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Title 22@ Social Security

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Division 6@ Licensing of Community Care Facilities

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Chapter 5@ Group Homes

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Subchapter 7@ Group Homes for Children with Special Health Care Needs

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Article 6@ Continuing Requirements

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Section 84775.1@ Hospice Care

84775.1 Hospice Care

(a)

A Group Home for Children with Special Health Care Needs may allow a child who has been diagnosed as terminally ill by their physician or surgeon to remain in the facility or to be placed in the facility if that child is already receiving hospice services and would continue to receive hospice services without disruption after being admitted to the facility, if all of the following conditions are met: (1) The child's authorized representative has obtained and approved the services of a hospice certified by the federal Medicare program and licensed by the state for the terminally ill child. (2) The licensee remains in substantial compliance with the requirements of this chapter, and those provisions of Chapters 1 and 5, Division 6, of Title 22, California Code of Regulations (CCR), governing the operation of a Group Home for Children with Special Health Care Needs. (3) The hospice has agreed to provide for care, services, and necessary medical intervention related to the child's terminal illness as necessary to supplement the care and supervision provided by the facility. (A) The medical intervention shall not exceed the care and supervision for a residential facility, as specified in this chapter and Chapters 1 and 5, Division 6, of Title 22, CCR, governing the operation of a Group Home for Children with Special Health Care Needs. (4) A written hospice care plan is developed for each terminally ill child. Prior to the initiation of hospice services in the facility for a child, the plan must be agreed upon by the licensee and the

child's authorized representative. A written request to allow the child's acceptance or retention in the facility while receiving hospice services shall be signed by the child's authorized representative and maintained in the child's record. All plans must be fully implemented by the licensee and the hospice. (5) The acceptance or retention of any terminally ill child in the facility does not threaten the health and safety of any other child in the facility or result in a violation of the personal rights of any child in the facility. (6) The hospice and the child's authorized representative agree to provide the licensee with all information necessary to allow the licensee to comply with all regulations and to assure that the child's needs are met.

(1)

The child's authorized representative has obtained and approved the services of a hospice certified by the federal Medicare program and licensed by the state for the terminally ill child.

(2)

The licensee remains in substantial compliance with the requirements of this chapter, and those provisions of Chapters 1 and 5, Division 6, of Title 22, California Code of Regulations (CCR), governing the operation of a Group Home for Children with Special Health Care Needs.

(3)

The hospice has agreed to provide for care, services, and necessary medical intervention related to the child's terminal illness as necessary to supplement the care and supervision provided by the facility. (A) The medical intervention shall not exceed the care and supervision for a residential facility, as specified in this chapter and Chapters 1 and 5, Division 6, of Title 22, CCR, governing the operation of a Group Home for Children with Special Health Care Needs.

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(4)

A written hospice care plan is developed for each terminally ill child. Prior to the initiation of hospice services in the facility for a child, the plan must be agreed upon by the licensee and the child's authorized representative. A written request to allow the child's acceptance or retention in the facility while receiving hospice services shall be signed by the child's authorized representative and maintained in the child's record. All plans must be fully implemented by the licensee and the hospice.

(5)

The acceptance or retention of any terminally ill child in the facility does not threaten the health and safety of any other child in the facility or result in a violation of the personal rights of any child in the facility.

(6)

The hospice and the child's authorized representative agree to provide the licensee with all information necessary to allow the licensee to comply with all regulations and to assure that the child's needs are met.

(b)

A current and complete written hospice care plan shall be maintained in the facility for each child receiving hospice services and include the following: (1) The name, office address, business telephone number, and 24-hour emergency telephone number of the hospice and the child's physician. (2) A description of the services to be provided in the facility by the hospice, including, but not limited to, the type and frequency of the services to be provided. (3) The designation of the child's

primary contact person at the hospice, and the child's primary and alternate caregiver at the facility. (4) A description of the licensee's responsibility for implementing the plan including, but not limited to, facility staff duties, record keeping, and communication with the hospice, the child's physician, and the child's authorized representative. This description shall include the type and frequency of the tasks to be performed by facility staff. (A) The plan shall specify all procedures to be implemented by the licensee regarding the storage and handling of medications or other substances, and the maintenance and use of medical supplies, equipment, or appliances. (B) The plan shall specify, by name or job function, the licensed health care professional on the hospice staff who will control and supervise the storage and administration of all controlled drugs (Schedule II-V, as defined in Health and Safety Code Sections 11055- 11058) for the child.

Licensed facility staff may assist children with self-administration of medications without hospice personnel being present. (C) The plan shall neither require nor recommend that the licensee, or any facility staff, other than a physician or appropriately skilled professional, implement any health care procedure that may legally be provided only by a physician or appropriately skilled professional. (D) The plan shall specifically limit the facility's role for care and supervision to those tasks authorized for a residential facility under the Community Care Facilities Act.

(5) A description of all hospice services to be provided or arranged in the facility by persons other than the licensee, facility staff, or the hospice. These persons include but are not limited to clergy and the child's family members and friends.

(6) Identification of the training needed, which staff members need this training, and who will provide the training related to the licensee's responsibilities for implementing the plan. (A) The training shall include, but need not be limited to, the needs of hospice patients, such as hydration, infection control, and turning and

incontinence care to prevent skin breakdown. (B) The hospice will provide training to all staff providing care to terminally ill children who are receiving hospice services. This training shall be specific to the current and ongoing needs of the individual child receiving hospice care. The training must be completed before hospice care for a child begins in the facility. (7) Any other information deemed necessary by the Department, on an individual basis, to ensure that the terminally ill child's needs for health care, personal care, and supervision are met.

(1)

The name, office address, business telephone number, and 24-hour emergency telephone number of the hospice and the child's physician.

(2)

A description of the services to be provided in the facility by the hospice, including, but not limited to, the type and frequency of the services to be provided.

(3)

The designation of the child's primary contact person at the hospice, and the child's primary and alternate caregiver at the facility.

(4)

A description of the licensee's responsibility for implementing the plan including, but not limited to, facility staff duties, record keeping, and communication with the hospice, the child's physician, and the child's authorized representative. This description shall include the type and frequency of the tasks to be performed by facility staff. (A) The plan shall specify all procedures to be implemented by the licensee regarding the storage and handling of medications or other substances, and the maintenance and use of medical supplies, equipment, or appliances. (B) The plan shall specify, by name or job function, the licensed health care professional on the hospice staff who will control and supervise the storage and administration of all controlled drugs (Schedule II-V, as

defined in Health and Safety Code Sections 11055- 11058) for the child. Licensed facility staff may assist children with self-administration of medications without hospice personnel being present. (C) The plan shall neither require nor recommend that the licensee, or any facility staff, other than a physician or appropriately skilled professional, implement any health care procedure that may legally be provided only by a physician or appropriately skilled professional. (D) The plan shall specifically limit the facility's role for care and supervision to those tasks authorized for a residential facility under the Community Care Facilities Act.

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The plan shall specify all procedures to be implemented by the licensee regarding the storage and handling of medications or other substances, and the maintenance and use of medical supplies, equipment, or appliances.

(B)

The plan shall specify, by name or job function, the licensed health care professional on the hospice staff who will control and supervise the storage and administration of all controlled drugs (Schedule II-V, as defined in Health and Safety Code Sections 11055- 11058) for the child. Licensed facility staff may assist children with self-administration of medications without hospice personnel being present.

(C)

The plan shall neither require nor recommend that the licensee, or any facility staff, other than a physician or appropriately skilled professional, implement any health care procedure that may legally be provided only by a physician or appropriately skilled professional.

(D)

The plan shall specifically limit the facility's role for care and supervision to those tasks authorized for a residential facility under the Community Care Facilities Act.

(5)

A description of all hospice services to be provided or arranged in the facility by persons other than the licensee, facility staff, or the hospice. These persons include but are not limited to clergy and the child's family members and friends.

(6)

Identification of the training needed, which staff members need this training, and who will provide the training related to the licensee's responsibilities for implementing the plan. (A) The training shall include, but need not be limited to, the needs of hospice patients, such as hydration, infection control, and turning and incontinence care to prevent skin breakdown. (B) The hospice will provide training to all staff providing care to terminally ill children who are receiving hospice services. This training shall be specific to the current and ongoing needs of the individual child receiving hospice care. The training must be completed before hospice care for a child begins in the facility.

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The training shall include, but need not be limited to, the needs of hospice patients, such as hydration, infection control, and turning and incontinence care to prevent skin breakdown.

(B)

The hospice will provide training to all staff providing care to terminally ill children who are receiving hospice services. This training shall be specific to the current and ongoing needs of the individual child receiving hospice care. The training must be completed before hospice care for a child begins in the facility.

(7)

Any other information deemed necessary by the Department, on an individual basis, to ensure that the terminally ill child's needs for health care, personal care, and supervision are met.

(c)

The licensee shall ensure that the plan complies with the requirements of this

chapter and those provisions of Chapters 1 and 5, Division 6, of Title 22, CCR, governing Group Homes for Children with Special Health Care Needs.

(d)

The licensee shall ensure that the plan is current, accurately matches the services being provided, and that the child's care needs are being met at all times.

(e)

The Department may require that the licensee obtain a revision of the plan if the plan is not fully implemented, or if the Department has determined that the plan should be revised to protect the health and safety of any child in the facility.

(f)

The licensee shall maintain a record of all hospice-related training provided to the licensee or facility staff for a period of three years. (1) The record of each training session shall specify the names and credentials of the trainer, the persons in attendance, the subject matter covered, and the date and duration of the training session.

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(g)

The licensee shall submit a report to the Department when a child's hospice services are interrupted or discontinued for any reason other than the death of the child. The licensee shall also report any deviation from the child's hospice plan, or other incident, which threatens the health and safety of any child in the facility.

(1) Such reports shall be made by telephone within one working day, and in writing within five working days, and shall specify all of the following:(A) The name, age,

and gender of each affected child. (B) The date and nature of the event and explanatory background information leading up to the event. (C) The name and business telephone number of the hospice. (D) Actions taken by the licensee and any other parties to resolve the incident and to prevent similar occurrences.

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Such reports shall be made by telephone within one working day, and in writing within five working days, and shall specify all of the following: (A) The name, age, and gender of each affected child. (B) The date and nature of the event and explanatory background information leading up to the event. (C) The name and business telephone number of the hospice. (D) Actions taken by the licensee and any other parties to resolve the incident and to prevent similar occurrences.

(A)

The name, age, and gender of each affected child.

(B)

The date and nature of the event and explanatory background information leading up to the event.

(C)

The name and business telephone number of the hospice.

(D)

Actions taken by the licensee and any other parties to resolve the incident and to prevent similar occurrences.

(h)

For each child receiving hospice services, the licensee shall maintain the following in the child's record: (1) The child's authorized representative's written request for acceptance or retention and hospice services in the facility while receiving hospice services, and the authorized representative's request regarding

resuscitative measures, if any. (2) The name, address, telephone number, and 24-hour emergency telephone number of the hospice and the child's authorized representative in a manner that is readily available to the child, the licensee, and facility staff. (3) A copy of the written certification statement of the child's terminal illness from the medical director of the hospice or the physician in the hospice interdisciplinary group, and the child's attending physician, if any. (4) A copy of the child's current hospice plan approved by the licensee, the hospice, and the child's authorized representative.

(1)

The child's authorized representative's written request for acceptance or retention and hospice services in the facility while receiving hospice services, and the authorized representative's request regarding resuscitative measures, if any.

(2)

The name, address, telephone number, and 24-hour emergency telephone number of the hospice and the child's authorized representative in a manner that is readily available to the child, the licensee, and facility staff.

(3)

A copy of the written certification statement of the child's terminal illness from the medical director of the hospice or the physician in the hospice interdisciplinary group, and the child's attending physician, if any.

(4)

A copy of the child's current hospice plan approved by the licensee, the hospice, and the child's authorized representative.

(i)

Nothing contained in this section precludes the Department from requiring a child to be relocated when the child's needs for care and supervision or health care are

not being met in the facility.