type Rule

59A-38.007

Regulation Definition

(1) Each hospice shall submit demographic and provision of care data to the Agency annually for the calendar year period January 1 through December 31 no later than March 31 of the following year. Data must be submitted through the link included in the e-blast sent to each provider one month prior to the due date for the submission period.

(2) Data submitted must detail the following information in aggregate numbers for the submission period:

(a) Inpatient Care and Residential Units operated by the hospice, including freestanding units and contracted locations of care to include:

1. Name and address of facility.
2. County where facility is located.
3. Number of beds within the facility.
4. Number of facility admissions.
5. Total facility patient days.

(b) Primary diagnosis of patients at time of admission to include:

1. Cancer.
2. Illness due to Acquired Immune Deficiency Syndrome (AIDS).
3. Heart, Circulatory, or Cardiovascular Disease.
4. End-Stage Pulmonary Disease.
5. End-Stage Renal Disease (ESRD).

Interpretive Guideline

Ask the Administrator for documentation of the report being submitted.

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6. Stroke.
 7. Dementia or Alzheimer's Disease.
 8. Other diagnoses.
- (c) Age of patients admitted during the reporting period in aggregate number:
1. 0-18 years of age.
 2. 19-44 years of age.
 3. 45-64 years of age.
 4. 65-84 years of age.
 5. 85 years of age and older.
- (d) Race of patients admitted during the reporting period in aggregate number:
1. Asian/Pacific Islander.
 2. Native Hawaiian or Other Pacific Islander.
 3. Black/African American.
 4. White/Caucasian.
 5. Two or more races or not known.
 6. American Indian or Alaskan Native.
 7. Other.
- (e) Ethnicity of persons admitted during reporting period irrespective of reported race:
1. Hispanic.
 2. Non-Hispanic.
- (f) Gender of persons admitted during the reporting period:
1. Male.
 2. Female.
 3. Not known or not reported.
- (g) Percent of reimbursement for patient care by payor source:
1. Medicare.
 2. Medicaid.
 3. Third party.
 4. Self-pay.
 5. Uncompensated.
 6. Other.
- (h) Total number of patient days by location during the

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reporting period:

1. Private residence.
2. Adult Family Care Home.
3. Assisted Living Facility.
4. Nursing Home - Contracted Non-Inpatient Bed.
5. Nursing Home - Contracted Inpatient Bed.
6. Hospital - Dedicated Hospice Unit.
7. Hospital - Other Than Dedicated Hospice Unit.
8. Hospice Residential Facility.
9. Freestanding Hospice Inpatient Facility.
10. Other.

(i) Total number of patient discharges by disposition during the reporting period:

1. Deaths.
2. Non-Deaths.

(3) Demographic and provision of care data will be available through the following link as a summary of the data reported:
<https://quality.healthfinder.fl.gov/Hospice/Hospice.aspx>

(4) A licensee that fails to submit the required information by the due date may be fined up to \$50 per day late not to exceed \$500 in accordance with section 408.813, F.S.

ST - T0080 - Hospice Care Team

Title Hospice Care Team

Type Rule

400.6105(3), 59A-38.005(2)

Regulation Definition

400.6105 Staffing and personnel.

(3) A hospice shall employ a hospice care team or teams who shall participate in the establishment and ongoing review of the patient's plan of care, and be responsible for and supervise the delivery of hospice care and services to the patient. The team shall, at a minimum, consist of a physician licensed

Interpretive Guideline

Review policies and procedures for the hospice care team on the initial visit to see if it contains all the required items in the standard.

Review patient's records to determine if established policies and procedures are being followed. Also, the record should document teaching provided to the family and their involvement in developing the Plan of Care.

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pursuant to chapter 458 or chapter 459, a nurse licensed pursuant to part I of chapter 464, a social worker, and a pastoral or other counselor. The composition of the team may vary for each patient and, over time, for the same patient to ensure that all the patient's needs and preferences are met.

59A-38.005

(2) The administrator shall be responsible for ensuring the development, documentation and implementation of a current plan that delineates cooperative planning, decision-making and documentation by the disciplines represented in the members of the hospice care team and which provides the staff with methods of meeting collective and individual responsibilities as outlined and assigned in the plan of care for each patient and family unit. Such policies and procedures shall, at a minimum, include the following:

- (a) Identification of the patient and the patient's family as the unit of care;
- (b) Identification of the hospice care team as the unit that provides care to the patient and family unit and that is responsible for admission, assessment and the individual plan of care for the patient and the patient's family in accordance with the requirements of section 400.6095, F.S.;
- (c) Methods of controlling the symptoms of terminal illness together with methods of evaluating and studying such methods;
- (d) Methods of teaching the patient and the patient's family those skills necessary to promote the patient and family relationship and enhance the independence of the patient and family unit; and,
- (e) Methods to ensure that the patient and the patient's family shall, insofar as practical, define the needs to be addressed in the plan of care, provide significant information and assistance in developing and implementing an effective plan of care, and have access to the written plan of care upon request.

Interview the patient or family regarding their participation in determining the Plan of Care.

400.601 Definitions.-As used in this part, the term:

(4) "Hospice care team" means an interdisciplinary team of qualified professionals and volunteers who, in consultation with the patient, the patient's family, and the patient's primary or attending physician, collectively assess, coordinate, and provide the appropriate palliative and supportive care to hospice patients and their families.

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ST - T0081 - Hospice Care Team

Title Hospice Care Team

Type Rule

59A-38.005(3)

Regulation Definition

- (3) The administrator shall be responsible for ensuring that the hospice care team:
- (a) Provides a mechanism whereby the patient and the patient's family shall be able to communicate directly with a member of the hospice care team on a twenty-four (24) hours a day, seven (7) days a week basis.
 - (b) Documents all such communication including requests for hospice care and the disposition of such requests.
 - (c) Is staffed in such a manner as to be able to receive and respond to such requests and provide interdisciplinary hospice services on a twenty-four (24) hours a day, seven (7) days a week basis.
 - (d) Provides continuity of services without interruption through all modes of care delivery in the hospice program. Admission to a hospice program means accessibility to all its hospice core services as described in section 400.609(1), F.S.
 - (e) Documents all services provided by the hospice care team in the interdisciplinary care record.

Interpretive Guideline

- Interview patients or families regarding responsiveness of hospice care team.
- Review patient records regarding hospice team involvement.

ST - T0085 - Volunteer Services

Title Volunteer Services

Type Rule

400.6105(4), 59A-38.012(1)

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Regulation Definition

400.6105

(4) A hospice must maintain a trained volunteer staff for the purpose of providing both administrative support and direct patient care. A hospice must use trained volunteers who work in defined roles and under the supervision of a designated hospice employee for an amount of time that equals at least 5 percent of the total patient care or administrative hours provided by all paid hospice employees and contract staff in the aggregate. The hospice shall document and report the use of volunteers, including maintaining a record of the number of volunteers, the number of hours worked by each volunteer, and the tasks performed by each volunteer.

59A-38.012 Volunteer Services.

(1) The hospice shall employ a coordinator of volunteer services who shall assist the administrator in developing, documenting and implementing a volunteer services program which meets the operational needs of the program and provides services to the patient and family units in accordance with the individual plans of care. Duties shall be enumerated in a job description, including job qualifications, which shall be kept in an administrative file.

Interpretive Guideline

The hospice shall employ a volunteer coordinator. There should be an administrative file that contains a job description, including job qualifications, for the position. Review the personnel file of the current volunteer coordinator, if there has been a change since the last visit, to determine if he/she meets the qualifications set forth in the job description.

ST - T0086 - Volunteer Services

Title Volunteer Services

Type Rule

59A-38.012(2)

Regulation Definition

(2) The volunteer coordinator shall assist the administrator in developing, documenting and implementing policies and procedures regulating the delivery of such services, volunteer

Interpretive Guideline

On the initial visit, review policies and procedures for the volunteer program including:

How, when and where volunteer services will be provided

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orientation, and ongoing training and support for volunteers.

Volunteer orientation
Ongoing training and support for volunteers

Interview the volunteer coordinator on subsequent visits to determine if these policies are being followed and review documentation of orientation and training.

Review patient records to determine if volunteer services are provided.

ST - T0087 - Volunteer Services

Title Volunteer Services

Type Rule

59A-38.012(3)

Regulation Definition

(3) The hospice shall make effort to recruit volunteers to provide support for the needs and comfort of the patient population of the hospice and the patients' families.

Interpretive Guideline

The hospice should have evidence of efforts to recruit volunteers to provide support to patients and their families . Evidence would include notices in the local newspaper, brochures and pamphlets that are regularly distributed or made available to the public, presentations to community organizations, etc.

Review the listing of volunteers to determine that they are being recruited. As stated above, look for evidence of volunteer services in the review of patient records.

ST - T0090 - Hospice License

Title Hospice License

Type Rule

59A-38.002

Regulation Definition

59A-38.002 License Requirements.

(1) In addition to the requirement specified in section 400.602(1)(b), F.S., the face of the license must contain the following information:

Interpretive Guideline

The hospice's current license should be displayed in the reception area of the main office of the hospice. It should be visible to the public so that it can be read and examined by the public without assistance.

Examine the license to determine if the following information on the face of the license is current and correct:

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- (a) The name and address of the provider, including the principal office and all satellite offices;
 - (b) All freestanding hospice inpatient facilities and residential units;
 - (c) All counties served by the hospice;
 - (d) The name of the owner; and,
 - (e) The effective and expiration dates of the license.
- (2) The hospice must notify the department and the agency in writing at least sixty (60) days before making a change in name or address of the provider's principal or satellite offices.
- (3) If a change of ownership as defined in section 408.803(5), F.S., is contemplated, the new owner must submit a license application and must receive a license prior to commencement of operation of the hospice. The following materials must accompany the license application:
- (a) A signed agreement to correct any existing licensure deficiencies;
 - (b) Documented evidence that the change of ownership has taken place or will take place upon approval of the license; and,
 - (c) A statement that records pertaining to the administrative operation of the provider must be retained and made available for official inspection by the agency.
- (4) If a merger of two or more hospice providers is contemplated, the legal and incorporated entity that will be responsible for the operational function of the hospice after the merger must notify the agency prior to the merger. Notification must include the anticipated date for the merger and the reason for the merger. The agency shall require the legal entity to submit a license application, including a revised plan for the delivery of hospice care to terminally ill patients and their families.

- Name of the hospice
- Addresses of the principal office and all branch offices - Notify the Home Care Unit if any of the hospice offices have moved and the license isn't correct.
- Names and addresses of all freestanding inpatient facilities
- All counties served by the hospice under the license (The hospice service areas are defined in 59C-1.0355, FAC, and a list of the hospices licensed in each service area is attached.)
- Name of the owner of the hospice
- Effective and expiration dates of the hospice license

59A-38.001 Definitions

- (14) Satellite Office: An office or other physical location serving as a contact point for patients, which is remote from the provider's principal office, but is not separately licensed, and shares administration with the principal office.

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ST - T0095 - Administrative Policies-Clinical Records

Title Administrative Policies-Clinical Records

Type Rule

400.611(2-6), 59A-38.004(3)(a)9

Regulation Definition

400.611

(2) Patient records shall be retained for a period of 6 years after termination of hospice services, unless otherwise provided by law. In the case of a patient who is a minor, the 6-year period shall begin on the date the patient reaches or would have reached the age of majority.

(3) The interdisciplinary record of patient care and billing records are confidential.

(4) A hospice may not release a patient's interdisciplinary record or any portion thereof, unless the person requesting the information provides to the hospice:

(a) A patient authorization executed by the patient;

(b) In the case of an incapacitated patient, a patient authorization executed prior to the patient's death by the patient's then acting legal guardian, health care surrogate as defined in s. 765.101(21), health care proxy as defined in s. 765.101(19), or agent under power of attorney;

(c) A court order appointing the person as the administrator, curator, executor, or personal representative of the patient's estate with authority to obtain the patient's medical records;

(d) If a judicial appointment has not been made pursuant to paragraph (c), a last will that is self-proved under s. 732.503 and designates the person to act as the patient's personal representative; or

(e) An order by a court of competent jurisdiction to release the interdisciplinary record to the person.

(5) For purposes of this section, the term "patient

Interpretive Guideline

Review policies related to patient records. The policies should include:

How and where active patient records will be maintained

How and where inactive patient records will be maintained for five years following the patient's death

How both active and inactive patient records will be kept confidential

Examine how and where patient records (both active and inactive) are maintained. Determine if records kept for the appropriate amount of time and if confidentiality can be maintained.

Interview the hospice records staff about release of patient care and billing records to ensure the confidentiality of the process. If the hospice released any records within the past survey cycle, review that record to ensure all the regulatory requirements were met.

Review the policy and procedure.

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authorization" means an unrevoked written statement by the patient, or an oral statement made by the patient which has been reduced to writing in the patient's interdisciplinary record of care, or, in the case of an incapacitated patient, by the patient's then acting legal guardian, health care surrogate, agent under a power of attorney, or health care proxy giving the patient's permission to release the interdisciplinary record to a person requesting the record.

(6) A hospice must release requested aggregate patient statistical data to a state or federal agency acting under its statutory authority. Any information obtained from patient records by a state agency pursuant to its statutory authority is confidential and exempt from s. 119.07(1).

59A-38.004

(3) Administrative Policies and Practices.

(a) The administrator must be responsible for developing, documenting and implementing administrative policies and practices which are consistent with these rules, the bylaws, and the plans and decisions adopted by the governing body. These policies and practices must ensure the most efficient operation of the hospice program and the safe and adequate care of the patient and family units. These policies and practices must include:

9. Policies and procedures for maintenance, confidentiality, and retention of clinical records for a minimum five-year period following the patient's death.

ST - T0096 - Patient's Medical Record

Title Patient's Medical Record

Type Rule

400.611(1)

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Regulation Definition

(1) A hospice shall maintain an up-to-date, interdisciplinary record of care being given and patient and family status. Records shall contain pertinent past and current medical, nursing, social, and other therapeutic information and such other information that is necessary for the safe and adequate care of the patient. Notations regarding all aspects of care for the patient and family shall be made in the record. When services are terminated, the record shall show the date and reason for termination.

Interpretive Guideline

When a patient is admitted to the hospice, a record of care is created. Review patient records to determine if they contain the following information:

1. All pertinent and current medical, nursing, social and any other information
2. Documentation by a physician of the patient's diagnosis and prognosis, including terminal condition.
3. Written consent of the patient for admission to the hospice program
4. Documentation that the patient has received information about advance directives
5. Copies of any advance directives the patient has completed
6. An assessment of the physical, social, psychological, spiritual, and financial needs of the patient
7. A plan of care for the patient (see Plan of Care standards below)
8. Documentation of all services provided to the patient and the patient's family.
9. A comprehensive discharge summary for any patient who chooses to be discharged or transferred to another hospice.

ST - T0097 - Patient Records

Title Patient Records

Type Rule

59A-38.006(3)(a-b)

Regulation Definition

(3) . . . All records must be stored in secured areas to protect patient confidentiality.

(a) Active patient records shall be kept at the main office, a satellite office, a hospice residential facility or a hospice inpatient facility.

(b) The master record may be moved to storage in a secure and accessible location after termination of bereavement services or a minimum of one year after the patient's death.

Interpretive Guideline

All patient records, both active and inactive, should be stored in secured areas. A secured area is a room or a filing system that prevents access by the public or any unauthorized persons. People who are authorized to access patient records are staff and volunteers who have a signed statement of confidentiality on file with the hospice. The hospice should have a process for ensuring that patient records are kept confidential (e.g., a locked area, a record of who accesses the file when and where).

Active patient records may be kept in the most convenient location, i.e., the main office, a branch office if that is the office that serves the patient, a residential facility if that is where the patient is residing, etc.

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ST - T0100 - Staffing

Title Staffing

Type Rule

59A-38.005(1)(a-b)

Regulation Definition

(1) The administrator shall be responsible for ensuring the development, documentation and implementation of a staffing pattern for all components of a hospice program (inpatient, residential and home-care), which shall be kept in an administrative file.

(a) A general staffing plan shall include the rationale for determining staffing requirements, which shall be based on the needs of the patients and their families and shall ensure appropriate care to meet those needs.

(b) The staffing patterns for contracted inpatient components shall meet or exceed the minimum staffing requirements under which the contracted facility is currently licensed.

Interpretive Guideline

There should be a staffing pattern for each component of care--home, residential and inpatient. Review the staffing pattern document to determine if all components have been addressed.

Does the staffing plan include the rationale for determining if staffing requirements are based on the needs of the patients and their families?

Review staffing rosters by shifts for inpatient facilities to determine if the hospice's staffing plan meets or exceeds the staffing requirements based on the number of patients.

ST - T0102 - Requirements for covered employees

Title Requirements for covered employees

Type Rule

435.05(1)(a-b, d) & (2)

Regulation Definition

435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers:

(1)(a) Every person required by law to be screened pursuant to

Interpretive Guideline

When reviewing personnel files for level 1 screening documentation, look for the employee's date of hire and the date the employer submitted the necessary information for screening to see if the time frames are being met that are set forth in Chp. 435.05. Re: The employee has 5 working days from the date of hire to submit screening information and the employer has 5 working days after receiving it to submit it to FDLE. If disposition is missing on any criminal record, it is the responsibility of the person being screened to supply the missing information within 30 days of

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this chapter must submit a complete set of information necessary to conduct a screening under this chapter.

(b) For level 1 screening, the employer must submit the information necessary for screening to the Department of Law Enforcement within 5 working days after receiving it. The Department of Law Enforcement shall conduct a search of its records and respond to the employer or agency. The employer must inform the employee whether screening has revealed any disqualifying information.

(d) The person whose background is being checked must supply any missing criminal or other necessary information upon request to the requesting employer or agency within 30 days after receiving the request for the information.

(2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses while employed by the employer.

request to the employer. Failure by the employee to supply missing information will result in disqualification for employment. When reviewing employee files with any missing information look to see if the 30 day timeframe was met.

Review a sample of employee records to ensure every employee attested.

ST - T0105 - Nursing Services

Title Nursing Services

Type Rule

59A-38.009(1)

Regulation Definition

(1) The hospice shall employ a registered nurse who shall monitor all services provided by hospice nurses and home health aides. The supervising registered nurse shall be qualified by supervisory or hospice experience and shall have completed a hospice training program sponsored by the employing hospice. Duties shall be enumerated in a job description, including job qualifications, which shall be kept in an administrative file.

Interpretive Guideline

Review the following on the initial visit or if there is a change. The supervising nurse should be a Registered Nurse who is licensed to practice in the State of Florida. Review the personnel file of the supervising nurse for the following:

Copy of the nurse's current license

Documentation of completion of the hospice's training program

A job description, including job qualifications

Job application or resume that indicates he/she had supervisory or hospice experience prior to employment with the hospice and that he/she meets the qualifications set forth in the job description.

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When reviewing patient files, look for documentation of supervisory visits for LPNs, CNAs, and home health aides by the supervising registered nurse. There are no requirements in state law or rules on the frequency of supervision. The supervising registered nurse should make supervisory visits to LPNs, C.N.As, and home health aides as needed, based on the experience and skill level of the staff person and the condition of the patients.

ST - T0106 - Nursing Services

Title Nursing Services

Type Rule

59A-38.009(2)

Regulation Definition

(2) The supervising registered nurse shall assist the administrator in developing, documenting and implementing policies and procedures for the delivery of clinical nursing services throughout the hospice program, including home-care, residential and inpatient programs; the orientation and training of newly employed or contractual hospice nurses and home health aides; and ongoing training and education of the hospice nurses and home health aides.

Interpretive Guideline

On the initial visit, review the policies and procedures for the nursing services provided by the hospice. They should include:

How services will be provided in home-care, residential and inpatient programs. Review patient records and interview patients and family members to determine if services are being provided in accordance with the established policies.

Orientation and training of new nurses and home health aides (both employed and contractual)

Ongoing training and education of hospice nurses and home health aides

Interview the supervising nurse or training coordinator on subsequent visits regarding the training and education of nurses and home health aides to see if the policies and procedures are being carried out.

ST - T0107 - Nursing Services

Title Nursing Services

Type Rule

59A-38.009(3)

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Regulation Definition

(3) The hospice shall ensure, by employment or contractual arrangements, that there are sufficient nurses and home health aides to meet the health care needs of the patient population of the hospice.

Interpretive Guideline

Get information on the number of nurses and home health aides and current patient census. Verify that the number of nurses and home health aides is consistent with the hospice's staffing plan and appropriate for the hospice's patient census at the time of the survey.

ST - T0108 - Administrative Policies-Universal Precautions

Title Administrative Policies-Universal Precautions

Type Rule

59A-38.004(3)(a)16

Regulation Definition

(3) Administrative Policies and Practices.
(a) The administrator must be responsible for developing, documenting and implementing administrative policies and practices which are consistent with these rules, the bylaws, and the plans and decisions adopted by the governing body. These policies and practices must ensure the most efficient operation of the hospice program and the safe and adequate care of the patient and family units. These policies and practices must include:

16. Policies and procedures for implementing universal precautions as established by the Centers for Disease Control and Prevention.

Interpretive Guideline

Review policies and procedures for implementing universal precautions on the initial visit.

If there are any home visits made while services are provided, the surveyor can determine if hospice personnel are using universal precautions.

ST - T0109 - Administrative Policies and Practices

Title Administrative Policies and Practices

Type Rule

59A-38.004(3)(c)

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Regulation Definition

(3) Administrative Policies and Practices.
(c) Each hospice shall develop an infection control program which specifies procedures and responsibilities for inpatient, residential care and home-care programs. Procedures regulating the structure and function of this program shall be approved by the medical director and the governing body, and shall comply with federal and state laws regarding blood-borne pathogens, infection control and biohazardous waste.

Interpretive Guideline

On the initial visit, review policies and procedures that specify how the hospice will control for infection, blood-borne pathogens and biohazardous waste in the home, residential and inpatient programs. (If it is addressed in the policies relating to universal precautions, it need not be repeated.)

ST - T0110 - Counseling and Social Services

Title Counseling and Social Services

Type Rule

59A-38.011(1)

Regulation Definition

(1) The hospice shall employ a social worker who has a degree in social work or a degree in a related field with experience in social work, and who has completed a hospice training program sponsored by the employing hospice. Duties shall be enumerated in a job description, including job qualifications, which shall be kept in an administrative file.

Interpretive Guideline

The hospice must employ one or more individuals to provide counseling and social services. The social worker must have a degree in social work (BSW or MSW) or a related field with experience in social work.
There should be personnel file for each employee that contains the following:
Copy of diploma (or other official documentation of education)
Written certification indicating when the social worker completed the hospice's training program
A job description, including job qualifications
A copy of the individual's license if he or she has a professional license to practice in Florida
Review the personnel files to determine if the employees meet the qualification set forth in the job description.

ST - T0111 - Counseling and Social Services

Title Counseling and Social Services

Type Rule

59A-38.011(2)

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Regulation Definition

(2) Therapeutic counseling services, if provided, must be provided by a social worker, marriage and family therapist, mental health counselor, or other mental health professional who is licensed by or authorized under the laws of the state of Florida to provide such services.

Interpretive Guideline

Verify that therapeutic counseling services are provided by professionals who are properly licensed by the State of Florida under Chapter 491.

ST - T0112 - Counseling and Social Services

Title Counseling and Social Services

Type Rule

59A-38.011(3)

Regulation Definition

(3) The social worker shall assist the administrator in developing, documenting and implementing policies and procedures regulating the delivery of such services.

Interpretive Guideline

There should be policies and procedures for the provision of counseling and social services, including therapeutic counseling services. Review these policies. Review patient records and interview patient and family members to determine if these policies are being followed.

ST - T0113 - Counseling and Social Services

Title Counseling and Social Services

Type Rule

59A-38.011(4)

Regulation Definition

(4) The hospice shall ensure, by employment or contractual arrangement, that there are sufficient social workers and other mental health professionals to meet the social, emotional and mental health needs of the patients and families being served by the hospice.

Interpretive Guideline

Verify that the number of social workers and other counselors is consistent with the hospice's staffing plan and appropriate for the hospice's patient census at the time of the survey.

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ST - T0115 - Physician Services

Title Physician Services

Type Rule

59A-38.008(4)

Regulation Definition

(4) The medical director shall assist the administrator in developing, documenting and implementing policies and procedures for regulating the delivery of physicians' services, for orientation of new hospice physicians, and for continuing training and support of hospice physicians. These policies and procedures shall:

- (a) Ensure that a hospice physician is on-call twenty-four (24) hours a day, seven (7) days a week; and
- (b) Provide for the review and evaluation of clinical practices within hospice inpatient, residential and home-care programs in coordination with the QAUR/QAPI committee.

Interpretive Guideline

Review policies and procedures for physician services on initial visit to see if they meet the requirements in this standard. .

Interview the medical director to determine if he does these required activities for physician services.

ST - T0120 - Spiritual Counseling Services

Title Spiritual Counseling Services

Type Rule

59A-38.010(1)

Regulation Definition

(1) The hospice shall employ a clergy-person or pastoral counselor to provide spiritual counseling. The clergy-person or pastoral counselor shall have a degree in ministry from a college, university or divinity school; or shall have completed a clinical pastoral education program with an emphasis in health care ministry; or shall have completed formal training

Interpretive Guideline

Review qualifications of persons hired since the last visit. Pastoral counselors and clergy-persons employed by the hospice, as either paid or volunteer employees, must have one of the following:

1. A degree from a college, university or divinity school.
2. A document that certifies a clinical pastoral education program with an emphasis in health care ministry.
3. A document that certifies that he or she has completed formal training in his or her religion or belief system and is qualified to perform pastoral services.

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and is recognized as qualified to perform pastoral services in his or her religion or belief system. The clergy-person or pastoral counselor shall also have completed a hospice training program sponsored by the employing hospice. Duties shall be enumerated in a job description, including job qualifications, which shall be kept in an administrative file.

Review the personnel file to determine if it contains the following:
Copy of the diploma (or other official documentation) or certifying document
Documentation that the pastoral counselor completed the hospice's training program
a job description, including job qualifications

ST - T0121 - Spiritual Counseling Services

Title Spiritual Counseling Services

Type Rule

59A-38.010(2)

Regulation Definition

(2) The clergy-person or pastoral counselor shall assist the administrator in developing, documenting and implementing policies and procedures regulating the delivery of such services.

Interpretive Guideline

On the initial visit, review the policies and procedures for the provision of spiritual counseling services. Review patient records and interview patients and family members to determine if these policies are being followed.

ST - T0122 - Spiritual Counseling Services

Title Spiritual Counseling Services

Type Rule

59A-38.010(3)

Regulation Definition

(3) The hospice shall ensure, by employment or contractual arrangement, that there are sufficient clergy-persons or pastoral counselors to provide spiritual support to the patient population of the hospice and the patients' families.

Interpretive Guideline

Verify that the number of pastoral counselors is consistent with the hospice's staffing plan and appropriate for the hospice's patient census at the time of the survey.

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ST - T0123 - Spiritual Counseling Svcs Value/Belief System

Title Spiritual Counseling Svcs Value/Belief System

Type Rule

59A-38.010(4)

Regulation Definition

(4) The hospice and its agents shall not impose the dictates of any value or belief system on its patients and their families.

Interpretive Guideline

ST - T0125 - Dietary Services and Nutritional Counseling

Title Dietary Services and Nutritional Counseling

Type Rule

59A-38.014(1)

Regulation Definition

The administrator shall ensure that dietary services and nutritional counseling services are available to all patient and family units in all components of hospice care on an as-needed basis.

(1) The administrator shall ensure the development, documentation and implementation of written policies and procedures for dietary services including nutritional counseling services.

Interpretive Guideline

The hospice should employ or contract with a licensed dietician who can consult with patients on an as-needed basis concerning diet and nutrition.

Review personnel or contractor record to determine that the dietician is qualified.

On the initial visit, review policies and procedures for dietary services including nutritional counseling services to see that they meet the requirements in the standard.

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ST - T0126 - Dietary Services and Nutritional Counseling

Title Dietary Services and Nutritional Counseling

Type Rule

59A-38.014(2)

Regulation Definition

The administrator shall ensure that dietary services and nutritional counseling services are available to all patient and family units in all components of hospice care on an as-needed basis.

(2) In hospice residential care and hospice inpatient care settings, the hospice shall provide consultation by a licensed dietitian on practical freedom-of-choice diets for hospice patients and shall ensure that patients' favorite foods are included in their diets whenever possible.

Interpretive Guideline

Review patient records and interview patients and family members to determine if these policies and procedures are being followed for these services.

ST - T0130 - Administrative Policies-Drugs & Biologicals

Title Administrative Policies-Drugs & Biologicals

Type Rule

59A-38.004(3)(a)5

Regulation Definition

(3) Administrative Policies and Practices.

(a) The administrator must be responsible for developing, documenting and implementing administrative policies and practices which are consistent with these rules, the bylaws, and the plans and decisions adopted by the governing body. These policies and practices must ensure the most efficient operation of the hospice program and the safe and adequate care of the

Interpretive Guideline

Review policies for how drugs and biological will be administered and disposed of in patients' homes on the initial survey. Determine if the four items listed in the standard are included.

Review patient records to determine if these policies are being properly implemented. If experimental drugs have been given, is there proper consent. Proper consent would be written consent by the patient or the patient's surrogate or proxy.

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patient and family units. These policies and practices must include:

5. Policies for administering drugs and biologicals in the home which must include:

- a. All orders for medications shall be dated and signed by a physician licensed in the State of Florida pursuant to chapter 458 or 459, F.S.
- b. All orders for medications shall contain the name of the drug, dosage, frequency and route.
- c. All verbal orders for medication or treatments, or changes in medication or treatment must be taken by a licensed health professional and recorded in the patient's record. Verbal orders must be signed by the physician within thirty (30) calendar days from the date of the order.
- d. Experimental drugs shall not be administered without the written consent of the patient or the patient's legal representative, surrogate or proxy. The program administering such drugs must fully inform the patient or the patient's legal representative, surrogate or proxy of any risks, and be prepared to invoke remedial action should an adverse reaction occur. A copy of the signed consent must be kept in the patient's record.

The policies should include the disposition of all legend drugs once the order for the drug has been discontinued, or the patient has died, which are consistent with currently accepted professional practices and are in compliance with state law.

ST - T0131 - Administrative Policies- Pharmaceutical

Title Administrative Policies- Pharmaceutical

Type Rule

59A-38.004(3)(a)6

Regulation Definition

- (3) Administrative Policies and Practices.
(a) The administrator must be responsible for developing, documenting and implementing administrative policies and practices which are consistent with these rules, the bylaws, and

Interpretive Guideline

- Review policies and procedures for how pharmaceutical services will be provided and administered in residential and inpatient settings.
- Review patient records to determine if pharmaceuticals are being administered according to the hospice's policies and

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the plans and decisions adopted by the governing body. These policies and practices must ensure the most efficient operation of the hospice program and the safe and adequate care of the patient and family units. These policies and practices must include:

6. Policies and procedures for the administration and provision of pharmaceutical services in inpatient and residential settings that are consistent with the drug therapy needs of the patient as determined by the medical director or the patient's attending physician(s). The pharmaceutical services shall be directed by a pharmacist registered in the State of Florida.

procedures, which are in accordance with currently accepted professional practices and in compliance with all state laws. If you have questions about the policies, ask the hospice and make a copy to refer the questions to an AHCA pharmacist.

Does the hospice have a registered pharmacist directing the pharmaceutical services?

ST - T0132 - Admin Policies and Practices-Drug Control

Title Admin Policies and Practices-Drug Control

Type Rule

59A-38.004(3)(a)7

Regulation Definition

(3) Administrative Policies and Practices.

(a) The administrator must be responsible for developing, documenting and implementing administrative policies and practices which are consistent with these rules, the bylaws, and the plans and decisions adopted by the governing body. These policies and practices must ensure the most efficient operation of the hospice program and the safe and adequate care of the patient and family units. These policies and practices must include:

7. Policies and procedures approved by the medical director and governing body pertaining to the drug control system in the hospice including specific policies and procedures for disposal of Class II drugs upon the death of a patient.

Interpretive Guideline

Review the policies for the hospice's drug control system. The policy must include procedures for drug control in the hospice, in affiliated inpatient and residential units, and in hospice patient homes as well as how to dispose of Class II and legend drugs when a patient dies.

Review the hospice's drug inventory system and interview the hospice director of nursing to determine if the drug control system is being implemented according to established policies and procedures.

Review patient records to determine if Class II and legend drugs are being disposed properly upon the death of a patient.

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ST - T0133 - Admin Policies and Practices- Medication

Title Admin Policies and Practices- Medication

Type Rule

59A-38.004(3)(a)8

Regulation Definition

(3) Administrative Policies and Practices.

(a) The administrator must be responsible for developing, documenting and implementing administrative policies and practices which are consistent with these rules, the bylaws, and the plans and decisions adopted by the governing body. These policies and practices must ensure the most efficient operation of the hospice program and the safe and adequate care of the patient and family units. These policies and practices must include:

8. Procedures which ensure the hospice can provide patients with medications on a twenty-four (24) hours a day, seven (7) days a week basis.

Interpretive Guideline

Review procedures outlining how the hospice will provide medications 24 hours a day, seven days a week.

Review patient records and interview patients and family members to determine if the hospice is following its procedures.

Ask patients or family members if they have ever had problems obtaining needed medications.

ST - T0135 - Disclosure for Patients with Alzheimer's

Title Disclosure for Patients with Alzheimer's

Type Rule

400.6045(2)

Regulation Definition

400.6045

(2) A hospice licensed under this part which claims that it provides special care for persons who have Alzheimer's disease or other related disorders must disclose in its

Interpretive Guideline

Determine if the hospice claims to provide special care for person with Alzheimer's disease or other related disorders that are characterized primarily by dementia. If the hospice does claim to provide such care:

1. Any advertisements, documents, brochures or literature bearing this claim must include a disclosure that lists the services that distinguish the care as being especially appropriate for such patients

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advertisements or in a separate document those services that distinguish the care as being especially applicable to, or suitable for, such persons. The hospice must give a copy of all such advertisements or a copy of the document to each person who requests information about programs and services for persons with Alzheimer's disease or other related disorders offered by the hospice and must maintain a copy of all such advertisements and documents in its records. The agency shall examine all such advertisements and documents in the hospice's records as part of the license renewal procedure.

OR

2. The hospice must prepare a separate document that discloses the same information and that can be given to anyone who requests information about such care.

A copy of the advertisements and the separate disclosure document (if there is one) should be maintained by the hospice and should be readily available to the public and the Agency. Ask for copies of any such advertisements and/or documents.

59A-38.001 Definitions.

In addition to definitions contained in chapter 400, part IV, F.S., the following terms shall apply:

(1) Advertising: The delivery, distribution, publication or display of an item, document, or medium initiated by the hospice that is intended to offer, describe, or advertise hospice or hospice-like services to the general public. A type of listing, which is formatted to only include a licensed hospice provider's name, address, and telephone number in the telephone directory, shall not be considered advertising.

ST - T0140 - Administrator

Title Administrator

Type Rule

400.610(1)(d); 59A-38.004(2)(a)

Regulation Definition

400.610(1)

The governing body shall:

(d) Appoint a director who shall be responsible for the day-to-day management and operation of the hospice and who shall serve as the liaison between the governing body and the hospice staff.

59A-38.004

(2) Administrative Officer. The hospice must employ an administrator whose duties must be outlined in a written job description, including job qualifications. The administrator must be approved by the governing body. The job description must be kept in an administrative file.

Interpretive Guideline

On the initial visit, verify that the job description for the administrator meets the following requirements:

Duties of the administrator are listed

Job qualifications are listed

Description is approved by the governing board

Notify the Home Care Unit if the administrator has changed since the last visit.

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(a) The administrator shall be responsible for day-to-day operations and the quality of services delivered by the hospice.

ST - T0141 - Administrator

Title Administrator

Type Rule

59A-38.004(2)(b)

Regulation Definition

(b) The administrator must be responsible for maintaining an administrative office for the purpose of the operations of the hospice.

Interpretive Guideline

The surveyor should walk through the administrative offices. Are they large enough and adequately equipped? Do they meet local health and fire safety requirements? Review inspection reports.

ST - T0143 - Admin Policies and Practices- Financial

Title Admin Policies and Practices- Financial

Type Rule

59A-38.004(3)(a)4

Regulation Definition

(3) Administrative Policies and Practices.

(a) The administrator must be responsible for developing, documenting and implementing administrative policies and practices which are consistent with these rules, the bylaws, and the plans and decisions adopted by the governing body. These policies and practices must ensure the most efficient operation of the hospice program and the safe and adequate care of the patient and family units. These policies and practices must include:

4. Financial policies and practices that include:

a. An annual budget for approval by the governing body;

Interpretive Guideline

At each survey, verify that they policies have been implemented.

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- b. An annual audited financial statement for approval by the governing body;
- c. An ongoing bookkeeping and financial management system that is developed and implemented according to sound business practice;
- d. An ongoing payroll system that is developed and implemented according to sound business practice;
- e. Procedures for accepting and accounting for gifts and donations; and,
- f. A fee schedule for hospice care.

ST - T0145 - Educating the Community

Title Educating the Community

Type Rule

59A-38.004(3)(a)14

Regulation Definition

(3) Administrative Policies and Practices.

(a) The administrator must be responsible for developing, documenting and implementing administrative policies and practices which are consistent with these rules, the bylaws, and the plans and decisions adopted by the governing body. These policies and practices must ensure the most efficient operation of the hospice program and the safe and adequate care of the patient and family units. These policies and practices must include:

14. Policies for educating the community to enhance public awareness of hospice services.

Interpretive Guideline

Review the education activities of the hospice (including documentation of public speaking engagements, agendas, seminars, workshops, etc.) to determine if the hospice is educating the community according to its policies

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ST - T0146 - Educating the Community

Title Educating the Community

Type Rule

59A-38.004(3)(a)15

Regulation Definition

(3) Administrative Policies and Practices.

(a) The administrator must be responsible for developing, documenting and implementing administrative policies and practices which are consistent with these rules, the bylaws, and the plans and decisions adopted by the governing body. These policies and practices must ensure the most efficient operation of the hospice program and the safe and adequate care of the patient and family units. These policies and practices must include:

15. Policies and procedures for completion, retention, and submission of reports and records as required by the department, agency, and other authorized agencies.

Interpretive Guideline

Review the education activities of the hospice (including documentation of public speaking engagements, agendas, seminars, workshops, etc.) to determine if the hospice is educating the community according to its policies.

ST - T0155 - Advance Directives

Title Advance Directives

Type Rule

400.6095(3); 59A-38.015

Regulation Definition

400.6095

(3) At the time of admission, the hospice shall inquire whether advance directives have been executed pursuant to chapter 765, and if not, provide information to the patient concerning

Interpretive Guideline

On the initial visit, check policies and procedures for how the hospice will implement state laws and rules regarding advance directives.

Review the document given to patients at the time of admission to see if it is substantially similar to the AHCA

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the provisions of that chapter. The hospice shall also provide the patient with information concerning patient rights and responsibilities pursuant to s. 381.026.

59A-38.015 Advance Directives and Do Not Resuscitate Orders (DNRO).

(1) The administrator must ensure the development, documentation and implementation of policies and procedures which delineate the hospice's compliance with the state law and rules relative to advance directives. The hospice must not base or condition treatment or admission upon whether or not the patient has executed or waived an advance directive. In the event of a conflict between the hospice's policies and procedures and the patient's advance directive, resolution must be made in accordance with chapter 765, F.S.

(2) The hospice's policies and procedures must include:

(a) At the time of admission, providing each patient, or the patient's surrogate, proxy or other legal representative, with a copy of Form SCHS-4-2006, "Health Care Advance Directives - The Patient's Right to Decide," effective April 2006, or with a copy of some other substantially similar document which incorporates information regarding advance directives included in chapter 765, F.S. The form is hereby incorporated by reference and is available from the Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 34, Tallahassee, FL 32308, or the agency's website at: http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/HC_Advance_Directives/docs/adv_dir.pdf.

(b) At the time of admission, providing each patient, or the patient's surrogate, proxy or other legal representative, with written information concerning the hospice's policies regarding resuscitation and advance directives, including information concerning DH Form 1896, Florida Do Not Resuscitate Order Form, incorporated by reference in rule

documents.

Review patient records and interview patients or family members to determine if the hospice is following its established policies and has provided information as required.

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64J-2.018, F.A.C.

(c) Requiring documentation of the existence of an advance directive in the patient's medical record. A hospice which is provided with a patient's advance directive shall make the advance directive or a copy thereof a part of the patient's interdisciplinary care record and the patient's medical record.

(3) Pursuant to section 400.6095(8), F.S., a hospice may withhold or withdraw cardiopulmonary resuscitation from a patient if a valid Do Not Resuscitate Order (DNRO) is presented and executed pursuant to section 401.45, F.S.

(a) An absence of an order not to resuscitate, executed pursuant to section 401.45, F.S., does not preclude a physician from withholding or withdrawing cardiopulmonary resuscitation as otherwise permitted by law.

(b) Hospice personnel shall not be subject to criminal prosecution or civil liability, nor be considered to have engaged in negligent or unprofessional conduct for withholding or withdrawing cardiopulmonary resuscitation pursuant to such a DNRO and rules adopted by the department, pursuant to section 400.6095(8), F.S. Any licensed professional hospice personnel, who, in good faith, obeys the directives of an existing DNRO, executed pursuant to section 401.45, F.S., will not be subject to prosecution or civil liability for his or her performance regarding patient care.

(4) Pursuant to section 765.110, F.S., a hospice health care provider or facility shall be subject to discipline if the healthcare provider or facility requires an individual to execute or waive an advance directive as a condition of treatment or admission.

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ST - T0160 - Emergency Mgmt Plan

Title Emergency Mgmt Plan

Type Rule

400.610(1)(b)1,59A-38.004(1)(c)1d;-018

Regulation Definition

400.610(1) . . . The governing body shall:

(b)1. Prepare and maintain a comprehensive emergency management plan that provides for continuing hospice services in the event of an emergency that is consistent with local special needs plans. The plan shall include provisions for ensuring continuing care to hospice patients who go to special needs shelters. The plan shall include the means by which the hospice provider will continue to provide staff to provide the same type and quantity of services to their patients who evacuate to special needs shelters which were being provided to those patients prior to evacuation. The plan is subject to review and approval by the county health department, except as provided in subparagraph 2. During its review, the county health department shall contact state and local health and medical stakeholders when necessary.

59A-38.004

(1) Governing Body. . . The governing body must satisfy the following requirements:

1. Adoption in writing of the following documents which must be in compliance with provisions of chapter 400, part IV, F.S., and these rules, with updates as necessary:
 - d. A comprehensive emergency management plan for all administrative, residential, free-standing inpatient facilities, and hospice services designed to protect the safety of patients and their families and hospice staff; and,

Interpretive Guideline

Does the hospice have a Comprehensive Emergency Management Plan (CEMP)?

Does the CEMP appear to be appropriate to protect the safety of patients, families and staff in disasters?

Check to see if the CEMP includes how staff will continue to provide the same type and quantity of services to their patients who evacuate to special needs shelters that were being provided to those patients prior to evacuation.

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59A-38.018 Comprehensive Emergency Management Plan.

(1) Pursuant to section 400.610(1)(b), F.S., each hospice shall prepare and maintain a comprehensive emergency management plan, hereinafter referred to as "the plan," in accordance with the "Comprehensive Emergency Management Plan (CEMP) Format for Hospices," DOEA Form H-001, March 2007, which is incorporated by reference. This document is available from the Agency for Health Care Administration, Licensed Home Health Programs Unit, 2727 Mahan Drive, Mail Stop 34, Tallahassee, Florida 32308 or the agency Web site at <http://elderaffairs.state.fl.us/doea/ruleforms/DOEA-Form-H-001.pdf>, and shall be included as part of the hospice's comprehensive emergency management plan.

ST - T0161 - Emergency Management Plan Review

Title Emergency Management Plan Review

Type Rule

400.610(1)(b)1-2, 59A-38.018(2)

Regulation Definition

59A-38.018 Comprehensive Emergency Management Plan.

(2) The plan shall be submitted electronically for review to the local county health department in each county that the hospice is licensed to serve. Any method other than electronic submission of the form shall be expressly approved by the local county health department.

400.610(1)(b)

1. . . The plan is subject to review and approval by the county health department, except as provided in subparagraph 2. During its review, the county health department shall contact state and local health and medical stakeholders when necessary.

Interpretive Guideline

Look for evidence such as a transmittal letter or any record that the hospice has to verify that the CEMP was submitted. **IMPORTANT NOTE:** Refer to the Emergency Management Plan Review Form and process located under Surveyor Tools on the Bureau portal.

If the CEMP was approved, was a copy of the plan submitted to the local emergency management agency in each county that the hospice serves? Look for evidence such as a transmittal letter or any record that the hospice has to verify that the CEMP was provided.

400.610(1)(b)1., F.S. further states that the plan shall be reviewed within 90 days after receipt and shall either be approved or the hospice shall be advised of the necessary revisions. If it has been over 90 days since submission, has a response been received? Ask to see the response and the hospice's subsequent response, if the reviewer requested revisions to the plan.

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2. For any hospice that operates in more than one county, the Department of Health during its review shall contact state and local health and medical stakeholders when necessary.

ST - T0162 - Emergency Management Plan Updates

Title Emergency Management Plan Updates

Type Rule

59A-38.018(3) & (5)(b)

Regulation Definition

(3) The hospice shall report changes in the after-hours emergency telephone number and address of those staff who are coordinating the hospice's emergency response to the local emergency management agency and county health department. The telephone numbers must include all numbers where the coordinating staff can be contacted outside the hospice's regular office hours. All hospices must report these changes, whether the plan has been previously reviewed or not, as defined in subsection (2) above.

(5) The plan shall describe:

(b) Procedures for annual review of the plan and for the governing body to incorporate substantive changes to the plan.

Interpretive Guideline

The CEMP must be reviewed annually. Upon renewal licensing survey and on subsequent visits, ask the hospice to identify annual reviews of their CEMP and any substantive changes by the governing body identified in the original plan. If the CEMP has been revised or if any new inpatient facilities/residential units have been added, review the plan, which should cover the safe operation of all administrative offices, freestanding inpatient facilities and residential units.

Ask if changes in hospice staff that coordinate emergency responses are reported to the local emergency management agency. If there have been any changes since the CEMP was originated, look for evidence such as a letter that reports staff name/address changes and all after-hours phone number changes.

ST - T0163 - Emergency Management Plan - CHOW

Title Emergency Management Plan - CHOW

Type Rule

59A-38.018(4)

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Regulation Definition

(4) Upon a change of ownership, the new owner shall submit a new plan identifying any substantive changes, including facility renovations and changes noted in subsection (3) above. Those hospices which previously have had the plan reviewed by the local county health department as defined in subsection (2) above, shall report any substantive changes to the reviewing entity.

Interpretive Guideline

Upon a CHOW, was the CEMP reviewed and updated by the new owner? If the updated plan contains any substantive change, were the changes reported to the hospice's designated emergency management reviewer? Substantive changes include facility renovations referenced in subsection (4) and changes to subsection (3) such as after-hours emergency telephone number and address of those staff that are coordinating the hospice's emergency response.

ST - T0164 - Emergency Management Plan - Patient Prep

Title Emergency Management Plan - Patient Prep

Type Rule

59A-38.018(5)(a), (7) & (14)

Regulation Definition

- (5) The plan shall describe:
- (a) Procedures to ensure preparation of hospice patients for potential or imminent emergencies and disasters.
- (7) On admission, each hospice patient and, where applicable, home caregiver shall be informed of the hospice plan and of the special-needs registry maintained by the local emergency management agency, pursuant to section 252.355, F.S. The hospice shall document in the patient's file if:
- (a) The patient plans to evacuate the home or the hospice facility;
 - (b) The caregiver can take responsibility for services normally provided by the hospice during the emergency or disaster; or
 - (c) The hospice needs to arrange for alternative caregiver services for the patient.
- (14) Each hospice record for patients who are listed in the special-needs registry established pursuant to section 252.355,

Interpretive Guideline

Review the initial CEMP to determine if the hospice has identified the procedures that will ensure adequate preparation of hospice patients for emergencies and disasters.

Ask the hospice to describe and identify the CEMP information that is given to each hospice patient (and any home caregiver) at the time of the patient admission. The hospice should have contacted the local emergency management agency in each county to find out what information needs to be submitted.

When reviewing patient files, look for documentation to determine if (a) the patient plans to evacuate their home or the hospice facility; (b) if there is a home caregiver, can the individual provide services that normally would be provided by the hospice to the home patient; or (c) if the hospice has found it necessary to arrange for alternative caregiver services for the patient. Patients should be registered at the time of admission and not when an emergency is approaching or occurring. Ask for evidence that shows registration information is being submitted.

When reviewing patient records for patients that are registered to go to a special needs shelter, check to see if emergency provisions were discussed with the patient and any caregiver about where and how to evacuate. Are there procedures in place for the patient to notify the hospice if the patient evacuates to a shelter that has not been identified in the patient record such as an emergency hospice contact number and name to call?

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F.S., shall include a description of how care or services will be continued in the event of an emergency or disaster pursuant to section 400.610(1)(b), F.S. The hospice shall discuss the emergency provisions with the patient and the patient's caregiver, including where and how the patient is to evacuate, procedures for notifying the hospice in the event that the patient evacuates to a location other than the shelter identified in the patient record, and advance directives.

ST - T0165 - Emergency Management Plan - Patient Follow-up

Title Emergency Management Plan - Patient Follow-up

Type Rule

59A-38.018(8)

Regulation Definition

(8) Upon imminent threat of an emergency or disaster, the hospice shall confirm each patient's plan during and immediately following an emergency or disaster.

Interpretive Guideline

Ask the hospice to describe and identify procedures in the CEMP that verify each patient's plan is confirmed during and immediately following the threat of an emergency or disaster.

ST - T0166 - Emergency Management Plan Implementation

Title Emergency Management Plan Implementation

Type Rule

59A-38.018(6)&(9); 400.610(1)(b)1

Regulation Definition

58A-2.026 Comprehensive Emergency Management Plan.

(6) In the event of an emergency or disaster, the hospice shall implement the hospice's plan in accordance with section 400.610, F.S.

(9) When the hospice is unable to provide services during an emergency or disaster, the hospice shall make all reasonable

Interpretive Guideline

If there should be an emergency, surveyors should check to see if the hospice complied with this standard on the next licensure or complaint survey.

Check the CEMP for evidence that the hospice shall make all reasonable efforts to inform patients if their services will be interrupted during the emergency and when the hospice expects services to be restored.

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efforts to inform, where applicable, those facility and home patients whose services will be interrupted during the emergency or disaster, including patients sheltering in place, and shall inform when services are anticipated to be restored.

Did the hospice document attempts of staff to follow procedures in the CEMP to provide continuing care to patients ?

400.610

(1)(b)1 . . . Hospice providers may establish links to local emergency operations centers to determine a mechanism by which to approach specific areas within a disaster area in order for the provider to reach its clients. A hospice shall demonstrate a good faith effort to comply with the requirements of this paragraph by documenting attempts of staff to follow procedures as outlined in the hospice's comprehensive emergency management plan and to provide continuing care for those hospice clients who have been identified as needing alternative caregiver services in the event of an emergency.

ST - T0167 - Special Needs Registration

Title Special Needs Registration

Type Rule

252.355(1) & (2)(b); 59A-38.01(10-13)

Regulation Definition

252.355 Registry of persons with special needs; notice; registration program.-

(1) In order to meet the special needs of persons who would need assistance during evacuations and sheltering because of physical, mental, cognitive impairment, or sensory disabilities, the division, in coordination with each local emergency management agency in the state, shall maintain a registry of persons with special needs located within the jurisdiction of the local agency. The registration shall identify those persons

Interpretive Guideline

The hospice should have contacted the local emergency management agency in each county on the license to determine the information needed to register a special needs patient and the procedures for submission. Ask to see the information that the hospice acquired.

Ask the hospice administrator to explain what staff does to collect registration information, which should be compiled upon intake.

When a home visit is conducted, ask the patient if they were informed of the hospice's emergency plan and of the special needs registry maintained by the local emergency management agency.

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in need of assistance and plan for resource allocation to meet those identified needs.

(b) To assist in identifying persons with special needs, home health agencies, hospices, nurse registries, home medical equipment providers, the Department of Children and Families, the Department of Health, the Agency for Health Care Administration, the Department of Education, the Agency for Persons with Disabilities, the Department of Elderly Affairs, and memory disorder clinics shall, and any physician licensed under chapter 458 or chapter 459 and any pharmacy licensed under chapter 465 may, annually provide registration information to all of their special needs clients or their caregivers. The division shall develop a brochure that provides information regarding special needs shelter registration procedures. The brochure must be easily accessible on the division's website. All appropriate agencies and community-based service providers, including aging and disability resource centers, memory disorder clinics, home health care providers, hospices, nurse registries, and home medical equipment providers, shall, and any physician licensed under chapter 458 or chapter 459 may, assist emergency management agencies by annually registering persons with special needs for special needs shelters, collecting registration information for persons with special needs as part of the program intake process, and establishing programs to educate clients about the registration process and disaster preparedness safety procedures. A client of a state-funded or federally funded service program who has a physical, mental, or cognitive impairment or sensory disability and who needs assistance in evacuating, or when in a shelter, must register as a person with special needs. The registration program shall give persons with special needs the option of preauthorizing emergency response personnel to enter their homes during search and rescue operations if necessary to

The hospice should be giving the registered patient information that explains a shelter is intended to be a place of last refuge and that services may not be equal to what the hospice provides.

Ask to see the current list of clients who are special-needs registrants and examples of registration information that have been submitted to the local emergency management agency(ies). Check for updating of that information and for submission in accordance with the local emergency management agency procedures, including during times of imminent threat of disaster or emergency.

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ensure their safety and welfare following disasters.

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(10) Each hospice shall contact each local emergency management agency in counties served by that hospice to determine procedures for registration of special-needs registrants as referenced in section 252.355, F.S.

(11) Upon admission of a patient, each hospice shall collect registration information for special-needs registrants who will require continuing care or services during a disaster or emergency, consistent with section 252.355, F.S. This registration information shall be submitted, when collected, to the local emergency management agency, or on a periodic basis as determined by the local emergency management agency.

(12) The hospice shall educate patients registered with the special-needs registry that services provided by the hospice in special-needs shelters shall meet the requirements in section 400.610(1)(b), F.S.

(13) The hospice shall maintain a current list of patients who are special-needs registrants, and shall forward this list to the local emergency management agency upon imminent threat of disaster or emergency and in accordance with the local emergency management agency procedures.

ST - T0168 - Emergency Management Plan - Patient Meds

Title Emergency Management Plan - Patient Meds

Type Rule

59A-38.018(15) FAC

Regulation Definition

(15) The hospice shall maintain for each special-needs patient a list of client-specific medications, supplies, and equipment required for continuing care and service, should the patient be

Interpretive Guideline

Is a list of necessary client-specific medications, supplies and equipment made available to each patient who is a special-needs registrant?

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evacuated. If the hospice provides services to home patients, the hospice shall make arrangements to make the list of medications, supplies, and equipment available to each special-needs registrant in the event of an evacuation. The hospice shall notify the patient that he or she is responsible for maintaining a supply of medications in the home. The list shall include the names of all medications, dose, frequency, times, any other special considerations for administration, any allergies, names of physicians and telephone numbers, and name and telephone number of the patient's pharmacy. If the patient gives consent, the list may also include the patient's diagnosis.

ST - T0169 - Overcapacity Status

Title Overcapacity Status

Type Rule

408.821(2)

Regulation Definition

(2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved emergency operations plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers.

Interpretive Guideline

For hospices with freestanding inpatient facilities and residential units:

If there should be an emergency, surveyors should check to see if the hospice complied with this standard on the next licensure or complaint survey.

Did the hospice notify the AHCA of their overcapacity status? How were needs of the excess capacity met? Review staffing schedule for adequate coverage. Was food supply sufficient? Were necessary medications and supplies available? If possible, interview patients and families to determine needs were met.

If the facility will continue to be over capacity 15 days after the declared emergency ends, the agency will review requests for excess capacity and may approve on a case-by-case basis.

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ST - T0175 - National Initiatives

Title National Initiatives

Type Rule

59A-38.004(5)

Regulation Definition

(5) National Initiatives.

(a) In accordance with section 400.60501, F.S., and as referenced in subsection (4) of this rule, the department adopts the national initiative of utilizing patient/family surveys as a tool to set benchmarks for measuring quality of hospice care in the State of Florida.

(b) The department has also considered the national initiatives that are under evaluation and development by the Centers for Medicare and Medicaid Services (CMS) located at 70 Fed. Reg., 30840-30893, dated May 27, 2005. Hospices are encouraged to utilize these guidelines, along with the initiatives developed by the National Hospice and Palliative Care Organization available at <http://www.nhpc.org>, in developing their own comprehensive data collection and performance measurement process for these initiatives.

(c) Hospices must maintain documentary evidence of their compliance with these national initiatives and demonstrate their operations to the department or the agency during the survey process.

Interpretive Guideline

Interview the Administrator about National Initiatives adopted by the provider. How does the hospice maintain documentation of their compliance with these National Initiatives?

ST - T0176 - Disposal of Controlled Substances After Death

Title Disposal of Controlled Substances After Death

Type Rule

400.6096

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Regulation Definition

- (1) A hospice physician, nurse, or social worker is authorized to assist in the disposal of a controlled substance prescribed to a patient at the time of the patient's death pursuant to the disposal regulations in 21 C.F.R. s. 1317.
- (2) A hospice that assists in the disposal of a prescribed controlled substance found in the patient's home at the time of the patient's death must establish a written policy, procedure, or system for acceptable disposal methods.
- (3) A hospice physician, nurse, or social worker, upon the patient's death and with the permission of a family member or a caregiver of the patient, may assist in the disposal of an unused controlled substance prescribed to the patient, pursuant to the written policy, procedure, or system established under subsection (2).
- (4) The prescribed controlled substance disposal procedure must be carried out in the patient's home. Hospice staff and volunteers are not authorized to remove a prescribed controlled substance from the patient's home.

Interpretive Guideline

Interview the Administrator, physician, or social worker about how they assist in the disposal of controlled substances at the patient's home.