TITLE 175 - HEALTH CARE FACILITIES AND SERVICES LICENSURE

CHAPTER 16 - HOSPICE SERVICES

001. SCOPE AND AUTHORITY. These regulations govern licensing of hospice services under the Health Care Facility Licensure Act, Nebraska Revised Statutes (Neb. Rev. Stat.) §§ 71-401 to 71-479.

002. DEFINITIONS. Definitions set out in the Health Care Facility Licensure Act, 175 Nebraska Administrative code (NAC) 1, and the following apply to this chapter.

002.01 ABUSE. Any knowing, intentional, or negligent act or omission on the part of a person which results in physical, sexual, verbal, or mental abuse, unreasonable confinement, cruel punishment, exploitation, or denial of essential care, treatment, or services to a consumer.

002.02 ADVANCE DIRECTIVES. Advance directives include living wills, durable powers of attorney, powers of attorney for health care, or other instructions recognized by state law that relate to the provision of medical care if the individual becomes incapacitated.

002.03 APARTMENT. A portion of a building that contains living and sleeping areas; storage room(s); separate room(s) containing a toilet, lavatory, and bathtub or shower; and a kitchen area with a sink, cooking, and refrigeration appliances.

002.04 BASIC THERAPEUTIC CARE. Basic therapeutic care has the meaning found in Neb. Rev. Stat. § 71-6602.

002.05 BATHING SERVICES. Assisting an individual to perform bathing activities including, but not limited to, performing a sponge bath, a bed bath, a tub bath, or a shower. This includes, but is not limited to, assisting an individual into and out of the tub bath or shower.

002.06 BEREAVEMENT COUNSELING. Counseling services provided to the consumer and the consumer’s family prior to the consumer’s death and to the family after the consumer’s death.

002.07 BEREAVEMENT SERVICES. Services provided under the supervision of a qualified professional including a plan of care for bereavement service that reflects family needs and a clear delineation of services to be provided for not less than one year following the death of the hospice consumer.

002.08 CAREGIVER. A caregiver has the same meaning as caretaker found in Neb. Rev. Stat. § 71-6721.

002.09 CERTIFIED SOCIAL WORKER. A person who has received a baccalaureate or master’s degree in social work from an approved educational program and holds a current certificate issued by the Department.

002.10 CHEMICAL RESTRAINT. A psychopharmacologic drug that is used for discipline or convenience and is not required to treat medical symptoms.

002.11 DEVICE. An instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar or related article, including any component, part, or accessory, which is prescribed by a medical practitioner and dispensed by a pharmacist or other person authorized by law to do so.

002.12 DWELLING. A building that contains living and sleeping areas; storage rooms; separate rooms containing a toilet, lavatory, and bathtub or shower; and a kitchen area with a sink and cooking and refrigeration appliances.

002.13 EMPLOYEE. An employee, for the purpose of this chapter, is an employee of the hospice or, if the hospice is a subdivision of an agency or organization, an employee of the agency or organization who is appropriately trained and assigned to the hospice. Employee also refers to a volunteer under the jurisdiction of the hospice.

002.14 EXPLOITATION. The taking of property of a consumer by means of undue influence, breach of a fiduciary relationship, deception, or extortion, or by any unlawful means.

002.15 FOOD CODE. The Nebraska Food Code as defined in Neb. Rev. Stat. § 81-2,244.01 and as published by the Nebraska Department of Agriculture, except for compliance and enforcement provisions in the food code.

002.16 GEOGRAPHIC AREA SERVED. Includes all counties pre-approved by the Department where the hospice can provide hospice care, treatment, and services. Counties must be contiguous with the county where the parent hospice is located and travel distance between the county seat for the parent hospice to the county seat for all Department-approved counties must not exceed 150 miles.

002.17 HEALTH CARE. Any treatment, procedure, or intervention to diagnose, cure, care for, or treat the effects of disease, injury, and degenerative conditions.

002.18 HOME. The consumer’s permanent or temporary residence.

002.19 HOME HEALTH AIDE. Home health aide has the meaning found in Neb. Rev. Stat. § 71-6602.

002.20 HOME HEALTH AIDE SERVICES. The use of a trained, supervised paraprofessional to provide one or more of the following: personal care, assistance with activities of daily living, or basic therapeutic care, to consumers of a hospice or hospice service.

002.21 HOMEMAKER. A person employed by, or a volunteer of, a hospice to provide domestic services including, but not limited to, meal preparation,

laundry, light housekeeping, errands, and chore services as defined by hospice policy.

002.22 HOSPICE INTERDISCIPLINARY TEAM. The attending physician, hospice medical director, registered nurse, certified social worker, pastoral or other counselor, and, as determined by the interdisciplinary plan of care, providers of special services, such as mental health services, pharmacy services, home health aides, trained volunteers, dietary services, and any other appropriate health services, to meet the physical, psychosocial, and spiritual needs which are experienced during the final stages of illness, dying, and bereavement.

002.23 HOSPICE CONSUMER. A consumer who is diagnosed as terminally ill with a medical prognosis that the consumer's life expectancy is 6 months or less if the illness runs its normal course and who with informed consent is admitted into a hospice program.

002.24 INPATIENT. A person who receives, or is to receive, 24-hour care, treatment, or services and is admitted to the hospital or inpatient facility by a physician.

002.25 INPATIENT HOSPICE FACILITY. A facility in which the hospice provides inpatient care, treatment, or services directly for respite and general inpatient care.

002.26 MEDICAL DIRECTOR. A hospice employee or contracted individual who is a doctor of medicine or osteopathy who is responsible for the overall coordination of medical care, treatment and services provided by the hospice.

002.27 MEDICAL PRACTITIONER. Any licensed physician, osteopathic physician, dentist, podiatrist, optometrist, chiropractor, physician assistant, certified registered nurse anesthetist, advanced practice registered nurse, or certified nurse midwife.

002.28 MEDICATION REMINDERS. Verbal reminders to a person to take the person's medication which does not include touching or handling of the medication or the container where the medication is stored. Medication reminders do not include administration or provision of medication as defined in the Medication Aide Act and related regulations.

002.29 MENTAL ABUSE. Humiliation, harassment, threats of punishment or deprivation, or other actions causing mental anguish.

002.30 MULTIPLE LOCATIONS. Those locations from which the parent hospice has been approved by the Department to provide the same full range of hospice core services provided by the parent hospice issued the license within a portion of the total approved geographic area served by the parent hospice. Multiple locations are part of the parent hospice and share administration, supervision, and services with the parent hospice on a daily basis.

002.31 NEGLECT. Failure to provide care, treatment, or services necessary to avoid physical harm or mental anguish of consumer.

002.32 PALLIATIVE CARE. Treatment directed at controlling pain, relieving other physical and emotional symptoms, and focusing on the special needs of the hospice consumer and hospice consumer's family as they experience the dying process rather than treatment aimed at cure or prolongation of life.

002.33 PARENT HOSPICE. The hospice issued the license and is responsible for consumer admissions; care, treatment, and services provided to consumers and the consumer's family; implementation of the plan of care; and ensuring administrative and supervisory control of its multiple locations.

002.34 PHYSICAL ABUSE. Hitting, slapping, pinching, kicking, or other actions causing injury to the body.

002.35 PHYSICAL RESTRAINT. Any manual method or physical or mechanical device, material, or equipment attached or adjacent to the consumer's body that the consumer cannot remove easily and that restricts freedom of movement or normal access to the consumer's own body.

002.36 PHYSICIAN. An individual authorized to practice as a physician under the Uniform Credentialing Act to practice medicine and surgery or osteopathic medicine and surgery.

002.37 RESPITE. An interval of rest or relief provided for the caregiver of a consumer who is a recipient of hospice services.

002.38 RESPITE CARE. A person or any legal entity, not otherwise licensed under the Health Care Facility Licensure Act, which provides short term care or related services on an intermittent basis to persons with special needs when the person's regular caregiver is unavailable to provide such care or services and such care or services are not provided at a health care facility licensed under the Act.

002.39 SEXUAL ABUSE. Sexual harassment, sexual coercion, or sexual assault.

002.40 STAFF. An individual who is a direct or contracted employee of the hospice. Staff also refers to a volunteer of the hospice.

002.41 SUPERVISION. The daily observation and monitoring of the consumer by direct care staff and oversight of staff by the administrator or administrator's designee.

002.42 TERMINAL CONDITION. An incurable and irreversible medical condition caused by injury, disease, or physical illness which, to a reasonable degree of medical certainty, will result in death within six months regardless of the continued application of medical treatment including life-sustaining procedures.

002.43 VERBAL ABUSE. The use of oral, written, or gestured language including disparaging and derogatory terms to consumers or within hearing distance of the consumer or within the consumer's sight.

002.44 VOLUNTEER. An individual specifically trained and supervised to provide support and supportive services to the hospice consumer and hospice consumer's family under the supervision of a designated hospice volunteer coordinator. A volunteer does not include an individual who provides care, treatment, home health aide services, or medication aide services.

002.45 5 RIGHTS. 5 rights have the meaning found in Nebr. Rev. Stat. § 71-6721.

003. LICENSING REQUIREMENTS. To receive a license, an applicant or licensee must submit a complete application, must meet the hospice service settings and services and staffing requirements below, and meet all requirements set out in statute, in 175 NAC 1-003, and in this chapter.

003.01 HOSPICE SERVICE SETTINGS. Hospice services may be provided in the home of the consumer or a site that serves as an inpatient hospice facility.

003.02 SERVICES AND STAFFING. To operate as a hospice service a hospice must be primarily engaged in providing care, treatment, and services to terminally ill consumers including bereavement counseling. Hospice services must only be provided in approved counties and must include the following:

(A) Nursing services, physician services, and drugs and biologicals routinely available on a 24-hour basis; and
(B) All other covered services available on a 24-hour basis to the extent necessary to meet the needs of consumers for care, treatment or services that are reasonably necessary for the palliation and management of terminal illness and related conditions.

003.03 APPLICATION EXCEPTIONS. When hospice services are provided in the home of the consumer, the items shown at 175 NAC 1-003.02 are not required as part of the application.

003.04 INITIAL LICENSURE FEES. Following are initial licensure fees for hospice services:

(A) For other than inpatient $450
(B) For an inpatient hospice facility $650

003.05 RENEWAL LICENSURE FEES. Following are renewal licensure fees for hospice services:

(A) For other than inpatient:

(i) 0 to 50 consumer admissions during the previous 12 months $450
(ii) 51 to 200 consumer admissions during the previous 12 months $550
(iii) 201 and over consumer admissions during the previous 12 months $600

(B) For an inpatient hospice facility:

(i) 0 to 50 consumer admissions during the previous 12 months $650
(ii) 51 to 200 consumer admissions during the previous 12 months $850
(iii) 201 and over consumer admissions during the previous 12 months $950

004. INSPECTIONS. The hospice service must meet all inspection requirements shown at 175 NAC 1 except when hospice services are provided in the home of the consumer, the physical plant standards and physical plant inspection do not apply to such homes.

005. GENERAL REQUIREMENTS. The following requirements are applicable to all licensees as shown below:

005.01 NOTIFICATIONS. Notification requirements are shown below:

(A) An inpatient hospice facility must meet notification requirements at 175 NAC 1-005 (A), (B), (C)(i), (C)(ii), (D), (E), (F), (G)(i) through (G)(v), and must notify the Department in writing at least 30 working days before the facility would like to increase their license capacity, would like a change in the building, or would like a change in the usage of the building; and
(B) A hospice service providing care, treatment or services in the home of the consumer, must meet notification requirements at 175 NAC 1-005 (A), (D), (E), (G)(i), (G)(iii); must notify the Department in writing at least 30 working days before the hospice would like to add a county or add a multiple location; and must notify the Department in writing within 24 hours of a consumer's death which occurred while staff were present, or scheduled to be present, in the consumer's home to provide care, treatment, or services and the consumer's death was due to:

(i) Suicide;
(ii) A violent act;
(iii) Drowning; or
(iv) During or immediately after a restraint or seclusion was utilized.

005.02 EFFECTIVE DATE AND TERM OF LICENSE. A hospice license expires on June 30th of each year.

005.03 CHANGE OF OWNERSHIP. Change of ownership or for an inpatient hospice facility, a change of premises terminates the license. If there is a change of ownership and the inpatient hospice facility remains on the same premises and there are no changes to the hospice's daily operations or

direct-care staff, the inspection in 175 NAC 1 and 175 NAC 16 is not required. If an inpatient hospice facility changes premises, it must pass the inspection specified in 175 NAC 1 and 175 NAC 16.

005.04 OCCUPANCY. An inpatient hospice facility must not serve more consumers at 1 time than the maximum occupancy for which the inpatient hospice facility is licensed.

005.05 MULTIPLE LOCATIONS. The parent hospice is responsible for all care, treatment, and services provided at the parent and multiple location offices. All deficient practices cited at any hospice multiple location office or parent location apply to all locations under the licensee's hospice license. A multiple location office is not required to independently meet licensure requirements but must meet supervision requirements for multiple location offices as shown below. A hospice must not have more than 2 multiple location offices per hospice license. Multiple location offices must:

(A) Be pre-approved by the Department before becoming operational;
(B) Provide the same full range of hospice services provided by the parent hospice issued the license within a portion of the total Department-approved geographic area served by the parent hospice;
(C) Be part of its parent hospice and share administration, supervision, and services;
(D) Be located no more than 120 miles from the parent hospice;
(E) Have onsite supervisory visits by the hospice administrator or the administrator's designated person of the parent hospice at least once a month with documentation of these supervisory visits being maintained at the parent hospice location;
(F) Maintain copies of all parent hospice policies, procedures, and forms at each multiple location office;
(G) Maintain complete clinical records for all multiple location office consumer's care, treatment, and services; and
(H) Maintain in the parent hospice for all consumers receiving services from multiple location offices the following:

(i) Consumer identifying information;
(ii) Name, address, and telephone number of the consumer's attending physician;
(iii) Consumer diagnoses;
(iv) The service being provided to the consumer; and
(v) The above information must be maintained until the complete clinical record is either stored at the parent hospice or can be destroyed.

006. CONSTRUCTION. Construction requirements at 175 NAC 1 do not apply to hospice services provided by the hospice in the consumer's home.

007. PHYSICAL PLANT. Physical plant requirements in 175 NAC 1 and 175 NAC 16 do not apply to hospice services provided in the consumer's home. An inpatient hospice facility must meet all physical plant requirements shown at 175 NAC 1 and the additional requirements shown below. All buildings must be designed, constructed, and maintained in a manner that is safe, clean, and

functional for the care, treatment and services provided.

007.01 DIETARY. If food preparation is provided on site, there must be dedicate space and equipment for the preparation and serving of meals. Such food preparation, serving, physical environment, and equipment must comply with the Food Code.

007.02 DINIING AREAS. Dining areas must have an outside wall with windows for natural light and ventilation and meet the following requirements:

(A) Dining areas must be furnished with tables and chairs that accommodate or conform to consumer needs;
(B) Dining areas must have a floor area of 15 square feet per consumer in existing facilities and 20 square feet per consumer in new construction;
(C) Dining areas must allow for group dining at the same time in either separate dining areas or a single dining area, or dining in 2 shifts, or dining during open dining hours; and
(D) Dining areas must not be used for sleeping, offices, or corridors.

007.03 LAUNDRY. Laundry services must be provided. This service may be provided by contract or on-site by the licensee.

007.03(A) CONTRACT. If contractual laundry services are used, areas for soiled linen awaiting pickup and separate areas for storage and distribution of clean linen must be utilized.

007.03(B) ONSITE. If onsite laundry services are provided there must be areas dedicated to laundry that include a washer and dryer. In new construction, there must be a conveniently located sink for soaking and hand washing of laundry.

007.03(C) SANITATION. When bed and bath linens are cleaned, water temperatures to laundry equipment must be 160 degrees Fahrenheit or higher. Laundry may be appropriately sanitized or disinfected by another acceptable method in accordance with the manufacturer’s instructions or other documentation.

007.04 LINENS. There must be an adequate supply of bed, bath, and other linens as necessary for each consumer. The linen must be clean and in good repair.

007.05 WASTE PROCESSING. There must be areas to collect, contain, process, and dispose of medical and general waste produced in a manner that prevents the attraction of vermin, and to minimize the transmission of infectious diseases.

007.06 COSMETOLOGY AND BARBER. If cosmetology and barber services, as defined in the Cosmetology, Electrology, Esthetics, Nail Technology; and Body Art Practice, Neb. Rev. Stat. §§ 38-1001 to 38-10,171 and the Practice of Barbering, Neb. Rev. Stat. §§ 71-201 to 71-248 must be provided such

services must be provided in conformance with those statutes.

007.07 PHARMACY. If pharmacy or pharmaceutical services are provided, they must be provided in conformance with the statutes and regulations governing such practice.

007.08 HOUSEKEEPING ROOM. There must be a room with a service sink and space for storage of supplies and housekeeping equipment.

007.09 CARE AND TREATMENT AREAS. The following care and treatment areas cannot be shared among detached structures or with other licensed health care facilities or services. Care and treatment areas must comply with the following standards.

007.09(A) STAFF AREAS. There must be the following support areas for each distinct care and treatment suite of bedrooms:

007.09(A)(i) CONTROL POINT. An area for charting, consumer records, and call and alarm annunciation systems.

007.09(A)(ii) MEDICATION STATION. A medication station for storage and distribution of drugs and routine medications. Distribution may be done from a medicine preparation room or unit, from a self-contained medicine-dispensing unit, or by another system. If used, a medicine preparation room or unit must be under visual control of nursing staff and must contain a work counter, sink, refrigerator, and double-locked storage for controlled substances.

007.09(A)(iii) CONSUMER FACILITIES. Space for consumer care, treatment, services, and consultation, and a visiting area allowing for consumer privacy.

007.09(A)(iv) UTILITY AREAS. A work area where clean materials are assembled. The work area must contain a work counter, a handwashing fixture, and storage facilities for clean and sterile supplies. If the area is used only for storage and holding as part of a system for distribution of clean and sterile supply materials, the work counter and handwashing fixtures may be omitted. There must be separate work areas or holding rooms for soiled materials. A workroom for soiled materials must contain a fixture for disposing of wastes and a hand washing sink.

007.09(B) EQUIPMENT AND SUPPLY. There must be services and space to distribute, maintain, clean, and sanitize durable medical instruments, equipment, and supplies required for the care, treatment, and services performed.

007.09(B)(i) DURABLE MEDICAL. Hospice must ensure that the durable medical equipment must be tested and calibrated in accordance with the manufacturer’s recommendations.

007.09(B)(ii) STERILE PROCESSING. There must be areas for decontamination and sterilizing of durable medical instruments and equipment. Separate central sterile processing and waste processing facilities must be used. There must be separate soiled rooms for sorting and decontamination, and clean rooms for sterilizing and processing rooms. There must be hand washing sinks in both clean and soiled rooms.

007.09(B)(iii) EQUIPMENT STORAGE. There must be space to store equipment, stretchers, wheelchairs, supplies, and linen out of the path of normal traffic.

007.09(B)(iv) EQUIPMENT. There must be equipment adequate for meeting the consumer's needs as specified in the contracts, consumer service agreements, and consumer care plans.

007.10 BATHING ROOMS. There must be a bathing room consisting of a tub or shower adjacent to each bedroom or provide a central bathing room on each floor. Tubs and showers regardless of location must be equipped with hand grips or other assistive devices as needed or desired by the consumer. In new construction a central bathing room must open off the corridor and contain a toilet and sink or have an adjoining toilet room. There must be at least 1 bathing fixture for each 8 licensed beds in new facilities and new construction.

007.11 TOILET ROOMS. Existing or new facilities must have a toilet and sink adjoining each bedroom or shared toilet facilities with a minimum number of 1 toilet and sink fixture per 2 licensed beds. New construction must have a toilet and sink fixture provided adjoining each consumer bedroom or in each apartment or dwelling.

007.12 SLEEPING ROOMS. There must be bedrooms which allow for sleeping, afford privacy, provide access to furniture and belongings, and accommodate the care and treatment provided to the consumer.

007.12(A) BEDROOMS. Bedrooms must:

(i) Be a single room located within an apartment, dwelling, or dormitory-like structure;
(ii) Not be accessed through a bathroom, food preparation area, laundry, or another bedroom;
(iii) Be located on an outside wall or an atrium with an operable window opening to allow natural ventilation with a minimum glass size of 10% of the required bedroom floor area for the number of room consumers. The window must provide an unobstructed view of at least 10 feet;
(iv) Contain at least 25 cubic feet of enclosed storage volume per consumer in dressers, closets, or wardrobes;
(v) Allow for an accessible arrangement of furniture; which provides a minimum of three feet between beds in rooms with multiple beds; and

(vi) Be separate from a room containing a water closet, lavatory, and bathtub or shower; and separate from a kitchen area with a sink, cooking appliance, and refrigeration equipment when located in an apartment or dwelling.

007.12(B) EXISTING OR NEW FACILITY. Sleeping areas in existing and new facilities must have at least the following floor areas.

(i) Floor areas for single bed sleeping rooms must be 100 square feet.
(ii) Floor areas for multiple bed sleeping rooms must be 80 square feet per consumer with a maximum of 2 beds.

007.12(C) NEW CONSTRUCTION. Sleeping areas in new construction must have at least the following floor areas.

(i) Floor areas for single bed sleeping rooms must be 120 square feet.
(ii) Floor area for apartments or dwellings must have 150 square feet for one consumer plus 110 square feet for each additional consumer with a maximum of 1 consumer in any single bedroom.

007.13 ISOLATION ROOMS. The licensee must have the capability to provide isolation rooms based on infection control risk assessment of the consumers. There must be provisions for isolating consumers with infectious diseases. In new construction, the inpatient hospice facility must equip isolation rooms with hand washing and gown changing facilities at the entrance of the room.

007.14 CORRIDORS. Corridors must be wide enough to allow passage and be equipped with safety and assistive devices to minimize injury and to meet the needs of the consumer. All stairways and ramps must have handrails.

007.15 DOORS. Doors must be wide enough to allow passage and be equipped for privacy, safety, and with assistive devices to minimize consumer injury. All bedroom, toilet, and bathing room doors must provide privacy yet not create seclusion or prohibit staff access for routine or emergency care. In new construction, all consumer-used toilet and bathing rooms with less than 50 square feet of clear floor area must not have doors that swing inward.

007.16 OUTDOOR AREAS. An outdoor area for consumer usage must be provided. It must be equipped and situated to protect consumers and to promote the abilities of consumers.

007.17 HAND WASHING SINKS. A hand washing facility equipped with sink, disposable towels, and soap dispenser must be in all examination, treatment, isolation, and procedure rooms.

007.18 PRIVACY. Visual privacy and window curtains must be provided for each consumer. In new facilities the curtain layout must totally surround

each care and treatment location which will not restrict access to the entrance to the room, lavatory, toilet, or enclosed storage facilities.

007.19 FINISHES. Room finishes must meet the following:

(A) Washable room finishes provided in existing isolation rooms, clean workrooms, and food-preparation areas must have smooth, non-absorptive solutions and methods. Acoustic lay-in ceilings, if used, must not interfere with infection control. Perforated, tegular, serrated cure, or highly textured tiles are not acceptable; and
(B) Scrubbable room finishes provided in new isolation rooms must have smooth, non-absorptive, non-perforated surfaces that are not physically affected by harsh germicidal cleaning solutions and methods.

007.20 ADDITIONAL SERVICES. If additional medical or therapy services are provided there must be adequate space provided to assure privacy and provision of appropriate care, treatment, and services.

007.21 BUILDING SYSTEMS. Building systems must be designed, installed, and operated in a manner to provide for the safety, comfort, and well-being of the consumer and must include at a minimum, the following:

007.21(A) CALL SYSTEMS. Call systems must be operable from procedure, treatment, operating rooms, recovery areas, toilet rooms and bathing rooms. The system must transmit a receivable, tactile, visual, or other type of signal to on-duty staff which readily notifies staff to the location where the call was activated. When wireless call systems are used, they must have dedicated devices in all consumer toilet and bathing areas to promptly summon staff to the call location.

007.21(A)(i) NEW CONSTRUCTION. New construction in locations where consumers are unable to activate the call system must have a device where staff can summon other staff for assistance as needed.

007.21(B) ELECTRICAL SYSTEM. The electrical system must have the capacity to maintain the care and treatment services that are provided and that properly grounds care and treatment areas.

007.21(B)(i) NEW CONSTRUCTION. New construction and new facilities must have ground fault circuit interrupters protected outlets in all wet areas and within 6 feet of all hand washing sinks.

007.21(C) ESSENTIAL POWER SYSTEM. All existing and new facilities must maintain an emergency power system for all essential care and treatment areas, lighting, medical gas systems, nurse call systems, and any general anesthetics or electrical life support systems.

007.21(D) ELECTRICAL SUPPORT EQUIPMENT. Facilities with electrical support equipment must maintain essential power systems and must have an on-site fuel source. The minimum fuel source capacity must allow for non-interrupted system operations.

007.22 HOT WATER SYSTEM. There must be hot and cold water to all hand washing and bathing locations.

007.23 HEATING AND COOLING SYSTEMS. Airflow must move from clean to soiled locations. Floors in operating, procedure, and other locations subject to wet cleaning methods or body fluids must not have opening to the heating and cooling system.

007.23(A) CENTRAL AIR DISTRIBUTION. In new construction, central air distribution and return systems must have the following dust rated filters:

(i) General areas: 30 +%; and
(ii) Procedure and operating rooms: 90 +%.

007.23(B) AIR MOVEMENT. In new construction, air movement must be designed to reduce the potential of contamination of clean areas.

007.24 ILLUMINATION LEVELS. All facilities must provide minimum illumination levels which are measured at 30 inches above the floor in multiple areas in the room as follows:

(A) Toilet Rooms 30 foot candles;
(B) Corridors 10 foot candles;
(C) Laundry 30 foot candles;
(D) Medication station 75 foot candles;
(E) Care and treatment locations 70 foot candles;
(F) Procedure task lighting 200 foot candles; and
(G) Surgery 1000 foot candles.

007.25 MEDICAL GAS SYSTEMS. The facility must safely provide medical gas and vacuum by means of portable equipment or building systems as required by the type of care and treatment provided at the clinic. All medical gas systems must comply with the requirements of 153 NAC 1.

007.26 VENTILATION SYSTEM. All facilities must provide exhaust and clean air to prevent the concentrations of contaminants which impair health or cause discomfort to consumers and employees.

007.26(A) MECHANICAL EXHAUST VENTILATION. New construction must provide a mechanical exhaust ventilation system at a rate of 10 air exchanges per hour for the following areas:

(i) Windowless toilets;
(ii) Bathing areas;
(iii) Laundry rooms; and
(iv) Housekeeping rooms.

007.26(B) MECHANICAL VENTILATION SYSTEM. New construction must provide mechanical ventilation system air exchanges per hour at the following rates:

(i) Care and treatment areas 5 ACH;
(ii) Procedure and isolation areas 15 ACH; and
(iii) Operating rooms 20 ACH.

007.27 WATER AND SEWER SYSTEMS. There must be an accessible and safe potable supply of water. Where a public water supply system is available, the facility must be connected to it and must use it exclusively. All water distribution systems must be protected with anti-siphon devices and airgaps to prevent contamination. All facilities must maintain a sanitary and functioning sewage system and the following:

(A) If the facility operates its own water supply system it must be operated as if it is a public water supply system and in compliance with The Nebraska Safe Drinking Water Act and Title 179, Regulations Governing Public Water Systems; and
(B) Continuously circulated filtered and treated water systems must be provided as required for care and treatment equipment used in the facility.

008. RECORDKEEPING. The licensee must meet all recordkeeping requirements at 175 NAC 1. The licensee when providing other than inpatient hospice services and sharing space with another entity, must ensure the hospice service has a unique physical address to ensure mail is secured against unauthorized access and must ensure a separate entrance to the hospice service space to ensure verbal communications are protected against unauthorized access.

009. ENVIRONMENTAL SERVICES. The licensee must have a written process for performing routine and preventative maintenance on equipment and furnishings. Equipment and furnishings must be safe and function to meet the intended use.

010. STANDARDS OF OPERATION, CARE, AND TREATMENT. Each licensee must assure protection to hospice consumers and compliance with state statutes and regulations. All services provided by the licensee must be provided in accordance with the Health Care Facility Licensure Act, The Uniform Credentialing Act, the Medication Aide Act, the regulations adopted under those Acts, physician orders, the physician-approved written plan of care, and prevailing standards of practice.

010.01 LICENSEE. The licensee is responsible for implementing written policies and procedures to ensure compliance with statutes and regulations as per 175 NAC 1, the Health Care Facility Licensure Act, and this chapter and is responsible for making such available to staff and consumers. The licensee must:

(A) Ensure all services are provided in accordance with accepted standards of practice and oversee the management and fiscal affairs of the hospice;
(B) Require each employee to report any evidence of abuse, neglect, or exploitation of a consumer served by the hospice service in accordance

with the Adult Protective Services Act or the Child Protection Act, as applicable;
(C) Ensure any suspected abuse, neglect, or exploitation is reported to the Administrator; and
(D) Ensure consumers are only discharged for cause based on an unsafe care environment in the consumer's home, consumer non-compliance, including disruptive, abusive, or uncooperative behavior to the extent that delivery of care to the consumer or the ability of the licensee to operate effectively is seriously impaired, or failure to pay for services;

(i) The licensee must make a serious effort to resolve the problems presented by the behavior or situation to assure that the proposed discharge is not due to the consumer's use of necessary hospice services, must document the problems and the efforts made to resolve the problems in the consumer's medical record, and must obtain a written physician's order from the consumer's attending physician and the hospice medical director concurring with the discharge.

010.02 ADMINISTRATION. The licensee must set out the duties and responsibilities of the administrator in writing. Whether employed, elected, contracted, or appointed, the administrator must report and be directly responsible to the licensee in all matters related to the maintenance, operation, and management of the hospice service. The licensee must ensure each consumer receives care, treatment, and services that optimize the consumer's comfort and dignity in a manner which is consistent with consumer, family, or designee needs and desires.

010.03 ADMINISTRATOR. A licensee must have an administrator who has training and experience in hospice care or a related health care program. The administrator must be a person responsible for the daily management of the hospice to the extent authority is delegated by the licensee. An equally qualified backup administrator must be designated in writing to act in the absence of the administrator. The administrator must have the following responsibilities:

(A) Ensuring staff's compliance with all applicable statutes, regulations, and rules;
(B) Overseeing and being responsible for the provision and coordination of consumer care, treatment, and services;
(C) Organizing and directing the hospice's ongoing functions;
(D) Maintaining communication between the licensee and staff;
(E) Employing sufficient number of staff with appropriate training and skills to meet consumers' care, treatment, and service needs identified in consumers' plan of care and in accordance with job descriptions;
(F) Implementing written personnel policies, job descriptions, and current hospice policies and procedures that are made available to all personnel;
(G) Ensuring written policies, procedures and forms are individualized for the hospice service and contain effective dates and revisions dates;
(H) Ensuring the hospice service maintains a copy of all active policies, procedures and forms which are available for staff use;

(I) Ensuring the hospice service maintains a copy of all inactive policies, procedures, and forms for a minimum of 7 years after the document becomes inactive;
(J) Ensuring an investigation is completed on suspected abuse, neglect, exploitation, or misappropriation of money or property and take action to prevent recurrence and to protect all consumers from or the potential for such until the investigation is completed;
(K) Providing orientation for new staff, scheduled in-service education programs, and opportunities for continuing education of the staff;
(L) Maintaining appropriate personnel and administrative records;
(M) Ensuring the completion, maintenance, and submission of reports and records as required by the Department; and
(N) Supervising multiple location offices. Onsite supervision of multiple location staff must be provided by the administrator or the administrator's designated person of the parent hospice service at least once a month. Documentation of these visits must be maintained at the parent hospice service.

010.04. MEDICAL DIRECTOR. A licensee must have a medical director who is a hospice employee or a contracted person who is a doctor of medicine or osteopathy. The medical director must have overall responsibility for the medical component of the hospice's consumer care program.

010.05 STAFF REQUIREMENTS. The licensee must have sufficient staff with the required training and skills to provide the services as necessary to meet the needs of each consumer accepted for care, treatment, or services in a safe and timely manner. There must be job descriptions for each staff position, which includes minimum qualifications required for the position.

010.05(A) EMPLOYMENT ELIGIBILITY. Each licensee must maintain evidence of the following:

010.05(A)(i) CRIMINAL BACKGROUND CHECKS. Complete pre-employment criminal background checks for each direct care staff member through a governmental law enforcement agency or a private entity that maintains criminal background information.

010.05(A)(ii) REGISTRY CHECKS. Complete pre-employment checks for each direct care staff for adverse findings on the following Nebraska registries:

(1) Nurse Aide Registry;
(2) Adult Protective Services Central Registry;
(3) Central Registry of Child Protection Cases; and
(4) Sex Offender Registry.

010.05(A)(iii) HIRING DECISIONS. The licensee must:

(1) Determine how to use the criminal background and registry information, except for the Sex Offender Registry and Nurse Aide Registry, in making hiring decisions;
(2) Decide whether employment can begin prior to receiving the

criminal background and registry information; and
(3) Document any decision to hire a person with a criminal background or adverse registry findings, except for the Sex Offender Registry and the Nurse Aide Registry. The documentation must include the basis for the decision and how it will not pose a threat to consumer safety or consumer property.

010.05(A)(iv) ADVERSE FINDINGS. The licensee must not employ a person with adverse findings on the Sex Offender Registry or on the Nurse Aide Registry.

010.05(A)(v) HEALTH STATUS. The licensee must implement written policies and procedures regarding the health status of staff to prevent transmission of disease to consumers. The licensee must complete a health screening for each staff person prior to the staff person having contact with or providing direct care, treatment, or services for consumers.

010.05(B) EMPLOYMENT RECORD. A current employment record must be kept for each staff person which includes:

(i) The title of that individual's position, qualifications, and description of the duties and functions assigned to that position;
(ii) Evidence of licensure, certification, or approval, if required;
(iii) Performance evaluations made within 6 months of employment and annually thereafter; and
(iv) Post hire and pre-employment health history screening.

010.05(C) INITIAL ORIENTATION. An orientation program must be provided for all new staff and as needed, for existing staff who are given new assignments. Such training must be documented in the employment record. The orientation program must include:

(i) Job duties and responsibilities;
(ii) Organizational structure;
(iii) Consumer rights;
(iv) Consumer care policies and procedures;
(v) Personnel policies and procedures; and
(vi) Reporting requirements for abuse, neglect, and exploitation in accordance with state law and with hospice policies and procedures.

010.05(D) TRAINING. All staff must receive training in order to perform job responsibilities.

010.05(D)(i) ONGOING TRAINING. Each licensee must provide ongoing and continuous in-services or continuing education for staff. A record must be maintained including date, topic, and participants.

010.05(D)(ii) SPECIALIZED TRAINING. Each licensee must provide training of staff to permit performance of particular procedures or to provide specialized care, whether as part of a training program or as individualized instruction. This training must be documented in

employment records.

010.05(D)(iii) RECORDS. The licensee must maintain records of each orientation and in-service or other training program, including the signature of staff attending, subject-matter of the training, the names and qualifications of instructors, dates of training, length of training sessions, and any written materials provided.

010.05(E) INDIVIDUALS UNDER HOURLY OR PER VISIT CONTRACTS. If individuals or entities under hourly or per visit contracts are utilized, there must be a written contract between the licensee and the individual or entity. The licensee must maintain a copy of all active contracts and retain copies of discontinued contracts for seven years after the contract is discontinued. The contract must include:

(i) A statement that consumers are accepted for care only by the parent hospice;
(ii) A description of the services and the manner in which they are to be provided;
(iii) A statement that the contractor must conform to all applicable hospice policies, including those related to qualifications;
(iv) A statement that the contractor is responsible for participating in the development of plans of care;
(v) A statement that the services are controlled, coordinated, and evaluated by the parent hospice;
(vi) The procedures for submitting clinical and progress notes; scheduling consumer care, treatment, and services; and ongoing periodic consumer evaluations; and
(vii) The procedures for determining charges and reimbursement.

010.06 CONSUMER RIGHTS. The licensee must implement a written bill of rights that is equally applicable to all consumers. The licensee must protect and promote the exercise of these rights. All consumers, guardians, or authorized designees upon the commencement of services must be given a copy of the bill of rights. The licensee must maintain documentation showing that it has complied with these requirements. Consumers must have the right to:

(A) Choose care providers and communicate with those providers;
(B) Participate in the planning of their care and receive appropriate instruction and education regarding the plan;
(C) Request information about their diagnosis, prognosis, and treatment, including alternatives to care and risks involved, in terms that they and their families or designee can readily understand so that they can give their informed consent;
(D) Refuse care and be informed of possible health consequences of this action;
(E) Receive care without discrimination as to race, color, creed, sex, age, or national origin;
(F) Exercise religious beliefs;
(G) Be admitted for service only if the licensee has the ability to provide safe, professional care at the level of intensity needed;

(H) Receive the full range of services provided by the licensee;
(I) Confidentiality of all records, communications, and personal information;
(J) Review and receive a copy of all health records pertaining to them;
(K) Receive both an oral and written explanation regarding discharge if the consumer moves out of the hospice's service area or transfers to another hospice; or if the hospice determines the consumer is no longer terminally ill. Information regarding community resources must be given to the consumer or the consumer's designee;
(L) Voice complaints and grievances and suggest changes in service or staff without fear of reprisal or discrimination and be informed of the resolution;
(M) Be fully informed of hospice policies and charges for services, including eligibility for third-party reimbursement, prior to receiving care;
(N) Be free from verbal, physical, and psychological abuse and to be treated with dignity;
(O) Expect pain relief through measures implemented to ensure the consumer's comfort;
(P) Expect all efforts will be made to ensure continuity and quality of care in the home and in the inpatient setting;
(Q) Have his or her person and property treated with respect;
(R) Be informed, in advance, about the care to be furnished, and any changes in the care to be furnished;
(S) Formulate advance directives and have the licensee comply with the directives unless the licensee notifies the consumer or designee of the inability to do so; and
(T) Be free from physical and chemical restraints that are not medically necessary.

010.07 CONSUMER CARE AND TREATMENT. Hospice services must include:

010.07(A) PLAN OF CARE. A written plan of care must be established and maintained for each consumer admitted to a hospice program. A registered nurse must complete an initial assessment to evaluate the consumer's immediate physical, psychosocial, emotional, and spiritual needs. This assessment initiates the plan of care. The care provided to the consumer must be in accordance with this plan.

010.07(A)(i) ESTABLISHMENT OF THE INITIAL PLAN. A comprehensive plan must be established, within 5 calendar days of the initial assessment, by the attending physician, who must be selected by the consumer or consumer's designee in the hospice records and who has primary responsibility for the consumer's care, treatment, and services; the medical director; and interdisciplinary team.

010.07(A)(ii) REVIEW OF THE PLAN. Updates of the comprehensive assessment must be accomplished by the interdisciplinary team in collaboration with the consumer's attending physician, if any, or a physician assistant or advanced practice registered nurse affiliated with the attending physician and must consider changes that have taken place since the initial assessment. It must include information

on the consumer's progress toward desired outcomes, as well as a reassessment of the consumer's response to care. Updates of the comprehensive assessment must be accomplished as frequently as the condition of the consumer requires, but no less frequently than every 15 days.

010.07(A)(iii) CONTENT OF THE PLAN. The plan must include an assessment of the consumer's needs and identification of the services including the management of discomfort and symptom relief. It must state in detail the scope and frequency of services needed to meet the consumer's and family's needs.

010.07(A)(iv) PHYSICIAN ORDER. Each licensee must have a written process by which orders from a physician or medical practitioner must be obtained, incorporated into the plan of care, and carried out.

010.07(B) HOSPICE CORE SERVICES. Core services include nursing services, social services, physician services, and counseling services. A licensee must ensure that substantially all the core services are routinely provided directly by employees of the licensee with the exception of the physician who can be contracted. A licensee may use contracted staff if necessary to supplement employees to meet the needs of consumers during periods of peak consumer loads or under extraordinary circumstances. If contracting is used, the licensee must maintain professional, financial, and administrative responsibility for the services and must assure that the qualifications of staff and services provided meet the requirements specified in this chapter.

010.07(B)(i) NURSING SERVICES. Nursing care and services must be provided by or under the supervision of a registered nurse. Nursing services must be directed and staffed to assure that the nursing needs of consumers are met. The direction and delegation of nursing care must be done in accordance with 172 NAC 99. Consumer care responsibilities of nursing personnel must be specified in writing.

010.07(B)(ii) SOCIAL SERVICES. Social services must be provided by a certified social worker, under the direction of a physician. All social work services must be provided in accordance with the plan of care and recognized standards of practice. A social worker must participate in the development, implementation, and revision of the consumer's plan of care.

010.07(B)(iii) PHYSICIAN SERVICES. In addition to palliation and management of terminal illness and related conditions, physician employees of the licensee, including the physician members of the interdisciplinary group, must also meet the general medical needs of the consumers to the extent that these needs are not met by the attending physician.

010.07(B)(iv) COUNSELING SERVICES. Counseling services must be available to both the consumer and the family. Counseling includes

bereavement counseling, provided before and after the consumer's death, as well as dietary, spiritual, and any other counseling services for the consumer and family provided while the consumer is enrolled in the hospice.

010.07(B)(iv)(1) DIETARY COUNSELING. Dietary counseling, when required, must be provided by a licensed medical nutrition therapist or others whose scope of practice as defined by the Uniform Credentialing Act permits dietary counseling. Such individuals include, but are not limited to, a physician, a registered nurse, or a dietitian registered by the American Dietetic Association or an equivalent entity.

010.07(B)(iv)(2) SPIRITUAL COUNSELING. Spiritual counseling must include notice to consumers as to the availability of clergy.

010.07(B)(iv)(3) ADDITIONAL COUNSELING. Counseling may be provided by other members of the interdisciplinary group as well as by other qualified professionals.

010.07(B)(iv)(4) BEREAVEMENT COUNSELING. There must be an organized program for the provision of bereavement services under the supervision of a qualified professional. The plan of care for these services should reflect family needs, as well as a clear delineation of services to be provided and the frequency of service delivery up to 1 year following the death of the consumer.

010.07(B)(v) HOME HEALTH AIDE AND MEDICATION AIDE. Each licensee that employs or contracts home health aides or medication aides must meet the following requirements for training and testing prior to providing care and services to consumers.

010.07(B)(v)(1) EMPLOY QUALIFIED AIDES. Each licensee must employ only home health aides qualified to provide home health care pursuant to Neb. Rev. Stat. §§ 71-6601 to 71-6615. Any home health aide not acting as such for a period of 3 years must repeat the 75-hour training course.

010.07(B)(v)(2) DIRECTION AND SUPERVISION. Each licensee must provide direction by using an aide care plan and assignment sheet written by a registered nurse and through registered nurse supervision of home health aides. The licensee must ensure a registered nurse is available or on call to the staff during all hours that home health aide services are provided. Any other task the licensee chooses to have a home health aide perform must not include a task which requires a credential under the Uniform Credentialing Act.

010.07(B)(v)(3) IN-SERVICE PROGRAM. Each licensee must provide in-service training as required at Neb. Rev. Stat. § 71-6606.

010.07(B)(v)(4) PERMITTED ACTS. Home health aides may only perform acts as allowed by Neb. Rev. Stat. § 71-6605.

010.07(B)(v)(5) REQUIREMENTS. To act as a home health aide, a person must meet the requirements at Neb. Rev. Stat. § 71-6603. To act as a medication aide, a person must be a registered Medication Aide.

010.07(B)(v)(6) HOME HEALTH AIDE TRAINING COURSE. A home health aide training course must meet the requirements at Neb. Rev. Stat. § 71-6608.01.

010.07(B)(v)(7) VERIFY COMPETENCY. Each licensee must verify and document the competency of all home health aides prior to the aide providing services in a consumer's home or in the inpatient hospice service. The competency evaluation items are set out at Neb. Rev. Stat. § 71-6608.01 in subdivisions (1)(b) through (1)(m). All competency evaluations must be performed by a registered nurse and must be evaluated by observation and a written or oral examination as set out below:

(a) Observations must be made with a live consumer or person when performing the competency evaluation for requirements at Neb. Rev. Stat. § 71-6608.01 in subdivisions (1)(c), 1(i), 1(i)(i) through 1(i)(vi), (1)(j) and (1)(k); and
(b) A written or oral examination must be used when performing the competency evaluation for requirements at Neb. Rev. Stat. § 71-6608.01 in subdivisions (1)(a), (1)(b), (1)(d) through (1)(h), (1)(l) and (1)(m).

010.07(B)(v)(8) HOME HEALTH AIDE CARE PLAN AND SUPERVISION. The home health aide care plan and supervision requirements must meet the requirements in Neb. Rev. Stat. § 71-6607 and the following:

(a) A registered nurse must make an initial evaluation visit to each consumer prior to home health aide services being provided and must devise a written plan of care for the physician's approval. When aide services are provided the registered nurse must visit the home site at least every two weeks with or without the aide being present. The visit must include an assessment of the aide services and review of the aide care plan; and
(b) The home health aide must provide services in accordance with the physician-approved written plan of care and the home health aide care plan. The home health aide care plan must include consumer-specific written instructions for each consumer. Visits made by home health aides must be documented in accordance with the plan of care and the home health aide care plan.

010.07(B)(v)(9) REPEAT HOME HEALTH AIDE TRAINING AND COMPETENCY VERIFICATION. Any home health aide not acting as such for a period of three years must repeat the training course as required in this chapter and the licensee must determine and verify competency of the home health aide as required in this chapter.

010.07(C) OTHER SERVICES. A hospice must ensure that the other services shown in this section are provided directly by hospice employees or under arrangements.

010.07(C)(i) VOLUNTEERS. The hospice uses volunteers, in defined roles, under the supervision of a designated hospice employee and in accordance with the following requirements:

010.07(C)(i)(1) TRAINING. The hospice must provide appropriate orientation and training that is consistent with acceptable standards of hospice practice.

010.07(C)(i)(2) ROLES. Volunteers must be used in administrative or direct consumer care roles.

010.07(C)(i)(3) RECRUITMENT AND RETENTION. The hospice must document active and ongoing efforts to recruit and retain volunteers.

010.07(C)(i)(4) COST SAVINGS. The hospice must document the cost savings achieved through the use of volunteers. Documentation must include:

(a) The identification of necessary positions which are occupied by volunteers;
(b) The work time spent by volunteers occupying those positions; and
(c) Estimates of the dollar costs which the hospice would have incurred if paid employees occupied the positions.

010.07(C)(i)(5) LEVEL OF ACTIVITY. The hospice must document and maintain a volunteer staff sufficient to provide day-to-day administrative or direct consumer care in an amount that, at a minimum, equals 5% of the total consumer care hours of all paid hospice employees and contract staff. The hospice must document a continuing level of volunteer activity. The hospice must record expansion of care, treatment and services achieved through the use of volunteers, including the type of services and time worked.

010.07(C)(ii) LABORATORY SERVICES. If the licensee engages in laboratory testing outside of the context of assisting a consumer in self-administering a test with an appliance that has been cleared for that testing by the Food And Drug Administration, the testing must

be in compliance with all applicable requirements of the Clinical Laboratory Improvement Amendments of 1988, as amended. If the licensee chooses to refer specimens for laboratory testing to a reference laboratory, the referral laboratory must be certified in the appropriate specialties and subspecialties of services in accordance with the applicable requirements of the Clinical Laboratory Improvement Amendments of 1988, as amended.

010.07(C)(iii) PHYSICIAL THERAPY, OCCUPATIONAL THERAPY, SPEECH LANGUAGE PATHOLOGY SERVICES. Physical therapy services, occupational therapy services, and speech-language pathology services must be available, and when provided, the services must be provided within the scope of practice as defined by the Uniform Credentialing Act.

010.07(C)(iv) CLERGY. The licensee must make reasonable efforts to arrange for visits of clergy and other members of religious organizations in the community to consumers who request the visits and must advise consumers of this opportunity.

010.07(C)(v) MEDICAL SUPPLIES AND EQUIPMENT. Medical supplies, equipment, and appliances, including drugs and biologicals, must be provided as needed for the palliation and management of the terminal illness and related conditions. The licensee must provide routine and preventative maintenance of equipment to ensure that it is safe and works as intended for the use in the consumer's environment. The licensee must ensure that the consumer, family, and designee understand how to use the equipment and supplies.

010.07(C)(vi) HOMEMAKER QUALIFICATIONS, INSTRUCTIONS AND SUPERVISION. The licensee must have a written process for providing homemaker services. Homemaker services may include assistance in maintenance of a safe and healthy environment and services to enable the consumer's family to carry out the plan of care. A member of the interdisciplinary team must coordinate and supervise all homemaker services and must develop, and update every 2 weeks, written instructions for all homemaker duties. Homemakers must report all concerns about the consumer or the consumer's family to the member of the interdisciplinary team who coordinates homemaker services.

010.07(D) PROFESSIONAL MANAGEMENT. Except for those core services described in 175 NAC 16, a licensee may arrange for another individual or entity to furnish services to the hospice's consumers. If services are provided under arrangement, the licensee must:

(i) Assure the continuity of consumer and family care in home, outpatient, and inpatient settings;
(ii) Have a written agreement for the provision of arranged services. The agreement must include:

(1) Identification of the services to be provided;
(2) Have a stipulation that services may be provided only with the express authorization of the licensee;
(3) Set out how the contracted services are coordinated, supervised, and evaluated by the licensee;
(4) A delineation of the roles of the licensee and the contractor in the admission process, consumer and family assessment, and the interdisciplinary group care conferences;
(5) Have requirements for documenting that services are furnished in accordance with the agreement; and
(6) Set out the required qualifications of the personnel providing the services;

(iii) Retain professional management responsibility for those services and ensure that they are furnished in a safe and effective manner by qualified persons and in accordance with the consumer's plan of care and other requirements of 175 NAC 16; and
(iv) Ensure that inpatient care is furnished only in a facility which meets the requirements of a 24-hour registered nurse coverage in a skilled nursing facility and that:

(1) The licensee furnishes to the inpatient provider a copy of the consumer's care plan and specifies the inpatient services to be furnished;
(2) The inpatient provider has established policies consistent with those of the licensee and agrees to abide by the consumer care protocols established by the licensee for its consumers;
(3) The medical record includes a record of all inpatient services and events and that a copy of the discharge summary and, if requested, a copy of the medical record is provided to the licensee;
(4) Specifies the party responsible for the implementation of the provisions of the agreement; and
(5) The licensee retains responsibility for appropriate hospice care training of the personnel who provide the care under the agreement.

010.07(E) INTERDISCIPLINARY TEAM. The licensee must designate an interdisciplinary team composed of individuals who provide or supervise the care, treatment, and services offered by the hospice.

010.07(E)(i) COMPOSITION OF THE TEAM. The interdisciplinary team must include at least the following individuals who are employees of the hospice, with the exception of the doctor of medicine or osteopathy who may be a contracted employee:

(1) A doctor of medicine or osteopathy;
(2) A registered nurse;
(3) A social worker; and
(4) A pastoral or other counselor.

010.07(E)(ii) ROLE OF THE TEAM. The interdisciplinary team is responsible for:

(1) Participation in the establishment of the plan of care;
(2) Provision or supervision of hospice care, treatment, and services; and
(3) Periodic review and updating of the plan of care for each consumer receiving hospice care.

010.07(E)(iii) MULTIPLE INTERDISCIPLINARY TEAMS. If a licensee has more than 1 interdisciplinary team, the licensee must designate in advance the team to execute these functions for the hospice.

010.07(E)(iv) DESIGNATED REGISTERED NURSE. The licensee must designate a registered nurse to coordinate the implementation of the plan of care for each consumer. The plan of care must be updated as often as necessary but at least every 62 days.

010.07(F) SHORT-TERM INPATIENT CARE. A hospice must have an established agreement with a participating Medicare or Medicaid facility to provide short term care for pain control, symptom management, or respite purposes. Such care must be provided in one of the following:

(i) An inpatient hospice facility; or
(ii) A hospital, skilled nursing facility, nursing facility, or intermediate care facility.

010.07(G) SHORT-TERM INPATIENT RESPITE CARE. For inpatient respite, the registered nurse must be available when required by the consumer's plan of care.

010.08 ADMISSION AND RETENTION REQUIREMENTS. A licensee must accept a consumer only when the licensee reasonably expects that it can adequately meet the consumer's medical, therapeutic, and social needs in the consumer's permanent or temporary place of residence. Each consumer receiving services from the hospice is entitled to receive the full range of services.

010.09 ADMINSTRATION OF MEDICATIONS. Consumers must receive medications only as legally prescribed by a medical practitioner in accordance with the physician-approved plan of care, the 5 rights and prevailing professional standards.

010.09(A) METHODS OF ADMINISTRATION. When the licensee is responsible for the administration and provision of medication, it must be accomplished by the following methods:

010.09(A)(i) SELF-ADMINISTRATION. Consumers must be allowed to self-administer medication, with or without supervision, when the licensee determines that the consumer is competent and capable of doing so and has the capacity to make an informed decision about taking medications

in a safe manner. The licensee must implement written policies to address consumer self-administration of medication, including:

(1) Storage and handling of medications;
(2) Inclusion of the determination that the consumer may self-administer medication in the consumer's plan of care; and
(3) Monitoring the plan of care to assure continued safe administration of medications by the consumer.

010.09(A)(ii) LICENSED HEALTH CARE PROFESSIONAL. When the licensee uses a licensed health care professional for whom medication administration is included in the scope of practice, the licensee must ensure the medications are properly administered in accordance with prevailing professional standards and state and federal law.

010.09(A)(iii) PROVISION OF MEDICATIONS BY A PERSON OTHER THAN A LICENSED HEALTH CARE PROFESSIONAL. When the licensee uses a person other than a licensed health care professional in the provision of medications, the licensee must use individuals who are registered medication aides and must comply with the Medication Aide Act, and 172 NAC 95 and 96.

010.09(A)(iv) MAINTAIN OVERALL SUPERVISION, SAFETY AND WELFARE OF CONSUMERS. When the licensee is not responsible for medication administration and provision the licensee retains responsibility for overall supervision, safety, and welfare of the consumer.

010.09(B) ADVERSE REACTIONS AND MEDICATION ERRORS. Each licensee must report any adverse reactions to a medication by the consumer and any medication errors in administration or provision of prescribed medications to the consumer's licensed practitioner immediately upon discovery. A written report of the adverse reaction and medication error must be completed immediately upon discovery and kept in the consumer's record. Errors include any variance from the 5 rights, the prescription, or professional standards.

010.09(C) VERBAL ORDERS. Each licensee must implement written policies and procedures for those staff authorized to receive telephone and verbal, diagnostic and therapeutic and medication orders.

010.10 CLINICAL RECORDKEEPING REQUIREMENTS. Each licensee must maintain records and reports in a manner that ensures accuracy and easy retrieval.

010.10(A) CLINICAL RECORDS. The licensee must have a clinical record for every consumer receiving care and services. The record must be complete, promptly, and accurately documented, readily accessible and systematically organized to facilitate retrieval. Entries must be made for all services provided and must be made and signed by the person providing the services. The record must include all services whether furnished directly or under arrangements made by the hospice. Each consumer's record must contain:

(i) The initial and subsequent assessments;
(ii) The plan of care;
(iii) Identification data;
(iv) Consent, authorization, and election forms;
(v) Pertinent medical history; and
(vi) Complete documentation of all services and events including evaluations, treatments, and progress notes.

010.10(B) INFORMED CONSENT. The licensee must have an informed consent form, signed, and dated by the consumer or designee, which specifies the type of care, treatment and services that may be provided as hospice care during the course of the illness for every consumer.

010.10(C) ITEMIZED BILLING STATEMENT. The licensee must provide, upon written request of a consumer or a consumer's representative and without charge, an itemized billing statement, including diagnostic codes. The billing statement must be provided within 14 days after the request.

010.11 INPATIENT HOSPICE FACILITY AND 24-HOUR NURSING SERVICES. A licensee that provides inpatient hospice care directly must provide 24-hour nursing services which are sufficient to meet total nursing needs and which are in accordance with the consumer plan of care. Each consumer must receive treatments, medications, and diet as prescribed, and be kept comfortable, clean, well-groomed, and protected from accident, injury, and infection. Each shift must include a registered nurse who provides direct consumer care when there is a consumer in the facility receiving inpatient care for pain control or symptom management.

010.12 FOOD SERVICE. A licensee that provides inpatient care must meet the daily nutritional need of all consumers, including any diet ordered by the attending physician. Food service must include:

(A) Providing food service directly or through a written agreement;
(B) A staff member who is trained or experienced in food management or nutrition with the responsibility of:

(i) Planning menus which meet the nutritional needs of each consumer, following the orders of the consumer's physician; and
(ii) Supervising the meal preparation and service to ensure that the menu plan is followed;

(C) Being able to meet the needs of the consumer's plan of care; nutritional needs, and therapeutic diet; and
(D) Procuring, storing, preparing, distributing, and serving all food under sanitary conditions and in accordance with the Food Code.

010.13 PHARMACEUTICAL SERVICES. Each licensee that provides inpatient hospice services is responsible for the drugs and biologicals provided to each consumer. Pharmaceutical services must be provided in compliance with state law.

010.13(A) LICENSED PHARMACIST. The licensee must employ a licensed pharmacist or have a formal agreement with a licensed pharmacist to advise the licensee on ordering, storage, administration, disposal, and record keeping of drugs and biologicals.

010.13(B) ORDERS FOR MEDICATIONS. A physician, or licensed practitioner within their scope of practice, must authorize the administration of all medications for the consumer. If the medication order is verbal:

(i) The physician, or licensed practitioner within their scope of practice, must give it only to a licensed nurse, pharmacist, physician assistant, or another physician; and
(ii) The individual receiving the order must record and sign it immediately and have the prescribing physician, or licensed practitioner within their scope of practice, sign it in a manner consistent with state law.

010.13(C) CONTROL AND ACCOUNTABILITY. The licensee must have written procedures for control and accountability of all drugs and biologicals throughout the inpatient hospice facility. Drugs must be dispensed in compliance with state and federal law. Records of receipt and disposition of all controlled drugs must be maintained in sufficient detail to enable accurate reconciliation. A pharmacist must determine that drug records are in order and that an account of all controlled drugs is maintained and reconciled.

010.13(D) LABELING OF DRUGS AND BIOLOGICALS. The labeling of drugs and biologicals must comply with state and federal law and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.

010.13(E) STORAGE. All drugs and biologicals must be stored in locked compartments under proper temperature controls and only authorized personnel have access to the drugs and biologicals. Separately locked compartments must be used for storage of controlled drugs listed in Schedule II of Neb. Rev. Stat. § 28-405 and other drugs subject to abuse, except under single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.

010.13(F) DRUG DISPOSAL. The licensee must have written policies to ensure controlled drugs are disposed of in compliance with State law.