

85075.1 Hospice Care

(a)

A licensee shall be permitted to retain terminally ill clients who receive hospice services from a hospice agency or to accept terminally ill persons as clients if they are already receiving hospice services from a hospice agency and would continue to receive those services without disruption after becoming a client, when all of the following conditions (1) through (7) are met: (1) The licensee has received a facility hospice care waiver from the Department. (2) The licensee remains in substantial compliance with the requirements of this section, and those provisions of Chapters 1 and 6, Division 6, of Title 22, California Code of Regulations (CCR), governing Adult Residential Facilities, and with all terms and conditions of the waiver. (3) Hospice services are individually contracted for by each client who is terminally ill or, if the client is incapacitated, by his or her Health Care Surrogate Decision Maker. The licensee shall not contract for hospice services on behalf of an existing or prospective client. The hospice agency must be licensed by the state and certified by the federal Medicare program to provide hospice services. (4) A written hospice care plan is developed for each existing or prospective terminally ill client by that client's hospice agency. Prior to the initiation of hospice services in the facility for that client, the plan must be agreed upon by the licensee and the client, or the client's Health Care Surrogate Decision Maker, if any. A written request to allow his or her acceptance or retention in the facility

while receiving hospice services shall be signed by each existing or prospective client or the existing Health Care Surrogate Decision Maker, if any, and maintained by the licensee in the client's record. All plans must be fully implemented by the licensee and by the hospice agency. (5) The acceptance or retention of any terminally ill client in the facility does not represent a threat to the health and safety of any other facility client or results in a violation of the personal rights of any other facility client. (6) The hospice and the client agree to provide the licensee with all information necessary to allow the licensee to comply with all regulations and to assure that the client's needs are met. (7) The hospice agrees to provide necessary medical intervention related to the client's terminal illness. (A) The medical intervention shall not exceed the care and supervision for a residential facility, as defined in Chapters 1 and 6, Division 6, of Title 22, CCR, governing Adult Residential Facilities.

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The licensee has received a facility hospice care waiver from the Department.

(2)

The licensee remains in substantial compliance with the requirements of this section, and those provisions of Chapters 1 and 6, Division 6, of Title 22, California Code of Regulations (CCR), governing Adult Residential Facilities, and with all terms and conditions of the waiver.

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Hospice services are individually contracted for by each client who is terminally ill or, if the client is incapacitated, by his or her Health Care Surrogate Decision Maker. The licensee shall not contract for hospice services on behalf of an existing or prospective client. The hospice agency must be licensed by the state and certified by the federal Medicare program to provide hospice services.

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A written hospice care plan is developed for each existing or prospective terminally ill client by that client's hospice agency. Prior to the initiation of hospice services in the facility for that client, the plan must be agreed upon by the licensee and the client, or the client's Health Care Surrogate Decision Maker, if any. A written request to allow his or her acceptance or retention in the facility while receiving hospice services shall be signed by each existing or prospective client or the existing Health Care Surrogate Decision Maker, if any, and maintained by the licensee in the client's record. All plans must be fully implemented by the licensee and by the hospice agency.

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The acceptance or retention of any terminally ill client in the facility does not represent a threat to the health and safety of any other facility client or results in a violation of the personal rights of any other facility client.

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

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(b)

A current and complete plan shall be maintained in the facility for each hospice client and include the following: (1) The name, office address, business telephone number, and 24-hour emergency telephone number of the hospice and the client'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 services to be provided. (3) The designation of the client's primary contact person at the hospice, and the client's primary and alternate care-giver 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 client's physician, and the client's responsible person, if any. 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 client. Facility staff may assist clients with self-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. (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 client'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 not be limited to, the needs of hospice patients, such as hydration, infection control as specified in Section 85095.5, and turning and incontinence care to prevent skin breakdown. (B) The hospice agency will provide training to all staff providing care to terminally ill clients that have obtained hospice services. This training shall be specific to the current and ongoing needs of the individual client receiving hospice care. The training must be completed before hospice care for a client begins in the facility. (7) Any other information deemed necessary by the Department, on an individual basis, to ensure that the terminally ill client's needs for health care, personal care, and supervision are met.

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

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The designation of the client's primary contact person at the hospice, and the client's primary and alternate care-giver at the facility.

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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 client's physician, and the client's responsible person, if any. This description shall include the type and frequency of the tasks to be performed by facility

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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 not be limited to, the needs of hospice patients, such as hydration, infection control as specified in Section 85095.5, and turning and incontinence care to prevent skin breakdown. (B) The hospice agency will provide training to all staff providing care to terminally ill clients that have obtained hospice services. This training shall be specific to the current and ongoing needs of the individual client receiving hospice care. The training must be completed before hospice care for a client begins in the facility.

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Any other information deemed necessary by the Department, on an individual basis, to ensure that the terminally ill client'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 section and those provisions of Chapters 1 and 6, Division 6, of Title 22, CCR, governing Adult Residential Facilities.

(d)

The licensee shall ensure that the plan is current, accurately matches the services being provided, and that the client'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 facility client.

(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. (2) The Department shall be entitled to inspect, audit, remove if necessary, and copy the record upon demand during normal business hours.

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(g)

In addition to meeting the reporting requirements specified in Sections 80061 and 85061, the licensee shall submit a report to the Department when a client's hospice services are interrupted or discontinued for any reason other than the death of the client. The licensee shall also report any deviation from the client's plan, or other incident, which threatens the health and safety of any client. (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 client. (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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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 client receiving hospice services, the licensee shall maintain the following in the client's record: (1) The client's or the client's Health Care Surrogate Decision Maker's written request for acceptance or retention and hospice services in the facility while receiving hospice services, and his/her advance directive or request regarding resuscitative measures, if any. (2) The name, address, telephone number, and 24-hour emergency telephone number of the hospice and the client's Health Care Surrogate Decision Maker, if any, in a manner that is readily available to the client, the licensee, and facility staff. (3) A copy of the written certification statement of the client's terminal illness from the medical director of the hospice or the physician in the hospice interdisciplinary group, and the client's attending physician, if any. (4) A copy of the client's current plan approved by the licensee, the hospice, and the client or the client's Health Care Surrogate Decision Maker, if the client is incapacitated. (5) A statement signed by the client's roommate, if any, indicating his or her acknowledgment that the client intends to receive hospice care in the facility for the remainder of the client's life, and the roommate's voluntary agreement to grant access to the shared living space to hospice staff, and the client's family members, friends, clergy, and others.(A) If the roommate withdraws the agreement verbally or in writing, the licensee shall make alternative arrangements which fully meet the needs of the hospice client.

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

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A copy of the client's current plan approved by the licensee, the hospice, and the client or the client's Health Care Surrogate Decision Maker, if the client is incapacitated.

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A statement signed by the client's roommate, if any, indicating his or her acknowledgment that the client intends to receive hospice care in the facility for the remainder of the client's life, and the roommate's voluntary agreement to grant access to the shared living space to hospice staff, and the client's family members, friends, clergy, and others.(A) If the roommate withdraws the agreement verbally or in writing, the licensee shall make alternative arrangements which fully meet the needs of the hospice client.

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(i)

Prescription medications no longer needed shall be disposed of in accordance with

Section 80075(o).

(j)

Care for the client's health condition is addressed in the plan. (1) No facility staff, other than an appropriately skilled health professional, shall perform any health care procedure that, under law, may only be performed by an appropriately skilled professional.

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(k)

The licensee shall maintain a record of dosages of medications that are centrally stored for each client receiving hospice in the facility.

(l)

Clients receiving hospice care, who are bedridden as defined in Section 1566.45 of the Health and Safety Code may reside in the facility provided the licensee shall within 48 hours of the client's admission or retention in the facility, notify the fire authority having jurisdiction over the bedridden client's location of the estimated length of time the client will retain his or her bedridden status in the facility.

(m)

Despite prohibitions to the contrary in Section 80091, clients who have or develop any condition or care requirements relating to naso-gastric and naso-duodenal tubes and Stage 3 and 4 dermal ulcers may be permitted to be accepted or retained in the facility, provided these clients have been diagnosed as terminally ill and are receiving hospice services in accordance with a hospice care plan required in this section and the treatment of such prohibited health conditions is

specifically addressed in the hospice care plan. Clients with active, communicable tuberculosis, or any condition or care requirements which would require the facility to be licensed as a health facility as defined by Section 1202 and Section 1250 of the Health and Safety Code remain prohibited from being accepted or retained in the facility.

(n)

Clients receiving hospice who also have or develop any restricted health conditions listed in Section 80092, Restricted Health Conditions, may be admitted or retained in the facility without the licensee's requirement to develop and maintain a written Restricted Health Condition Care Plan in accordance with Section 80092.2, provided these clients have been diagnosed as terminally ill and are receiving hospice services in accordance with a hospice care plan required in this section and the treatment of such restricted health conditions is specifically addressed in the hospice care plan.

(o)

Nothing contained in this section precludes the Department from requiring a client to be relocated when the client's needs for care and supervision or health care are not being met in the facility.