GEORGIA DEPARTMENT OF COMMUNITY HEALTH

David A. Cook, Commissioner

Nathan Deal, Governor

2 Peachtree Street, NW
Suite 31-447
Atlanta, GA 30303-3159
www.dch.georgia,gov

HOSPICE INITIAL LICENSURE PACKET

This letter is in response to your request for information about operating a hospice in Georgia. The Healthcare Facility Regulation Division (HFRD) is responsible for licensing hospices under Georgia State Law and for assisting the Centers for Medicare/Medicaid Services (CMS) in performing the certification function for those hospice providers wishing to participate in the Medicare Program. O.C.G.A. § 31-7-170 *et seq*. requires agencies to obtain a Georgia state license prior to providing hospice services. A state license is also a prerequisite to obtaining Medicare certification.

Enclosed are the hospice rules and regulations, an application for a hospice license, and a list of all the documents required by HFRD in order to consider your application complete. Please note that the document list is in a checklist format. Please use the checklist as an aid to ensure all documents are included with your application. HFRD staff will also utilize the checklist in determining if the application is complete

STATE LICENSURE APPLICATION PROCESS:

To begin the application process, you must first submit an application for a license to operate a hospice along with all required application documents. The application must be signed and dated by the hospice administrator or the executive officer of the governing body. Please refer to the attached document checklist for guidance with preparation and submission of the required documents which must accompany your application. HFRD will review your application upon receipt to determine if all documents were included. If all essential documents were included, your application will be considered complete and the initial review process will begin.

Submit the application packet to:

Home Care Unit
Healthcare Facility
Regulation Division
2 Peachtree St., NW Suite 31-447
Atlanta, GA 30303

If any essential documents are determined to be absent, the application will be considered incomplete and the application and documents will be returned to you along with information identifying the missing documents. At that time the application will be considered to be voluntarily withdrawn, but you may reapply when you have assembled all of the required documents.

Once the application packet has been determined by HFRD staff to be complete, HFRD will begin an administrative review of your application and supporting documents for compliance with the hospice rules and regulations. This initial review may take up to thirty (30) days.

If the documents are determined to contain all the information required to obtain an initial license, you will be considered in compliance with applicable hospice rules and regulations and issued an **initial license**. You can begin to provide hospice services upon receipt of your initial license.

If the documents you have submitted do not contain sufficient acceptable information for indicating compliance with the rules, you will be notified in writing as to which of the documents were determined to be unacceptable. You will be allowed a period of time in which to submit corrected or revised documents. *However, if you are unable to provide acceptable documents within 90 days of initial receipt of your application, your application for an initial license may be denied for failure to demonstrate compliance with the rules and regulations.*

INITIAL LICENSURE ON-SITE SURVEY

Once your agency has provided hospice services to two or more patients, and prior to the expiration date of the initial license, you must request an initial on-site survey. If HFRD surveyors determine that your agency has demonstrated substantial compliance with the rules and regulations, your hospice agency shall become eligible for and be issued a **regular license**. Your facility must have been issued a regular license to continue to serve patients beyond the expiration date of the initial license.

If all of your Medicare application documents are complete, including approval of your Provider Enrollment Application (855 form), the initial Medicare survey may be performed at the time of your initial licensure on-site survey. However, you must inform the Home Care Unit of HFRD in writing that you are ready for your initial Medicare survey. (Refer to separate instructions regarding the initial Medicare certification process).

Initial licenses are not renewable and expire within six (6) months from the date issued. If you are unable to become operational and obtain a regular license prior to the expiration of the initial license, you must contact the Home Care Unit of HFRD.

LABORATORY SERVICES: If you anticipate that your facility will be performing any clinical laboratory testing or specimen collection, you need to contact the **Diagnostic Services Unit at (404) 657-5450**. This unit will assist you in determining whether there are additional Federal and State laboratory requirements that your facility will have to meet.

Should you have any questions concerning the information in this letter, completion of the application or the required documents, please do not hesitate to contact the Healthcare Facility Regulation Division at (404) 657-1509.

Enclosures:

- Rules and Regulations for Hospices
- Application for a License to Operate as a Hospice
- Affidavit of Personal Identification
- Document Checklist

Georgia Department Of Community Health
Healthcare Facility Regulation Division
Health Care Section
2 Peachtree Street, NW, Suite 31-447
Atlanta, Georgia 30303-3142

APPLICATION FOR A LICENCE TO OPERATE A HOSPICE

(PLEASE TYPE OR PRINT)

Pursuant to provision of O.C.G.A § 31-7-170 et seq. application is hereby made to operate a Hospice which is identified as follows:

SECTION A: IDENTIFICATION

Date of Application:

Type of Application	☐ Initial ☐ Change of Ownership (CHOW) ☐ Change of Services	☐ Name Change ☐ Address Change ☐ Bed Capacity Change	Other

Name of Hospice | County

Street Address | City and Zip Code

E-mail Address | Telephone: _____
FAX: _____

Mailing Address (If different from Street Address)

Name of Administrator | Official Title

Official Name and Address of Governing Body

Counties Served By Hospice

Section B: TYPE OF OWNERSHIP (Check Only One)

PROPRIETARY (Profit):		NON-PROFIT:	
☐ Individual	☐ Partnership	☐ State	☐ Hospital Authority
☐ Corporation	☐ LLC	☐ County	☐ Church
☐ Other(Specify)_____		☐ City	☐ Other(Specify)_____

Agent for Service – Name | Address and Telephone Number

Proof of Ownership Attached:

☐ Certificate of Incorporation (Copy)
☐ Other:_____

SECTION C: SERVICES PROVIDED

☐ Home Care Only	☐ Free Standing Acute Inpatient Services # of Beds_____ Address: _____ _____ _____	☐ Acute & Residential Combined Services # of Beds_____ Address: _____ _____ _____	☐ Free Standing Residential Services # of Beds_____ Address: _____ _____ _____

SECTION D: STATEMENT OF COMPLIANCE

I certify that this hospice will comply with the Rules and Regulations for Hospices, Chapter 290-9-43, pursuant to the Official Code of Georgia Annotated (O.C.G.A.) 31-7-170 *et seq.* I further certify that the information submitted on this application is true and correct to the best of my knowledge.

_____ _____ _____

Signature of Administrator or Executive Officer of the Governing Body | Title | Date

TO BE FILLED OUT BY STATE AGENCY ONLY

DATE RECEIVED _____

LICENSE NUMBER ISSUED _____ **APPROVED** _____

HOME CARE SERVICE PROGRAM DIRECTOR

EFFECTIVE DATE _____

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a **license, permit or registration**, as referenced in O.C.G.A. § 50-36-1, from the **Department of Community Health, State of Georgia**, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1) _____ I am a United States citizen.

2) _____ I am a legal permanent resident of the United States.

3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:_____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as: _____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____(state).

_____
Signature of Applicant

_____
Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
___ DAY OF _____, 20____

_____
NOTARY PUBLIC
My Commission Expires:

INSTRUCTIONS FOR COMPLETING AFFIDAVIT
REQUIRED TO BECOME LICENSED

In order to obtain a license from the Department of Community Health to operate your business, Georgia law requires every applicant to complete an affidavit (sworn written statement) before a Notary Public that establishes that you are lawfully present in the United States of America. This affidavit is a material part of your application and must be completed truthfully. Your application for licensure may be denied or your license may be revoked by the Department if it determines that you have made a material misstatement of fact in connection with your application to become licensed. If a corporation will be serving as the governing body of the licensed business, the individual who signs the application on behalf of the corporation is required to complete the affidavit. Please follow the instructions listed below.

1. **Review the list of Secure and Verifiable Documents under O.C.G.A. §50-36-2 which follows these instructions. This list contains a number of identification sources to choose from that are considered secure and verifiable that you can use to establish your identity, such as a U.S. driver's license or a U.S. passport. Locate one original document on the list to bring to the Notary Public to establish your identity.**

2. **Print out the affidavit. (If you do not have access to a printer, you can go to your local library or an office supply store to print out the document for a small fee.)**

3. **Fill in the blanks on the Affidavit above the signature line only—<u>BUT DO NOT SIGN THE AFFIDAVIT at this time.</u> (You will sign the affidavit in front of the Notary Public.) Fill in the name of the secure and verifiable document (for example, Georgia driver's license, U.S. passport) that you will be presenting to the Notary Public as proof of your identity. <u>CAUTION: Put your initials in front of only ONE of the choices listed on the affidavit and described here below:</u>**

   - **Option 1) is to be initialed by you if you are a United States citizen; or**

   - **Option 2) is to be initialed by you if you are a legal permanent resident of the United States. You are not a U.S. citizen but you have a green card; or**

   - **Option 3) is to be initialed by you if you are a qualified alien or non-immigrant (but not a U.S. citizen or a legal permanent resident) with an alien number issued by the Department of Homeland Security or other federal immigration agency. Fill in the alien number, as well.**

4. **Find a Notary Public in your area. Check the yellow pages, the internet or with a local business, such as a bank.**

5. **Bring your affidavit and the identification you selected (from the list of Secure and Verifiable Documents) to appear before the Notary Public.**

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G. A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/ind/ex.htm [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

- A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

- A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- A Certificate of Citizenship issued by the United Stated Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

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HOSPICE INITIAL MEDICARE CERTIFICATION PACKET

This letter is in response to your request for information about the requirements and procedures through which an agency in Georgia may be approved to participate as a Medicare provider of hospice services. The Health Care Section of the Healthcare Facility Regulation Division (HFRD) is contracted by the Centers for Medicare/Medicaid Services (CMS) to perform initial and periodic surveys and to certify whether providers of services meet the hospice Medicare Conditions of Participation. Compliance with the hospice Conditions of Participation is a requirement to participate in Medicare. Such Medicare approval, when required, is a prerequisite to qualifying to participate in the State Medicaid program as well.

Application Process:

As a part of your request to participate in Medicare, you must enroll with the fiscal intermediary (FI). Provider enrollment applications (855 forms) are available for downloading at http://www.cms.hhs.gov/forms along with a user's guide providing instructions for downloading and completing the forms. The provider enrollment application must be submitted directly to Palmetto Government Benefits Administration, the FI assigned to Georgia hospice providers. The contact at the FI is Marlene Frierson, who can be reached at (803) 764-5506. If you require help or assistance in completing the CMS 855 form, contact the FI, not HFRD. The FI will notify HFRD of its recommendation for approval or denial of enrollment for your hospice. HFRD cannot conduct the initial Medicare survey until HFRD receives an approval for enrollment for your hospice from the FI.

Enclosed are other CMS forms which you must complete if you desire to participate in the Medicare program. Complete and return the forms promptly to HFRD at the address above in order to avoid unnecessarily delaying approval, since your agency cannot claim provider reimbursement for services furnished prior to approval. If the forms are not self-explanatory, you may contact Jennifer Oetzel, program director at 404-657-6929 for assistance.

Please complete two (2) Health Insurance Benefits Agreements (CMS -1561) with original signatures on both agreements. The Health Insurance Benefits Agreement is your contract with CMS. On the second line of the Heath Insurance Benefits Agreement, after the term, Social Security Act, enter the entrepreneurial name of the enterprise, followed by the trade name (if different from the entrepreneurial name). Ordinarily this is the same as the business name used on all official IRS correspondence concerning payroll withholding taxes, such as the W-9 or 941 forms. For example, the ABC Corporation, owner of the Community General Hospital, would enter on the agreement, "ABC Corporation d/b/a Community General Hospital." A

partnership of several persons might complete the agreement to read: “Robert Johnson, Louis Miller and Paul Allen, ptr. d/b/a “Easy Care Home Health Services.” A sole proprietorship would complete the agreement to read: “John Smith d/b/a Mercy Hospital.” The person signing the Health Insurance Benefits Agreement must be someone who has the authorization of the owners of the hospice to enter into this agreement.

CMS is required to obtain information from new providers related to their compliance with civil rights requirements. Included in this packet are two (2) HHS 690 forms, entitled Assurance of Compliance, along with attachments that need to be completed and returned to the HFRD along with the rest of the application package. ORS will forward the completed forms to the regional Office for Civil Rights (OCR) for review. In practice, CMS Regional Offices will approve a provider’s initial certification pending clearance from OCR. On rare occasions, OCR informs CMS that clearance has been denied or that the required assurances have not been submitted.

LABORATORY SERVICES: If you anticipate that your facility will be performing any clinical laboratory testing or specimen collection, you need to contact the **Diagnostic Services Unit at (404) 657-5450**. This unit will assist you in determining whether there are additional Federal and State laboratory requirements that your facility will have to meet.

Medicare Survey Process:

Before HFRD surveyors can conduct an initial Medicare survey to determine whether Medicare Conditions of Participation are met, the hospice must have obtained a *state license* (see separate packet for licensure instructions), submitted all required *CMS forms to HFRD ,obtained approval from the FI of their Medicare provider enrollment application, and be fully operational.* The hospice must have accepted and provided care to two or more patients (who are not required to be Medicare patients), provided all services needed by the patients, demonstrated the operational capability of all facets of the hospice’s operations, and be able to demonstrate compliance with each of the hospice Conditions of Participation.

At the time your hospice is fully operational and ready for the initial Medicare survey, a request for an initial Medicare survey is required to be made in writing to HFRD (See enclosed survey request form). In accordance with CMS policy, all certification surveys will be **UNANNOUNCED.**

At the time of the Medicare survey, it will be determined whether or not your hospice meets the Conditions of Participation for the Medicare program. If you are found to be in full compliance with the Medicare Conditions of Participation, HFRD will *recommend* to CMS that you be certified in the Medicare program, effective the date of the survey.

If deficiencies below the condition level are identified during the course of the survey, you will be given an opportunity to submit an **acceptable plan of correction**. Upon receipt of the acceptable plan of correction, HFRD will *recommend* to CMS that your hospice be certified effective the date that you submitted your acceptable plan of correction.

If condition level deficiencies are identified during the course of the survey, HFRD will *recommend* to CMS that your application to participate in the Medicare program be **denied**. If CMS accepts this recommendation, CMS will send a notice giving the reasons for denial and informing you of your right to appeal the denial.

Issuance of Provider Number:

After a determination is made that all requirements for participation in the Medicare program are met, you will be assigned a Medicare provider number. HFRD will notify you and your FI, Palmetto Government Benefits Administration, of your assigned provider number. The FI will subsequently contact you with information about submitting reimbursement claims for Medicare services. Your Hospice **cannot claim provider reimbursement for services rendered to Medicare patients prior to the effective date of your provider number.**

The two (2) Health Benefit Agreements will be countersigned by CMS and HFRD will forward one signed agreement to you for your files and will keep one signed agreement in your HFRD facility file.

Change in Ownership:

If operation of the hospice is later transferred to another owner, ownership group, or a lessee, the Medicare agreement will usually be automatically assigned to the successor. (If the new owner does not wish to accept assignment of the Medicare number, the new owner must make a specific request for a new provider number to CMS in writing). You are required to notify CMS through the HFRD at the time you plan such a change of ownership. Please note that under state law and regulations, you must notify HFRD at least 30 days in advance of any change in ownership.

Enclosures:

CMS 1561 – Health Insurance Benefit Agreement (2)
CMS 417 – Hospice Request for Certification in the Medicare Program
HHS 690 – Assurance of Compliance/Civil Rights (2) and questionnaires
Request for Medicare Survey memo

STATE OF GEORGIA HOSPICE RULES- VERSION 4.0

TAGS	RULES	IG
0000 INITIAL COMMENTS		
0101 TITLE AND PURPOSE 290-9-43-.01	These rules shall be known as the Rules and Regulations for Hospices. The purpose of these rules is to provide for the inspection and issuance of licenses for hospices and to establish minimum requirements for facilities operating under hospice licenses. Authority O.C.G.A. § 31-7-170 et seq.	
0201 AUTHORITY 290-9-43-.02	The legal authority for this Chapter is O.C.G.A §§ 31-7-170 et seq., the " Georgia Hospice Law. " Authority O.C.G.A. § 31-7-170 et seq.	
0301 DEFINITIONS 290-9-43-.03(a)	Unless the context otherwise requires, these identified terms mean the following when used in these rules: (a) " Administrator " means the person, by whatever title used, to whom the governing body has delegated the responsibility for the day-to-day administration of the hospice, including the implementation of the policies and procedures adopted by the governing body. ...	
0302 DEFINITIONS 290-9-43-.03(b)	... Unless the context otherwise requires, [this term means] the following when used in these rules: ... (b) " Attending physician " means the physician identified by the hospice patient or the patient ' s representative as having primary responsibility for the hospice patient ' s medical care and who is licensed to practice medicine in this state. ...	
0303 DEFINITIONS 290-9-43-.03(c)	... Unless the context otherwise requires, [this term means] the following when used in these rules: ... (c) " Bereavement services " means the supportive services provided to the family unit to assist it in coping with the patient ' s death, including follow-up assessment and assistance through the first year after death. ...	
0304 DEFINITIONS 290-9-43-.03(d)	... Unless the context otherwise requires, [this term means] the following when used in these rules: ... (d) " Clergy " means an individual representative of a specific spiritual belief who has documentation of ordination or commission by a recognized faith group and who has completed at least one unit of clinical pastoral education from a nationally recognized provider. ...	Best practice would be for the clergy to have four units of clinical pastoral education and a letter of endorsement from a hospice. Nationally recognized providers include the Association of Clinical Pastoral Education.
0305 DEFINITIONS 290-9-43-.03(e)	... Unless the context otherwise requires, [this term means] the following when used in these rules: ... (e) " Counseling " means those techniques used to help persons learn how to solve problems and make decisions related to personal growth, vocation, family, social, and other interpersonal concerns. ...	
0306 DEFINITIONS 290-9-43-.03(f)	... Unless the context otherwise requires, [this term means] the following when used in these rules: ... (f) " Department " means the Georgia Department of Human Resources. ...	

TAGS	RULES	IG
0307 DEFINITIONS 290-9-43-.03(g)	... Unless the context otherwise requires, [this term means] the following when used in these rules: ... (g) " Dietitian " means a specialist in the study of nutrition who is licensed as required by Chapter 43-11A of the Official Code of Georgia Annotated, the " Dietetics Practice Act. " ...	In accordance with O.C.G.A. Chapter 43-11A, the " Dietetics Practice Act, " dietitians may be licensed by the Georgia Board of Examiners of Licensed Dietitians upon the presentation of satisfactory evidence that the dietitian is registered by the Commission on Dietetic Registration of the American Dietetic Association.
0308 DEFINITIONS 290-9-43-.03(h)	... Unless the context otherwise requires, [this term means] the following when used in these rules: ... (h) " Family unit " means the terminally ill person and his or her family, which may include spouse, children, siblings, parents, and other relatives with significant personal ties to the patient. ...	
0309 DEFINITIONS 290-9-43-.03(i)	... Unless the context otherwise requires, [this term means] the following when used in these rules: ... (i) " Governing body " means the board of directors, trustees, partnership, corporation, association, or person or group of persons who maintain and control the operation of the hospice and who are legally responsible for its operation. ...	
0310 DEFINITIONS 290-9-43-.03(j)	... Unless the context otherwise requires, [this term means] the following when used in these rules: ... (j) " Home care " means hospice care primarily delivered in the residence of the hospice patient, whether that place is the patient ' s permanent or temporary residence. A hospice patient who considers his or her residence to be a licensed nursing home, licensed intermediate care home, licensed personal care home, or residential hospice setting shall be considered to be receiving home care while a resident of that facility. ...	
0311 DEFINITIONS 290-9-43-.03(k)	... Unless the context otherwise requires, [this term means] the following when used in these rules: ... (k) " Hospice " means a public agency or private organization or unit of either providing to persons terminally ill and to their families, regardless of ability to pay, a centrally administered and autonomous continuum of palliative and supportive care, directed and coordinated by the hospice care team primarily in the patient ' s home but also on an outpatient and short-term inpatient basis and which is classified as a hospice by the department. ...	
0312 DEFINITIONS 290-9-43-.03(l)	... Unless the context otherwise requires, [this term means] the following when used in these rules: ... (l) " Hospice care " means both regularly scheduled care and care available on a 24 hour on-call basis, consisting of medical, nursing, social, spiritual, volunteer, and bereavement services substantially all of which are provided to the patient and to the patient ' s family regardless of ability to pay under a written care plan established and periodically reviewed by the patient ' s attending physician, by the medical director of the hospice, and by the hospice care team. ...	

TAGS	RULES	IG
0313 DEFINITIONS 290-9-43-.03(m)	... Unless the context otherwise requires, [this term means] the following when used in these rules: ... (m) " Hospice care team " means an interdisciplinary working unit composed of members of the various helping professions (who may donate their professional services), including but not limited to: a physician licensed or authorized to practice in this state, a registered professional nurse, a social worker, a member of the clergy or other counselors, and volunteers who provide hospice care. ...	An interdisciplinary working unit is characterized by a variety of disciplines participating in the assessment, planning, and/or implementation of a patient ' s plan of care, where there is close interaction and integration among the disciplines to ensure that all members of the team interact to achieve team goals.
0314 DEFINITIONS 290-9-43-.03(n)	... Unless the context otherwise requires, [this term means] the following when used in these rules: ... (n) " Inpatient care " means short-term, 24-hour medically supervised care for the purpose of adjusting and monitoring the patient ' s medications for pain control or managing acute or chronic symptoms that cannot be managed in another setting. Inpatient care is provided within the confines of a licensed hospital, a licensed skilled nursing facility, or a licensed inpatient hospice facility. ...	
0315 DEFINITIONS 290-9-43-.03(o)	... Unless the context otherwise requires, [this term means] the following when used in these rules: ... (o) " Inpatient hospice facility " means a facility that provides inpatient care for hospice patients and is not a part of a licensed skilled nursing facility or a licensed hospital. ...	
0316 DEFINITIONS 290-9-43-.03(p)	... Unless the context otherwise requires, [this term means] the following when used in these rules: ... (p) " License " means a license issued by the Department to the governing body to operate a hospice. ...	
0317 DEFINITIONS 290-9-43-.03(q)	... Unless the context otherwise requires, [this term means] the following when used in these rules: ... (q) " Medical director " means a physician licensed in this state who is a member of the hospice care team and is responsible for the direction and quality of the medical component of the care rendered by the hospice to patients. ...	The medical director may utilize the services of other physicians to meet the medical needs of the hospice patients, but there shall be only one medical director.
0318 DEFINITIONS 290-9-43-.03(r)	... Unless the context otherwise requires, [this term means] the following when used in these rules: ... (r) " Palliative care " means those interventions by the hospice care team which are intended to achieve relief from, reduction of, or elimination of pain and of other physical, emotional, social, or spiritual symptoms of distress. ...	
0319 DEFINITIONS 290-9-43-.03(s)	... Unless the context otherwise requires, [this term means] the following when used in these rules: ... (s) " Patient " means a terminally ill individual receiving the hospice continuum of services, regardless of ability to pay. ...	"Terminally ill " means that the individual is experiencing an illness for which therapeutic intervention directed toward cure of the disease is no longer appropriate, and the patient ' s medical prognosis is one in which there is a life expectancy of six months or less.

TAGS	RULES	IG
0320 DEFINITIONS 290-9-43-.03(t)	... Unless the context otherwise requires, [this term means] the following when used in these rules: ... (t) " Patient representative " means an individual who, under applicable laws, has the authority to act on behalf of the patient where the patient is incapable of making decisions related to health care. ...	The patient representative ' s power to act on behalf of the patient under these rules shall be consistent with Chapter 36 of Title 31 of the Official Code of Georgia Annotated, the " Durable Power of Attorney for Health Care Act. "
0321 DEFINITIONS 290-9-43-.03(u)	... Unless the context otherwise requires, [this term means] the following when used in these rules: ... (u) " Personal care services " means assistance with activities of daily living, personal care, ambulation and exercise; provision of household services essential to health care at home; assistance with self-administration of medication; and preparation of meals. ...	Household services could include housecleaning, dishwashing, preparation of a meal, doing laundry, changing linens, or any such activity which supports maintenance of a clean and healthy environment in the home.
0322 DEFINITIONS 290-9-43-.03(v)	... Unless the context otherwise requires, [this term means] the following when used in these rules: ... (v) " Physician " means an individual who is licensed to practice medicine in this state by the Georgia Composite State Board of Medical Examiners. ...	
0323 DEFINITIONS 290-9-43-.03(w)	... Unless the context otherwise requires, [this term means] the following when used in these rules: ... (w) " Primary caregiver " means a person or entity designated in writing by the patient or the patient ' s representative who agrees to give and/or arrange for continuing support and care and who may advocate on behalf of the patient. ...	The primary caregiver may be an individual who has personal significance to the patient other than by blood or legal relationship.
0324 DEFINITIONS 290-9-43-.03(x)	... Unless the context otherwise requires, [this term means] the following when used in these rules: ... (x) " Professional counselor " means a person licensed or certified as a professional counselor or associate professional counselor as required by Chapter 43-10A of the Official Code of Georgia Annotated, the " Professional Counselors, Social Workers, and Marriage and Family Therapists Licensing Law. " ...	
0325 DEFINITIONS 290-9-43-.03(y)	... Unless the context otherwise requires, [this term means] the following when used in these rules: ... (y) " Registered nurse " means an individual who is currently licensed to practice nursing under the provisions of Article 1 of Chapter 26 of Title 43 of the Official Code of Georgia Annotated. ...	
0326 DEFINITIONS 290-9-43-.03(z)	... Unless the context otherwise requires, [this term means] the following when used in these rules: ... (z) " Residential hospice facility " means a small home-like residential facility or unit that is a part of a licensed hospice, designed, staffed, and organized to provide non-acute palliative hospice care, 24-hours per day, seven days per week, under the supervision of the hospice physician and hospice registered nurses to hospice patients and their family units. ...	

TAGS	RULES	IG
0327 DEFINITIONS 290-9-43-.03(aa)	... Unless the context otherwise requires, [this term means] the following when used in these rules: ... (aa) " Respite care " means short-term inpatient or residential care provided for the patient to provide relief for that patient ' s family unit from the stress of providing care. ...	
0328 DEFINITIONS 290-9-43-.03(bb)	... Unless the context otherwise requires, [this term means] the following when used in these rules: ... (bb) " Restraint " means any manual, physical, or mechanical method, device, material, or equipment attached or adjacent to the patient ' s body, which he or she cannot easily remove, that restricts freedom of movement or normal access to that person ' s body. ...	
0329 DEFINITIONS 290-9-43-.03(cc)	... Unless the context otherwise requires, [this term means] the following when used in these rules: ... (cc) " Social worker " means an individual who is qualified by education, training, and experience and licensed when required by law to perform social work for hospice patients and their family units and who has at least a bachelor ' s degree in social work from a school accredited by the Council on Social Work Education. ...	Social workers shall be licensed as required by Chapter 43-10A of the Official Code of Georgia Annotated, the " Professional Counselors, Social Workers, and Marriage and Family Therapists Licensing Law. " Bachelor ' s level social workers may be utilized for some duties such as case management, but must be provided clinical supervision by another social worker with a bachelors or masters degree who has completed at least two years of post-degree social work practice.
0330 DEFINITIONS 290-9-43-.03(dd)	... Unless the context otherwise requires, [this term means] the following when used in these rules: ... (dd) " Terminally ill " means that the individual is experiencing an illness for which therapeutic intervention directed toward cure of the disease is no longer appropriate, and the patient ' s medical prognosis is one in which there is a life expectancy of six months or less. ...	
0331 DEFINITIONS 290-9-43-.03(ee)	... Unless the context otherwise requires, [this term means] the following when used in these rules: ... (ee) " Volunteer " means a lay or professional person who provides, without compensation, support and assistance to the patient and the patient ' s family under the supervision of a member of the hospice staff unit in accordance with the plan of care developed by the hospice care team. (2) As used in these rules and regulations, the singular indicates the plural and the plural the singular when consistent with the intent of these rules. Authority O.C.G.A. § 31-7-170 et seq.	
0401 LICENSURE PROCEDURES 290-9-43-.04(1)	No entity shall establish, operate, or maintain a hospice in the State of Georgia without first obtaining a valid license.	
0402 LICENSURE PROCEDURES 290-9-43-.04(2)	No entity shall use the term " hospice " to imply or indicate that it is providing hospice services to patients and their families unless the entity holds a valid license.	

TAGS	RULES	IG
0403 LICENSURE PROCEDURES 290-9-43-.04(3)	A governing body desiring to operate a hospice shall file with the Department, not later than 30 days prior to the anticipated date of the opening of the hospice, an initial application on a form prescribed and furnished by the Department. The application shall be complete, accurate, and signed by the hospice administrator or the executive officer of the hospice ' s governing body and shall include: (a) The applicant ' s name, address, phone number, and e-mail address or other viable form of electronic communication; (b) Proof of ownership. In the case of corporations, partnerships, and other entities authorized by law, the applicant shall provide a copy of its certificate of incorporation or other acceptable proof of its legal existence and authority to transact business within the state; (c) A list of counties proposed to be served by the hospice; and (d) A list of the locations of any additional hospice care facilities operated by the hospice on separate premises, as applicable, and the number of beds at such facilities.	If, due to financial or other hardship, the hospice is unable to provide an e-mail address or other viable form of electronic communication, a secondary emergency contact number, i.e., a cellular telephone number, shall be deemed acceptable instead of the e-mail address.
0404 LICENSURE PROCEDURES 290-9-43-.04(4)	Knowingly supplying materially false, incomplete, or misleading information is grounds for denial or revocation of a license.	
0410 LICENSURE PROCEDURES 290-9-43-.04(5)	Following evidence of substantial compliance with these rules and regulations and any provisions of law as applicable to the construction and operation of the hospice, the Department may issue a license.	The license issued may be an initial or a regular license.
0411 LICENSURE PROCEDURES 290-9-43-.04(6)	An initial license may be issued for a period of six months to allow a new hospice to demonstrate its ability to comply with these rules and regulations. After becoming fully operational and demonstrating substantial compliance with the rules and regulations, the hospice shall become eligible for a regular license.	The initial license is not a provisional license. The initial license shall be issued following the initial inspection and review of the facility ' s operational plans and structure, prior to the admission of patients, as long as that initial inspection and review find the facility in compliance with rules and regulations which apply.
0412 LICENSURE PROCEDURES 290-9-43-.04(7)	A license shall be issued to the legal owner of the hospice as disclosed in the application for licensure and proof of ownership documents. Inpatient and residential services shall not be licensed separately from home care services.	
0413 LICENSURE PROCEDURES 290-9-43-.04(8)	The license shall be displayed in a prominent place in the hospice ' s administrative offices.	
0414 LICENSURE PROCEDURES 290-9-43-.04(9)	Licenses are not transferable from one governing body to another or from one hospice location to another.	
0415 LICENSURE PROCEDURES 290-9-43-.04(10)	Each planned change of ownership or lease or change of location shall be reported to the Department at least 30 days prior to such change along with an application from the proposed new owners or lessees for a new license.	The report must be submitted in writing in order to be accepted.
0416 LICENSURE PROCEDURES 290-9-43-.04(11)	Changes in the hospice that require a new application and the issuance of a new license include a change in name, an addition of another location, or a change in the scope of services provided. A written amendment to the current application shall be filed at least 30 days prior to a change in information previously reported in the application.	Change in the scope of services ' means a change to add residential or inpatient care to the provision of home care, to increase or decrease the number of beds, or to no longer provide residential or inpatient care. Home care services are core services, and must be provided by the hospice.

TAGS	RULES	IG
0417 LICENSURE PROCEDURES 290-9-43-.04(12)	A license shall no longer be valid and shall be returned to the Department when the hospice ceases to operate, changes locations, or the license is suspended or revoked.	
0418 LICENSURE PROCEDURES 290-9-43-.04(13)	Temporary Inactive Status. If the hospice is closing for a period of less than 12 months, and plans to reopen under the same ownership, governing body, and name, the hospice may request to have the license placed on temporary inactive status. (a) When placed on temporary inactive status, the license shall be returned to the Department within 10 days of closure and the hospice shall not operate until the license has been reactivated. (b) The hospice shall request in writing that the permit be reactivated at least 30 days prior to the desired date of reopening. Prior to reactivation of the license, the hospice shall be subject to inspection by the Department. If the license is not reactivated within 12 months, the license shall be considered abandoned.	The hospice should not wait until the closing has been effectuated to request temporary inactive status. The request should be made as soon as the facility anticipates closing and should include the plans for the orderly transfer of patients. The 12-month period begins at the official date of closure. This rule does not restrict the applicant from applying for a new license after the 12-month period has expired.
0421 LICENSURE PROCEDURES 290-9-43-.04(14)	Multiple Hospice Locations. Separate applications and licenses are required for hospices operated at separate locations; however, the Department has the option of approving a single license for multiple hospice locations based on evidence that the hospice meets all of the following requirements: (a) All locations are owned and operated by the same governing body and conduct business under the same set of by-laws and the same trade name; (b) Each location is responsible to the same governing body and central administration managed together under the same set of policies and procedures; (c) The governing body and central administration shall be able to adequately manage all locations and ensure the quality of care at all locations; (d) Supervision and oversight at additional locations is sufficient to ensure that hospice care and services meet the needs of patients and the patients ' family units; (e) The medical director assumes responsibility for the medical component of the hospice ' s patient care at all locations; (f) Additional locations provide the same full range of services and the same level and quality of care that is provided by the primary location; (g) Each patient is assigned to a specific hospice care team responsible for ongoing assessment, planning, monitoring, coordination, and provision of care; (h) All hospice patients ' clinical records that are requested by the Department at the time of inspection shall be available at the hospice ' s primary location; and (i) All locations maintain the same Medicare provider number, as applicable.	It is not required that all records be kept at the primary hospice location, but the records requested must be available within an hour (1 hour) of the request, whether electronically, by facsimile, or by physical transport of the record.

TAGS	RULES	IG
0431 LICENSURE PROCEDURES 290-9-43-.04(15)	Hospice Care Facilities. Hospices shall have the option of providing residential and/or inpatient hospice services as a part of the licensed hospice; provided, however, that prior to being issued a license that includes residential and/or inpatient hospice services, the hospice shall: (a) Be regularly licensed and in substantial compliance with all sections of these rules and regulations that apply to home care hospice services; (b) Complete and submit a new application to the Department requesting the additional services; (c) Submit a copy of the certificate of occupancy issued by local building officials for the facility or unit; (d) Submit evidence of compliance with the applicable provisions of the Life Safety Code®, as enforced by the state fire marshal; (e) Provide evidence to the Department of compliance or ability to comply with all the applicable requirements of paragraph (14) of this rule relating to multiple hospice locations; and (f) Be in substantial compliance with all the applicable requirements of Rule 290-9-43-.24, Hospice Care Facilities, as evidence by an on-site inspection by the Department. Authority O.C.G.A. § 31-7-170 et seq.	No requirements of paragraph (14) are applicable if the hospice services are provided out of one location.
0501 INSPECTIONS AND INVESTIGATIONS 290-9-43-.05(1)	The hospice staff, any facilities, and the hospice patients shall be accessible during all hours of operation to properly identified representatives of the Department for inspections and investigations relating to the hospice ' s license.	Where the patient chooses not to participate in the interview, the patient ' s wishes will be respected.
0502 INSPECTIONS AND INVESTIGATIONS 290-9-43-.05(2)	The Department, prior to licensure and periodically thereafter, shall inspect each hospice to ensure that the licensee is providing quality care to its patients; provided, however, that the hospice shall be exempt from additional on-site licensure inspection if certified as a hospice in accordance with federal regulations. Where the Department has reason to believe that the hospice may not be in compliance with these rules, the hospice shall make all records, staff, and patients, as determined necessary by the Department, immediately accessible to properly identified representatives of the Department for purposes of a complaint investigation.	Where the patient chooses not to participate in the interview, the patient ' s wishes will be respected.
0503 INSPECTIONS AND INVESTIGATIONS 290-9-43-.05(3)	For the purposes of any inspection, investigation, or survey conducted by the Department, the hospice shall provide to properly identified representatives of the Department meaningful access to all books, records, papers, or other information related to the initial or continued licensing of the hospice.	
0504 INSPECTIONS AND INVESTIGATIONS 290-9-43-.05(4)	The hospice shall submit to the Department a written plan of correction in response to any inspection report of violations that states what the hospice will do and when to correct each of the violations identified. The plan of correction shall be submitted within 10 days of the hospice ' s receipt of the inspection report of violations. A plan of correction must be determined to be acceptable by the Department. Hospices shall be allowed an additional 48 hours to revise any plan of correction deemed unacceptable by the Department. Failure to submit an acceptable plan of correction may result in the Department commencing enforcement procedures. The hospice must correct all violations cited. Authority O.C.G.A. § 31-7-170 et seq.	If a statement of deficiencies results from the inspection, the hospice shall be made aware of the proper format for response.

TAGS	RULES	IG
0601 REPORTS TO THE DEPARTMENT 290-9-43-.06(1)	Patient Incidents Requiring Report. This paragraph takes effect three months after the Department provides written notification of the effective date to all hospices.	This would include, for example, deaths related to procedural or drug errors or omissions of services or deaths resulting from a fall or other accident while under the care of the hospice.
0602 REPORTS TO THE DEPARTMENT 290-9-43-.06(1)(a)1.	The hospice shall report to the Department, on forms provided by the Department, within 24 hours or the next business day whenever any of the following incidents involving patients occurs or the hospice has reasonable cause to believe that an incident involving a patient has occurred: 1. Any death of a hospice patient not related to the natural course of the patient ' s terminal illness or any identified underlying condition; ...	
0603 REPORTS TO THE DEPARTMENT 290-9-43-.06(1)(a)2.	The hospice shall report to the Department, on forms provided by the Department, within 24 hours or the next business day whenever any of the following incidents involving patients occurs or the hospice has reasonable cause to believe that an incident involving a patient has occurred: ... Any patient rape that occurs in a residential or inpatient hospice facility or in a patient ' s home at the time a hospice employee or volunteer is in the patient ' s home; ...	" Rape " is defined in O.C.G.A. 16-6-1.
0604 REPORTS TO THE DEPARTMENT 290-9-43-.06(1)(a)3.	The hospice shall report to the Department, on forms provided by the Department, within 24 hours or the next business day whenever any of the following incidents involving patients occurs or the hospice has reasonable cause to believe that an incident involving a patient has occurred: ... Any assault on a patient by a hospice employee or volunteer, or any abuse or neglect of a patient by a hospice employee or volunteer; ...	Suspicion of abuse or neglect by a patient ' s caregiver other than a hospice employee or volunteer should be reported to Adult Protective Services (APS) and/or local police. The toll-free number for reporting to APS is 1-888-774-0152. The hospice employee or volunteer should make the hospice administrator aware of any such suspicion immediately. The hospice should document every step of addressing such suspicion. See rule 290-9-43-.10(d) under Patient Rights regarding the requirement that hospice patients receive the hospice services in a manner free from abuse or neglect.
0605 REPORTS TO THE DEPARTMENT 290-9-43-.06(1)(a)4.	The hospice shall report to the Department, on forms provided by the Department, within 24 hours or the next business day whenever any of the following incidents involving patients occurs or the hospice has reasonable cause to believe that an incident involving a patient has occurred: ... Any serious injury to a patient resulting from the malfunction or intentional or accidental misuse of patient care equipment; and ...	The criteria for " serious injury " here would be an injury meeting the " serious injury " definition of the reporting requirements for the federal Safe Medical Devices Act of 1990, which is " an injury or illness that is life-threatening, results in permanent impairment or permanent damage to a body structure, or necessitates medical or surgical intervention to preclude permanent impairment of a body function or permanent damage to a body structure. " Federal law also requires that such injuries/deaths be reported to the FDA and to the manufacturer, if resulting from an equipment failure or malfunction.

TAGS	RULES	IG
0606 REPORTS TO THE DEPARTMENT 290-9-43-.06(1)(a)5.	The hospice shall report to the Department, on forms provided by the Department, within 24 hours or the next business day whenever any of the following incidents involving patients occurs or the hospice has reasonable cause to believe that an incident involving a patient has occurred: ... In a residential or inpatient hospice facility, any time a patient cannot be located, where there are circumstances that place the health, safety, or welfare of the patient or others at risk and the patient has been missing for more than eight hours.	A patient leaving a hospice facility voluntarily, even if against medical advice, does not normally require a report unless the other criteria apply. For example, if the hospice knows the patient is confused or disoriented, and/or is functionally incompetent to care for himself or herself, and the patient has been missing for more than eight hours, the disappearance should be reported.
0607 REPORTS TO THE DEPARTMENT 290-9-43-.06(1)(b)	The hospice, through its peer review committee, shall submit the reports of patient incidents listed in subparagraph (a) of this paragraph to be received and retained in confidence by the Department together with any documentation generated by the Department of its initial review of the reported incident.	
0608 REPORTS TO THE DEPARTMENT 290-9-43-.06(1)(c)	Reports of patient incidents shall include: 1. The name of the hospice, the name of the administrator or site manager, and a contact telephone number for information related to the report; 2. The date of the incident and the date the hospice became aware of the incident; 3. The type of incident, with a brief description of the incident; and 4. Any immediate corrective or preventative action taken by the hospice to ensure against the replication of the incident.	The information provided in the report should be sufficient for the Department to understand what took place, and why the facility determined the incident to require report. For reporting forms and information regarding online incident reporting, go to the ORS website: www.ors.dhr.georgia.gov <http://www.ors.dhr.georgia.gov>
0612 REPORTS TO THE DEPARTMENT 290-9-43-.06(1)(d)	The hospice shall conduct an internal investigation of any of the patient incidents listed in subparagraph (a) of this paragraph and shall complete and retain on-site a written report of the results of the investigation within 45 days of the discovery of the incident. The complete report shall be available to the Department for inspection at the hospice office and shall contain at least: 1. An explanation of the circumstances surrounding the incident, including the results of a root cause analysis or any other system analysis; 2. Any findings or conclusions associated with the review; and 3. A summary of any actions taken to correct identified problems associated with the incident and to prevent recurrence of the incident, and also any changes in procedures or practices resulting from the investigation.	

TAGS	RULES	IG
0616 REPORTS TO THE DEPARTMENT 290-9-43-.06(1)(e)	The hospice shall report to the Department any pending involuntary discharge of a hospice patient initiated by the hospice. The report shall be made at the time of notification to the patient of the pending discharge.	See Rule 290-9-43-.14(4)(a), Admission, Transfers, and Discharges. The hospice may not discharge patients solely because their care has become costly or inconvenient. In most situations, discharge from a hospice will occur as a result of one of the following: 1. The patient decides to revoke the election to receive hospice services; 2. The patient moves away from the geographic area that the hospice defines in its policies as its service area; 3. The patient requests a transfer to another hospice; 4. The patient ' s condition improves and the patient is no longer considered terminally ill; or 5. The patient dies as a result of the terminal illness or underlying condition. Those situations would not require report. It is those situations where the hospice initiates a discharge without any of the above conditions present which would require a report. The reasons for the discharge should be disclosed in the report.
0617 REPORTS TO THE DEPARTMENT 290-9-43-.06(2)	Other Events/Incidents Requiring Report. This paragraph takes effect three months after the Department provides written notification of the effective date to all hospices.	Events that cause significant disruption of care include events that may or do prevent hospice caregivers from reaching patients in their homes as well as need for evacuation for hurricane or chemical leak, etc. The hospice must have in place disaster preparedness plans to address such situations. See Rule 290-9-43-.11. The hospice must notify the Department if they have encountered or anticipate a need to implement those plans.
0618 REPORTS TO THE DEPARTMENT 290-9-43-.06(2)(a)	The hospice shall report to the Department whenever any of the following events involving hospice operations occurs or when the hospice becomes aware that it is likely to occur, to the extent that the event is expected to cause or causes a significant disruption of care for hospice patients: 1. An external disaster or other community emergency situation; or 2. An interruption of services vital to the continued safe operation of a hospice facility, such as telephone, electricity, gas, or water services.	
0620 REPORTS TO THE DEPARTMENT 290-9-43-.06(2)(b)	The hospice shall make a report of the event within twenty-four hours or by the next regular business day from when the reportable event occurred or from when the hospice has reasonable cause to anticipate that the event is likely to occur. The report shall include: 1. The name of the hospice, the name of the hospice administrator or site manager, and a contact telephone number for information related to the report; 2. The date of the event, or the anticipated date of the event, and the anticipated duration, if known; 3. The anticipated effect on care and services for hospice patients; and 4. Any immediate plans the hospice has made regarding patient management during the event.	

TAGS	RULES	IG
0625 REPORTS TO THE DEPARTMENT 290-9-43-.06(2)(c)	Within 45 days of the discovery of the event, the hospice shall complete an internal evaluation of the hospice ' s response to the event where opportunities for improvement related to the hospice ' s disaster preparedness plan were identified. The hospice shall make changes to the disaster preparedness plan as appropriate. The complete report shall be available to the Department for inspection at the hospice office.	
0626 REPORTS TO THE DEPARTMENT 290-9-43-.06(3)	Where the Department determines that a rule violation related to any self-reported incident or event has occurred, the Department shall initiate a separate complaint investigation of the incident. The complaint investigation report and the report of any rule violation compiled by the Department arising either from the initial report received from the hospice or an independent source shall be subject to disclosure in accordance with applicable laws. Authority O.C.G.A. §§ 31-7-130 et seq. and 31-7-170 et seq.	
0701 GOVERNING BODY 290-9-43-.07(1)	The hospice shall have an established and functioning governing body that is responsible for the conduct of the hospice and that provides for effective hospice governance, management, and budget planning.	
0702 GOVERNING BODY 290-9-43-.07(2)	The governing body shall appoint an administrator and delegate to the administrator the authority to operate the hospice in accordance with management policies established and approved by the governing body.	
0703 GOVERNING BODY 290-9-43-.07(3)	The governing body shall appoint a medical director and delegate to the medical director the authority to establish and approve, in accordance with current accepted standards of care, all patient care policies related to medical care.	
0704 GOVERNING BODY 290-9-43-.07(4)	The governing body shall ensure that no member of the governing body, administration, staff associated or affiliated with the hospice, or family member of staff causes, encourages, or persuades any patient to name any person associated or affiliated with the hospice as a beneficiary under a will, trust, or life insurance policy or takes out or otherwise secures a life insurance policy on any patient.	Surveyors may look for what safeguards are in place to be sure this doesn ' t happen, such as including ethics as a part of the facility ' s employee and volunteer orientation. Surveyors may ask employees if they know this is wrong.
0705 GOVERNING BODY 290-9-43-.07(5)	The governing body shall be responsible for determining, implementing, and monitoring the overall operation of the hospice, including the quality of care and services, management, and budget planning.	
0706 GOVERNING BODY 290-9-43-.07(5)(a)	The governing body shall: (a) Be responsible for ensuring the hospice functions within the limits of its current license granted by the Department; ...	A hospice may not open a hospice facility (residential or acute inpatient) under its general license without Department approval of the premises.
0707 GOVERNING BODY 290-9-43-.07(5)(b)	The governing body shall: ... (b) Ensure that the hospice provides coordinated care that includes at a minimum medical, nursing, social, spiritual, volunteer, and bereavement services that meet the needs of the patients; ...	Bereavement services include, but are not limited to, grief support, group counseling, and coordination of support groups.
0708 GOVERNING BODY 290-9-43-.07(5)(c)	The governing body shall: ... (c) Ensure that the hospice is staffed and equipped adequately to provide the services it offers to patients, whether the services are provided directly by the hospice or under contract; ...	If the hospice is Medicare-certified, substantially all core services (nursing, social services, physician services, and counseling) must be provided directly by the hospice rather than through contract.

TAGS	RULES	IG
0709 GOVERNING BODY 290-9-43-.07(5)(d)	The governing body shall: ... (d) Develop a description of services offered by the hospice, including patient eligibility for the various services, and ensure patients and families are informed about the availability of the services; ...	
0710 GOVERNING BODY 290-9-43-.07(5)(e)	The governing body shall: ... (e) Ensure the development and implementation of policies and procedures that address the management, operation, and evaluation of the hospice, including all patient care services and those services provided by independent contractors; ...	
0711 GOVERNING BODY 290-9-43-.07(5)(f)	The governing body shall: ... (f) Ensure there is an individual authorized in writing to act for the administrator during any period the administrator is absent; ...	
0712 GOVERNING BODY 290-9-43-.07(5)(g)	The governing body shall: ... (g) Appoint an individual to assume overall responsibility for a quality assurance, utilization, and peer review program for monitoring and evaluating the quality and level of patient care in the hospice on an ongoing basis; ...	
0713 GOVERNING BODY 290-9-43-.07(5)(h)	The governing body shall: ... (h) Ensure that hospice advertisements are factual and do not contain any element that might be considered coercive or misleading. Any written advertisement describing services offered by the hospice shall contain notification that services are available regardless of ability to pay, and include the hospice license number; and ...	
0714 GOVERNING BODY 290-9-43-.07(5)(i)	The governing body shall: ... (i) Ensure that hospice care shall be provided regardless of the patient or the family unit ' s ability to pay and without regard to race, creed, color, religion, sex, national origin, or handicap. Authority O.C.G.A. § 31-7-170 et seq.	
0801 ADMINISTRATOR 290-9-43-.08(1)	Each hospice shall have a qualified administrator, designated by the governing body, who shall be responsible for the ongoing and day-to-day operation of the hospice.	There should be evidence that the administrator is participating in the daily operation of the hospice.
0802 ADMINISTRATOR 290-9-43-.08(2)	The hospice administrator shall be: (a) A health care professional licensed to practice in this state who has at least one year of supervisory or management experience in a hospice setting; or (b) An individual with education, training, and experience in health service administration who has at least two years of supervisory or management experience in a hospice setting.	' Licensed health care professional ' may be, for example, a physician, a registered nurse, a psychologist, physician ' s assistant, or a licensed social worker. The ' license ' refers to a Georgia professional license, not a business license.
0804 ADMINISTRATOR 290-9-43-.08(3)(a)	The hospice administrator shall ensure that the hospice: (a) Has policies and procedures for the provision of hospice care that have been developed with interdisciplinary participation from the hospice care team; ...	There must be evidence that representatives from disciplines which comprise the hospice care team participated in the development of policies and procedures for those activities or services in which they are involved. For example, dietitians must have participated in the development of policies and procedures related to nutritional assessment, dietary counseling, food services, etc.

TAGS	RULES	IG
0805 ADMINISTRATOR 290-9-43-.08(3)(b)	The hospice administrator shall ensure that the hospice: ... (b) Employs qualified staff, including physicians, practitioners, nurses, social workers, clergy, volunteers, or other persons providing services at the hospice; ...	Current licenses or certificates would be one evidence of ' qualified ' , along with education, training, and/or experience.
0806 ADMINISTRATOR 290-9-43-.08(3)(c)	The hospice administrator shall ensure that the hospice: ... (c) Has implemented policies and procedures related to the management, operation, and evaluation of the overall performance of the hospice; ...	Regular notes from meetings regarding an issue may be evidence of implementation of a policy or procedure.
0807 ADMINISTRATOR 290-9-43-.08(3)(d)	The hospice administrator shall ensure that the hospice: ... (d) Has a qualified director of nursing services along with sufficient qualified staff to meet the needs of patients admitted for hospice care and as outlined in the patients ' plans of care; ...	
0808 ADMINISTRATOR 290-9-43-.08(3)(e)	The hospice administrator shall ensure that the hospice: ... (e) Provides an orientation, training, and supervision program for every employee and volunteer that addresses the hospice services and the performance of the specific job to which the employee or volunteer is assigned; ...	See Rule 290-9-43.13 Human Resources for description of required orientation components. Evidence of an employee supervision program could include regular performance evaluations, competency assessments, and documentation of disciplinary actions. See Rule 290-9-43-.18(3) regarding the minimum level of supervision required for personal care aides, who are not permitted to operate without such supervision.
0809 ADMINISTRATOR 290-9-43-.08(3)(f)	The hospice administrator shall ensure that the hospice: ... (f) Ensures that the staff members complete their annual training and education program; and ...	See Rule 290-9-43-.13(4) Human Resources, for annual training and education requirements. The administrator would not be responsible for ensuring that licensed professionals complete the discipline-specific continued education required for keeping their license active, so long as there is assurance the license is current and active.
0810 ADMINISTRATOR 290-9-43-.08(3)(g)	The hospice administrator shall ensure that the hospice: ... (g) Ensures that there are effective mechanisms to facilitate communication among the hospice staff, hospice care team, and patients, their family units, and their legal guardians, if any. Authority O.C.G.A. § 31-7-170 et seq.	See Rule 290-943-.10(f) related to a hospice grievance process.
0901 QUALITY MANAGEMENT 290-9-43-.09(1)	The hospice shall appoint a multidisciplinary quality management committee that reflects the hospice ' s scope of services. The committee shall develop and implement a comprehensive and ongoing quality management, utilization, and peer review program that evaluates the quality and appropriateness of patient care provided, including the appropriateness of the level of service received by patients, and submits required patient incident reports to the Department.	

TAGS	RULES	IG
0902 QUALITY MANAGEMENT 290-9-43-.09(2)	The quality management, utilization, and peer review program shall establish and use written criteria as the basis to evaluate the provision of patient care. The written criteria shall be based on accepted standards of care and shall include, at a minimum, systematic reviews of: (a) Appropriateness of admissions, continued stay, and discharge; (b) Appropriateness of professional services and level of care provided; (c) Effectiveness of pain control and symptom relief; (d) Patient injuries, such as those related to falls, accidents, and restraint use; (e) Errors in medication administration, procedures, or practices that compromise patient safety; (f) Infection control practices and surveillance data; (g) Patient and family complaints and on-call logs; (h) Inpatient hospitalizations; (i) Staff adherence to the patient ' s plans of care; and (j) Appropriateness of treatment.	' Discharge ' here refers to the discharge of patients prior to death. ' Level of care ' review would include review of frequency and types of services to be sure they are individualized to each patient ' s needs.
0913 QUALITY MANAGEMENT 290-9-43-.09(3)	Findings of the quality management utilization, and peer review program shall be utilized to correct identified problems, revise hospice policies, and improve the care of patients.	
0914 QUALITY MANAGEMENT 290-9-43-.09(4)	There shall be an ongoing evaluation of the quality management, utilization, and peer review committee to determine its effectiveness, which shall be presented at least annually for review and appropriate action to the medical staff and the governing body. Authority O.C.G.A. § 31-7-170 et seq.	
1001 PATIENT AND FAMILY RIGHTS 290-9-43-.10(1)	The hospice shall ensure that patients and their families receive hospice services in a manner that respects and protects their dignity and ensures all patients ' rights[.]	
1002 PATIENT AND FAMILY RIGHTS 290-9-43-.10(1)(a)	[The hospice shall ensure that patients and their families:] (a) Participate in the hospice voluntarily and sever the relationship with the hospice at any time; ...	
1003 PATIENT AND FAMILY RIGHTS 290-9-43-.10(1)(b)	[The hospice shall ensure that patients and their families:] ... (b) Receive only the care and services to which the patient and/or the patient ' s family have consented; ...	
1004 PATIENT AND FAMILY RIGHTS 290-9-43-.10(1)(c)	[The hospice shall ensure that patients and their families:] ... (c) Receive care in a setting and manner that preserves the patient ' s dignity, privacy, and safety to the maximum extent possible; ...	
1005 PATIENT AND FAMILY RIGHTS 290-9-43-.10(1)(d)	[The hospice shall ensure that patients and their families:] ... (d) Receive hospice services in a manner that neither physically nor emotionally abuses the patient, nor neglects the patient ' s needs; ...	
1006 PATIENT AND FAMILY RIGHTS 290-9-43-.10(1)(e)	[The hospice shall ensure that patients and their families:] ... (e) Receive care free from unnecessary use of restraints; ...	

TAGS	RULES	IG
1007 PATIENT AND FAMILY RIGHTS 290-9-43-.10(1)(f)	[The hospice shall ensure that patients and their families:] ... (f) Have addressed and resolved promptly any grievances, concerns, or complaints and receive education in the availability and use of the hospice ' s grievance process; ...	
1008 PATIENT AND FAMILY RIGHTS 290-9-43-.10(1)(g)	[The hospice shall ensure that patients and their families:] ... (g) Refuse any specific treatment from the hospice without severing the relationship with the hospice; ...	
1009 PATIENT AND FAMILY RIGHTS 290-9-43-.10(1)(h)	[The hospice shall ensure that patients and their families:] ... (h) Choose their own private attending physician, so long as the physician agrees to abide by the policies and procedures of the hospice; ...	
1010 PATIENT AND FAMILY RIGHTS 290-9-43-.10(1)(i)	[The hospice shall ensure that patients and their families:] ... (i) Exercise the religious beliefs and generally recognized customs of their choice, not in conflict with health and safety standards, during the course of their hospice treatment and exclude religion from their treatment if they so choose; ...	
1011 PATIENT AND FAMILY RIGHTS 290-9-43-.10(1)(j)	[The hospice shall ensure that patients and their families:] ... (j) Have their family unit, legal guardian, if any, and their patient representative present any time during an inpatient stay, unless the presence of the family unit, legal guardian, if any, or patient representative poses a risk to the patient or others; ...	
1012 PATIENT AND FAMILY RIGHTS 290-9-43-.10(1)(k)	[The hospice shall ensure that patients and their families:] ... (k) Participate in the development of the patient ' s plan of care and any changes to that plan; ...	
1013 PATIENT AND FAMILY RIGHTS 290-9-43-.10(1)(l)	[The hospice shall ensure that patients and their families:] ... (l) Have maintained as confidential any medical or personal information about the patient; ...	There should be evidence of policies and procedures related to protection of confidentiality. Individuals ' medical records and information must not be accessible to unauthorized persons. Patient information must not be discussed between staff or with family members or patients in public areas where others may overhear.
1014 PATIENT AND FAMILY RIGHTS 290-9-43-.10(1)(m)	[The hospice shall ensure that patients and their families:] ... (m) Continue hospice care and not be discharged from the hospice during periods of coordinated or approved appropriate hospital admissions; ...	Such inpatient hospital admission should be within a reasonable distance of the hospice ' s service area or the patient ' s hospice care should be transferred to a hospice nearer the hospital.
1015 PATIENT AND FAMILY RIGHTS 290-9-43-.10(1)(n)	[The hospice shall ensure that patients and their families:] ... (n) Be provided with a description of the hospice services and levels of care to which the patient is entitled and any charges associated with such services; ...	Regardless of the source of payment, patients have the right to be informed of all charges for the services they receive.

TAGS	RULES	IG
1016 PATIENT AND FAMILY RIGHTS 290-9-43-.10(1)(o)	[The hospice shall ensure that patients and their families:] ... (o) Review, upon request, copies of any inspection report completed within two years of such request; ...	
1017 PATIENT AND FAMILY RIGHTS 290-9-43-.10(1)(p)	[The hospice shall ensure that patients and their families:] ... (p) Self-determination, which encompasses the right to make choices regarding life-sustaining treatment, including resuscitative services; ...	An advance directive may effectuate the right to self-determination. A hospice must provide patients with information about advance directives, and must honor the advance directives. One exception to the hospice having to honor the advance directive is if the patient ' s directive specifies " do not resuscitate " (DNR) and the hospice physician or the hospice facility maintains a conscientious objection to executing the DNR order. In such cases, the hospice should be clear about this policy with each patient and their families when the patient is considering admission, so that the patient may choose another hospice that would effectuate the DNR order if the patient so desired. A hospice may not require any patient to have a DNR as a part of their advance directive.
1018 PATIENT AND FAMILY RIGHTS 290-9-43-.10(1)(q)	[The hospice shall ensure that patients and their families:] ... (q) Continue to receive appropriate care without regard for the ability to pay for such care; and ...	
1019 PATIENT AND FAMILY RIGHTS 290-9-43-.10(1)(r)	[The hospice shall ensure that patients and their families:] ... (r) Have communication of information provided in a method that is effective for the patient. If the hospice cannot provide communications in a method that is effective for the patient, attempts to provide such shall be documented in the patient ' s medical record.	Best practice includes use of translator services rather than relying on friends or family to interpret. However, there is no requirement that a translator service be used.
1020 PATIENT AND FAMILY RIGHTS 290-9-43-.10(2)	The hospice shall provide to the patient, the patient ' s representative, and/or the patient ' s legal guardian oral and written explanations of the rights of the patient and the patient ' s family unit while receiving hospice care. Upon request, copies of such rights shall be provided to patients. The explanation of rights shall be provided at the time of admission into the hospice.	
1021 PATIENT AND FAMILY RIGHTS 290-9-43-.10(3)	The hospice shall provide to the patient, the patient ' s representative, and the patient ' s legal guardian the contact information, including the website address of the Department, for reporting complaints about hospice care to the Department. Authority O.C.G.A. § 31-7-170 et seq.	Complaints about a hospice may be submitted on-line through the following website: www.ors.dhr.georgia.gov
1101 DISASTER PREPAREDNESS 290-9-43-.11(1)	Every hospice shall have a current disaster preparedness plan that addresses potential situations where services to patients may be interrupted and outlines an appropriate course of action in the event a local or widespread disaster occurs.	

TAGS	RULES	IG
1102 DISASTER PREPAREDNESS 290-9-43-.11(2)	The disaster preparedness plan shall include at a minimum plans for the following emergency situations: (a) Local and widespread severe weather emergencies or natural disasters, such as floods, ice or snow storms, tornados, hurricanes, and earthquakes; (b) Interruption of service of utilities, including water, gas, or electricity, either within the facility or patients ' homes or within a local or widespread area; and (c) Coordination of continued care in the event of an emergency evacuation of the area.	
1105 DISASTER PREPAREDNESS 290-9-43-.11(3)	If the hospice offers residential and/or inpatient services, in addition to the procedures specified in paragraph (2) of this rule, the plan shall include: (a) Fire safety and evacuation procedures and procedures for the provision of emergency power, heat, air conditioning, food, and water; and (b) Plans for the emergency transport or relocation of all or a portion of the hospice patients, should it be necessary, in vehicles appropriate to the patients ' conditions when possible, including written agreements with any facilities which have agreed to receive the hospice ' s patients in such situations, and notification of the patients ' representatives.	Written agreements must include the signatures of representatives of receiving facilities and must address the possibility of a widespread catastrophe.
1108 DISASTER PREPAREDNESS 290-9-43-.11(4)	The hospice shall have plans to ensure sufficient staffing and supplies to maintain safe patient care during the emergency situation.	Disaster plans usually require sufficient supplies for three days, but the plan should include emergency contacts for those cases when a situation persists for longer than three days.
1109 DISASTER PREPAREDNESS 290-9-43-.11(5)	The plan must be reviewed and revised annually, as appropriate, including any related written agreements.	
1110 DISASTER PREPAREDNESS 290-9-43-.11(6)	Disaster preparedness plans for hospice care facilities shall be rehearsed at least quarterly. Rehearsals shall be documented to include staff participants, a summary of any problems identified, and the effectiveness of the rehearsal. In the event an actual disaster occurs in any given quarter, the hospice may substitute the actual disaster ' s response in place of that quarter ' s rehearsal.	Internal facility review of the response to the actual disaster is required by Rule 290-9-43-.06(2)(c).
1111 DISASTER PREPAREDNESS 290-9-43-.11(7)	Hospices shall include their local emergency management agencies in the development of their disaster preparedness plans and also provide a copy of such plans to those agencies.	Efforts to coordinate such planning with the local EMA should be documented. The Department recognizes that the hospice cannot compel the participation of other agencies. Surveyors may contact local EMS to verify coordination efforts where questions arise.
1112 DISASTER PREPAREDNESS 290-9-43-.11(8)	The Department may suspend any requirements of these rules and the enforcement of any rules where the Governor of the State of Georgia has declared that a state of emergency or disaster exists as a result of a public health emergency. Authority O.C.G.A. § 31-7-170 et seq. and § 50-13-4(b).	The Department will provide direction and guidance to facilities should there be an emergency suspension of a rule.
1201 INFECTION CONTROL 290-9-43-.12	Infection Control. The hospice shall have an effective infection control program designed to reduce the transmission of infections in patients, health care workers, caregivers, and volunteers.	An effective infection control program would include evidence of strategies in place across the organization to control the transmission of infections. The Association for Professionals in Infection Control and Epidemiology (APIC) published a book and other resources related to infection control in the hospice setting.

TAGS	RULES	IG
1202 INFECTION CONTROL 290-9-43-.12(a)	The hospice shall develop an infection control surveillance plan that is tailored to meet the needs of the hospice and the hospice patients and includes both outcome and process surveillance.	Surveillance plans for home care may differ from the surveillance plans for a residential or acute inpatient hospice facility. For any surveillance plan, the hospice should select those types of infections which place patients at highest risk and for which the hospice is likely to be able to put measures in place for prevention. Examples include catheter-related bloodstream infections, decubitus ulcers, and multiple-resistant organisms.
1203 INFECTION CONTROL 290-9-43-.12(b)	The hospice shall develop and implement policies and procedures that address infection control issues in all components of the hospice. These policies and procedures shall be based on accepted standards of infection control, approved by the administrator and the medical director, and shall address at least the following: 1. Hand hygiene; 2. Wound care; 3. Urinary tract care; 4. Respiratory therapy; 5. Enteral therapy; 6. Infusion therapy; 7. Cleaning, disinfecting, and sterilizing patient care equipment; 8. Isolation precautions; 9. Handling, transport, and disposal of medical waste and laboratory specimens; 10. Requirements for initial and annual communicable disease health screening, including tuberculosis surveillance and required immunizations; 11. Use of personal protective equipment and exposure reporting/follow-up; 12. Work restrictions for staff with potentially infectious diseases; 13. Evaluation of the patient and the home environment related to infection control risks; 14. Outbreak investigation procedures; 15. Dietary practices in hospice care facilities; and 16. Reporting of communicable diseases, as required by law.	The Centers for Disease Control (CDC) has developed infection control guidelines for many of these topics. They can be accessed through the CDC website at www.cdc.org (9) Methods for handling and transport of medical waste should comply with the Bloodborne Pathogens Rule issued by the Occupational Safety and Health Administration (OSHA) and applicable state environmental agency regulations. (16) O.C.G.A. 31-12-2 requires that healthcare providers notify the Georgia Division of Public Health of outbreaks or detection of certain communicable diseases, as specified by the Department. The list of diseases or conditions requiring notification are available from the Georgia Notifiable Disease Unit, Division of Public Health (404) 657-2588 (or from the county health department). Information about notifiable diseases and the notification process may also be accessed through their website at http://health.state.ga.us
1220 INFECTION CONTROL 290-9-43-.12(c)	he infection control program shall be evaluated at least annually to ensure effectiveness of the program related to the prevention of the transmission of infections to patients, health care workers, caregivers, and volunteers. Authority O.C.G.A. § 31-7-170 et seq.	An effective program would include presentation of the data to the governing body and the facility ' s quality management committee.
1301 HUMAN RESOURCES 290-9-43-.13(1)	All persons providing services for a hospice shall be qualified by education, training, and experience to carry out all duties and responsibilities assigned to them.	This rule applies to contracted employees as well as all other employees, medical staff, and volunteers. ' Qualified ...by experience ' may include having demonstrated competency for tasks.
1302 HUMAN RESOURCES 290-9-43-.13(2)	All persons providing services for a hospice shall receive an orientation to the hospice to include, but not be limited to: (a) Hospice concepts and philosophy; (b) Patient rights; and (c) Hospice policies and procedures, including, but not limited to, disaster preparedness, fire safety and emergency evacuations, and reporting abuse and neglect.	At no time may a staff member be allowed to work alone with patients until all minimum required training, as enumerated in these rules, has been completed

TAGS	RULES	IG
1305 HUMAN RESOURCES 290-9-43-.13(3)	Where a patient does not have a do-not-resuscitate order, the hospice shall ensure that all persons providing hands-on services directly to that patient have current certification in basic cardiac life support (BCLS) or cardiopulmonary resuscitation.	Social workers and chaplains are not typically considered hands-on caregivers for the purpose of this rule, when functioning in those roles.
1306 HUMAN RESOURCES 290-9-43-.13(4)	The hospice shall have an effective annual training and education program for all staff and volunteers who provide direct care to patients that addresses at a minimum: (a) Emerging trends in infection control; (b) Recognizing abuse and neglect and reporting requirements; (c) Patient rights; and (d) Palliative care.	Where the hospice makes use of contracted employees, the hospice shall include in those contracts the provisions for the training and education of such contracted employees. Emerging trends in infection control includes patterns of problems or opportunities for improvement identified by the hospice ' s quality management and infection control program, as well as emerging changes in applicable infection control standards of care. Georgia Tuberculosis Reference Guide is available at http://health.state.ga.us/epi/tuber.asp
1310 HUMAN RESOURCES 290-9-43-.13(5)	The administrator and each staff member and volunteer who has direct contact with patients or their family units shall receive an initial and annual health screening evaluation, performed by a licensed health care professional in accordance with accepted standards of practice, sufficient in scope to ensure staff and volunteers are free of communicable and health diseases that pose potential risks to patients, their family units, and other staff and volunteers.	The accepted standards of practice for screening are those identified by the Centers for Disease Control (CDC), which includes tuberculosis (TB) screening in those areas of the country where TB is prevalent, such as in Georgia. Also, screening must include screening for Hepatitis B antibodies for those employees whose duties may bring them in contact with blood or blood products (refer to OSHA requirement 29 CFR 1910.1030).
1311 HUMAN RESOURCES 290-9-43-.13(6)	Human resource files shall be maintained for each staff member, contractor, and volunteer that contains that person ' s application, employment history, emergency contact information, evidence of qualifications, job description, evidence of initial and annual health screening, yearly performance evaluations, evidence of verified licensure or certification, as appropriate, and evidence of orientation, education, and training. These files shall be available for inspection by the appropriate enforcement authorities on the premises. Authority O.C.G.A. § 31-7-170 et seq.	Human resource files may be stored in different locations and managed by different individuals, but the hospice must be able to make the files available to surveyors within a reasonable time (no longer than one hour from the time of request).
1401 ADMISSIONS, DISCHARGES, AND TRANSFERS 290-9-43-.14(1)	Admissions. The hospice shall have written criteria that address the eligibility for admission into home care, residential, or inpatient hospice services.	
1402 ADMISSIONS, DISCHARGES, AND TRANSFERS 290-9-43-.14(1)(a)1.	The hospice home care program shall admit only patients that meet the following minimum criteria: 1. The patient has a referral from a physician who has personally evaluated the patient and diagnosed the patient as terminally ill, where the medical prognosis is less than six months of life if the terminal illness takes its normal course, and in need of hospice care; ...	
1403 ADMISSIONS, DISCHARGES, AND TRANSFERS 290-9-43-.14(1)(a)2.	The hospice home care program shall admit only patients that meet the following minimum criteria: ... 2. The patient has received from the hospice an initial assessment, performed by an appropriate representative of the hospice care team, that reflects a reasonable expectation that the patient ' s medical, nursing, and psychological needs can be met adequately by the hospice and further reflects that the patient has a need for and can benefit from hospice care; ...	

TAGS	RULES	IG
1404 ADMISSIONS, DISCHARGES, AND TRANSFERS 290-9-43-.14(1)(a)3.	The hospice home care program shall admit only patients that meet the following minimum criteria: ... 3. The patient has been given a description of the scope of services and has personally or through an authorized patient representative given informed consent in writing to receive hospice care; ...	Informed consent implies that the patient understands his or her diagnosis and prognosis and that hospice care is palliative, not curative. The patient should also be aware of the scope of services provided by the hospice as such services relate to the patient ' s diagnosis.
1405 ADMISSIONS, DISCHARGES, AND TRANSFERS 290-9-43-.14(1)(a)4.	The hospice home care program shall admit only patients that meet the following minimum criteria: ... 4. The patient has been certified in writing by the hospice to have an anticipated life expectancy of six months or less if the terminal illness takes its normal course; ...	To be certified for admission, Medicare requires written certification from the patient ' s physician and the hospice medical director.
1406 ADMISSIONS, DISCHARGES, AND TRANSFERS 290-9-43-.14(1)(a)5.	The hospice home care program shall admit only patients that meet the following minimum criteria: ... 5. The patient lives within the hospices service area; and ...	The hospice is required to designate the service area, by counties served, in their application for licensure. See Rule 290-9-43-.04(3)(c).
1407 ADMISSIONS, DISCHARGES, AND TRANSFERS 290-9-43-.14(1)(a)6.	The patient has identified a primary caregiver. In the absence of a primary caregiver, the hospice shall develop a detailed plan for meeting the daily care and safety needs of the patient.	The designation of a primary caregiver is not necessary for patients in residential or inpatient hospice settings.
1408 ADMISSIONS, DISCHARGES, AND TRANSFERS 290-9-43-.14(1)(b)	The hospice shall ensure the development of an initial plan of care, within 24 hours of admission to the hospice, based on the initial assessment and with appropriate input from a physician or registered nurse to meet the immediate needs of the patient.	In addition to medical, nursing, and psychosocial elements, the initial plan of care, to be considered appropriate, should address the pharmacological history, including herbal and over-the-counter medications, of the patient.
1409 ADMISSIONS, DISCHARGES, AND TRANSFERS 290-9-43-.14(1)(c)	The hospice shall ensure that no person on the grounds of race, color, national origin, handicap, or ability to pay is excluded from participation in, denied benefits of, or otherwise subjected to discrimination from the provision of any hospice care or service.	
1410 ADMISSIONS, DISCHARGES, AND TRANSFERS 290-9-43-.14(2)	Inpatient Hospice Admissions. In addition to the home care admissions requirements, hospices shall admit to inpatient care only those patients who meet the following criteria: (a) The patient has an order from a physician to be transferred to inpatient status and requires short-term management of any of the following: 1. Nursing care supervised by a registered nurse that cannot feasibly be provided in another hospice setting; 2. Procedures that are necessary for pain control or acute or chronic symptom management; 3. Medication adjustment, observation, or other stabilizing treatment; or 4. Psycho-social monitoring; or (b) The patient has an order from a physician to be transferred to inpatient status for the provision of respite care.	

TAGS	RULES	IG
1415 ADMISSIONS, DISCHARGES, AND TRANSFERS 290-9-43-.14(3)	Residential Hospice Admissions. In addition to the home care admissions, hospices that elect to offer residential services shall admit to a residential facility only those patients who do not require acute management of symptoms or stabilization and who meet the following criteria: (a) The patient lacks a sufficient number of capable and willing caregivers; or (b) The patient ' s care needs are too complex and difficult for non-medical caregivers to perform confidently; or (c) The patient ' s primary home is not suitable or available and/or the home cannot be adapted to meet the patient ' s needs; or (d) The patient has no other home available or desires not to live at home.	
1420 ADMISSIONS, DISCHARGES, AND TRANSFERS 290-9-43-.14(4)(a)	Discharge Requirements. (a) Once a hospice admits a patient, the hospice at its discretion shall not discharge the patient.	The hospice may not discharge patients solely because their care has become costly or inconvenient, per O.C.G.A. § 31-7-172. In most situations, discharge from a hospice will occur as a result of one of the following: 1. The patient decides to revoke the election to receive hospice services; 2. The patient moves away from the geographic area that the hospice defines in its policies as its service area; 3. The patient requests a transfer to another hospice; 4. The patient ' s condition improves and the patient is no longer considered terminally ill; or 5. The patient dies as a result of the terminal illness or underlying condition.
1421 ADMISSIONS, DISCHARGES, AND TRANSFERS 290-9-43-.14(4)(b)	No hospice shall require or demand that a patient request voluntary discharge from the hospice or require or demand a hospice patient to execute a request for voluntary discharge from the hospice as a condition for admission or continued care.	
1422 ADMISSIONS, DISCHARGES, AND TRANSFERS 290-9-43-.14(4)(c)1.	In situations where the hospice identifies issues where the safety of the patient, the patient ' s family unit, or a hospice staff member or volunteer is compromised, the hospice shall make every effort to resolve the issues before considering the option of involuntary discharge. 1. All such resolution efforts by the hospice shall be documented in the patient ' s record.	
1423 ADMISSIONS, DISCHARGES, AND TRANSFERS 290-9-43-.14(4)(c)2.	If involuntary discharge is the elected option, the hospice shall give no less than 14 days ' notice of discharge to the patient and the patient ' s representative, except in cases of imminent danger or immediate peril to the patient or staff.	
1424 ADMISSIONS, DISCHARGES, AND TRANSFERS 290-9-43-.14(4)(c)3.	The hospice shall notify the Department of the pending involuntary discharge at the time of patient notification.	This rule clarifies that the notification to the Department must be made at the same time as the notification of the patient, not at a later date. Facilities may wish to make this notification to the Department prior to patient notification, which would be acceptable. Refer to Rule 290-9-43-.06(1)(d) regarding the implementation of the requirement to report such discharges.
1425 ADMISSIONS, DISCHARGES, AND TRANSFERS 290-9-43-.14(4)(d)	No patient may be discharged due to inability to pay for the hospice services.	

TAGS	RULES	IG
1426 ADMISSIONS, DISCHARGES, AND TRANSFERS 290-9-43-.14(4)(e)	No hospice shall discontinue hospice care, nor shall a patient be discharged or transferred, during a period of coordinated or approved appropriate hospital admission for the treatment of conditions related to the patient ' s terminal illness or any other condition.	
1427 ADMISSIONS, DISCHARGES, AND TRANSFERS 290-9-43-.14(4)(f)	Hospices shall assist in coordinating continued care should the patient be transferred or discharged from the hospice. Authority O.C.G.A. § 31-7-170 et seq.	
1501 ASSESSMENT AND PLAN OF CARE 290-9-43-.15(1)	The hospice shall designate a hospice care team for each patient composed of individuals who provide or supervise the care and services offered by the hospice.	
1502 ASSESSMENT AND PLAN OF CARE 290-9-43-.15(2)	The hospice care team shall include at least the following individuals: (a) A physician; (b) A registered nurse; (c) A social worker; (d) A member of the clergy or other counselors; and (e) Volunteers.	Counselors could include licensed professional counselors, nutritional counselors and dietitians, and grief and spiritual counselors. Volunteers would be included on the patient ' s hospice care team if needs for the volunteer services are identified. There should be documentation that these services were offered and the need for them truly assessed.
1507 ASSESSMENT AND PLAN OF CARE 290-9-43-.15(3)	The appropriate members of the hospice care team shall provide a comprehensive assessment, as dictated by the identified needs of the patient, no later than seven days after admission that includes at least medical, nursing, psychosocial, and spiritual evaluations of the patient, as well as the capability of the family unit in meeting the care needs of the patient and the need for bereavement services.	The identified needs of the patient shall be based in part on the initial assessment as required by Rule 290-9-43-.14(1)(a)2. The Department recognizes that the appropriate members of the hospice care team may not be able to provide input for patients who die within seven days of admission.
1508 ASSESSMENT AND PLAN OF CARE 290-9-43-.15(3)(a)	The assessment shall be designed to trigger identification of any referral needed by the patient for additional services, including at a minimum: 1. Professional counseling; 2. Spiritual counseling by a member of the clergy or other counselor; 3. Bereavement services; 4. Dietitian services; and 5. Other therapeutic services, as needed.	Spiritual counseling may be provided for the purpose of helping the patient and the patient ' s family unit to adjust to the patient ' s approaching death.
1513 ASSESSMENT AND PLAN OF CARE 290-9-43-.15(3)(b)	If additional services are identified for a patient, the hospice shall ensure that those services are provided by qualified individuals who shall be added to the patient ' s hospice care team and who shall include, but not be limited to: 1. Other appropriately licensed counselors, as applicable to the patient ' s needs; and 2. Volunteers who provide services for the patient.	
1515 ASSESSMENT AND PLAN OF CARE 290-9-43-.15(4)	Based on the results of the patient ' s assessment, the hospice care team shall: (a) Establish of the plan of care; and (b) Provide and supervise hospice care and services in accordance with accepted standards of care and the plan of care.	The plan of care must be adequate to meet patient needs in order to be considered to be in accordance with accepted standards of care.

TAGS	RULES	IG
1517 ASSESSMENT AND PLAN OF CARE 290-9-43-.15(5)	The hospice care team shall establish and maintain a written plan of care for each hospice patient prior to providing care.	
1518 ASSESSMENT AND PLAN OF CARE 290-9-43-.15(5)(a)	The plan of care shall be developed with the input of the patient, the patient ' s family unit, the patient ' s caregivers where the patient resides in a licensed facility, and the patient ' s representative, if any.	
1519 ASSESSMENT AND PLAN OF CARE 290-9-43-.15(5)(b)	The plan of care shall detail the scope and frequency of services needed to meet the needs of the patient and the patient ' s family unit.	
1520 ASSESSMENT AND PLAN OF CARE 290-9-43-.15(5)(c)	The hospice care team shall meet as a group to review each patient ' s plan of care. The plan of care shall be reviewed and updated as the patient ' s condition changes and as additional service needs are identified, but at intervals of no more than 30 days. All reviews and updates shall be documented in the patient ' s medical record.	
1521 ASSESSMENT AND PLAN OF CARE 290-9-43-.15(5)(d)	Documentation of plan of care review shall include a record of those participating and shall also include evidence of the attending physician ' s opportunity to review and approve of any revised plans of care. In the absence of the attending physician ' s written approval of the revised plan of care, the revised plan of care must have the written approval of the medical director.	
1522 ASSESSMENT AND PLAN OF CARE 290-9-43-.15(6)	The hospice care team shall ensure that the patient receives hospice treatment free from restraints, unless use of such restraints has been determined by a physician to be necessary for a temporary period to protect the patient from injury.	
1523 ASSESSMENT AND PLAN OF CARE 290-9-43-.15(6)(a)	Prior to using any restraint with a hospice patient, the hospice care team shall attempt less restrictive measures to accomplish the patient ' s treatment while affording the patient the maximum amount of personal freedom possible. The hospice shall document the attempts at use of such less restrictive measures in the patient ' s medical record.	
1524 ASSESSMENT AND PLAN OF CARE 290-9-43-.15(6)(b)1.	If it is determined that restraints are necessary to prevent patient injury: 1. The hospice shall obtain and document consent, specific to the type of restraint proposed, from the patient and/or the patient ' s representative for use of the restraint and such consent shall be obtained prior to the use of the restraint; ...	
1525 ASSESSMENT AND PLAN OF CARE 290-9-43-.15(6)(b)2.	If it is determined that restraints are necessary to prevent patient injury: ... There shall be a physician's order for the restraint, specifying the type of restraint to be used and the circumstances under which the restraint is to be applied, which shall be subject to the following conditions: (i) The physicians order must be time limited; and (ii) The order for the restraint shall be re-evaluated prior to subsequent orders for the restraint; ...	

TAGS	RULES	IG
1527 ASSESSMENT AND PLAN OF CARE 290-9-43-.15(6)(b)3.	If it is determined that restraints are necessary to prevent patient injury: ... The plan of care for the patient shall include the plan and standard of care for use of the restraint, including the type and frequency of monitoring of the patient when the restraint is used. The plan shall include maximum duration for each restraint application, with mandatory release at least every two hours, and a requirement that time, date, and duration of each restraint application are recorded and documented; ...	
1530 ASSESSMENT AND PLAN OF CARE 290-9-43-.15(6)(b)4.	If it is determined that restraints are necessary to prevent patient injury: ... The plan of care shall include procedures to ensure that the patient ' s comfort and safety needs are addressed during any period of restraint use; ...	
1531 ASSESSMENT AND PLAN OF CARE 290-9-43-.15(6)(b)5.	If it is determined that restraints are necessary to prevent patient injury: ... The hospice shall ensure safe and proper application and monitoring of the use of the restraint by adequately training staff and evaluating competency of each staff member treating patients in the use of the restraint and by directly observing staff performance with patients; and ...	
1532 ASSESSMENT AND PLAN OF CARE 290-9-43-.15(6)(b)6.	If it is determined that restraints are necessary to prevent patient injury: ... The hospice staff shall provide training to other patient caregivers in safe and proper use and monitoring of the restraint. Such training shall be documented in the patient ' s medical record.	
1533 ASSESSMENT AND PLAN OF CARE 290-9-43-.15(6)(c)	A positioning or securing device utilized during medical treatment procedures to temporarily maintain the patient ' s position or immobilize the patient shall not be considered a restraint, but, if necessary, such necessity shall be documented in the patient ' s plan of care. Such devices shall only be applied by trained nursing or medical personnel and the plan of care shall require monitoring sufficient to ensure the patient ' s safety. Authority O.C.G.A. § 31-7-170 et seq.	
1601 HOME CARE 290-9-43-.16(1)	The hospice shall provide home care services to patients primarily in the patients ' home. At least 51 percent of patients ' hospice care days in the fiscal year shall be home care days.	Home care may be provided in personal homes, personal care homes, nursing homes, or residential hospice facilities.
1603 HOME CARE 290-9-43-.16(2)	During home care visits, the hospice employee shall provide continuing education for the patient and the patient ' s primary caregiver regarding the progression of the patient ' s illness and the patient ' s care needs.	
1604 HOME CARE 290-9-43-.16(3)	If, during the home care visit, there are observed or communicated significant changes in the patient ' s condition or needs, or if the hospice employee or volunteer observes that the patient ' s primary caregiver cannot provide the continuing support and care the patient requires, such findings shall be communicated to the patient ' s hospice care team in a sufficiently timely manner to ensure that the patient ' s care and safety needs are addressed.	It is imperative that the hospice staff and volunteers providing patient care be sensitive to the changing needs of the patient or changes in the caregiver ' s ability to provide care. Failure to report such changes and to address them promptly could be considered neglect on the part of the provider.

TAGS	RULES	IG
1605 HOME CARE 290-9-43-.16(4)	When hospice services are provided to a patient who is a resident of a licensed nursing home, licensed intermediate care home, or licensed personal care home, there shall be written communication evidencing agreement that specifies that the hospice takes full responsibility for professional management of the patient ' s hospice care and that the licensed nursing home, licensed intermediate care home, or licensed personal care home takes responsibility for the other services the patient needs or receives that the licensed facility is authorized to provide.	The plan of care can suffice as the written communication if it is clear that the licensed facility has participated and provided input.
1606 HOME CARE 290-9-43-.16(4)(a)	The written communication shall clearly specify the patient-care activities and responsibilities that will be performed by the hospice employees and volunteers and those patient care tasks that will be performed by employees of the facility where the hospice patient resides. Only hospice employees and volunteers shall provide those services for which they are assigned responsibility in the hospice ' s plan of care for the patient.	Staff of facilities where hospice patients reside can be included in the hospice plans of care only to the extent that the hospice would routinely utilize the services of a patient ' s primary caregiver if the services were provided in the patient ' s home.
1607 HOME CARE 290-9-43-.16(4)(b)	The written communication shall specify an individual from the hospice and an individual from the facility where the patient resides who shall be responsible for communication between services providers regarding each patient ' s treatment and condition and for addressing any care issues. Such communication shall be ongoing throughout the period of hospice service provision and shall be documented in the patient ' s hospice medical record.	This rule requires that it be clear in the arrangement who are the points of contact between the providers to assure that care issues are addressed. Although these individuals may be identified by title, each patient ' s care plan should reflect when/how often and with whom the ongoing communication takes place. For example: At each scheduled visit by the hospice nurse, there will be documented communication between the hospice nurse and the charge nurse at the nursing home to discuss any changes in the patient ' s condition or care.
1608 HOME CARE 290-9-43-.16(4)(c)	The hospice shall provide a copy of any self-determination documentation to the licensed nursing home, licensed intermediate care home, or licensed personal care home where the patient resides and shall communicate with the facility as to the procedure for implementation of any advance directive.	
1609 HOME CARE 290-9-43-.16(5)	If the hospice does not offer inpatient services directly, the hospice shall have a contractual agreement with a licensed hospital, a licensed skilled nursing facility, or a licensed inpatient hospice for the provision of short-term, acute inpatient care and respite care for hospice patients.	
1610 HOME CARE 290-9-43-.16(6)	The hospice shall arrange for transport services when necessary to transport hospice patients to and from inpatient hospice care. Authority O.C.G.A. § 31-7-170 et seq.	
1701 MEDICAL SERVICES 290-9-43-.17(1)	Medical services shall be under the direction of the medical director. In addition to palliation and management of the terminal illness and related conditions, physicians of the hospice, including the physician members of the hospice care team, must also address the basic medical needs of the patients to the extent that such needs are not met by each patient ' s attending physician or other physician of the patient ' s choice.	Hospice physicians can address the basic medical needs of the patients through the plan of care, through a referral to another physician, or through other means that are not in conflict with their licenses, hospice policies, or these rules and regulations. The rule is not intended to imply that the hospice treat or pay for medical needs of the patient which are not related to the patient ' s terminal illness. However, the intent is that the hospice will make referrals or otherwise assure that these other medical needs are addressed.
1703 MEDICAL SERVICES 290-9-43-.17(2)	Medical Director. The medical director for the hospice shall be a physician licensed to practice in this state and shall have at least one year of documented experience on a hospice care team or in another setting managing the care of terminally ill patients.	

TAGS	RULES	IG
1704 MEDICAL SERVICES 290-9-43-.17(2)(a)	The medical director shall: (a) Be either an employee of the hospice or work under a written agreement with the hospice; ...	
1705 MEDICAL SERVICES 290-9-43-.17(2)(b)	The medical director shall: ... (b) Have admission privileges at one or more hospitals commonly serving patients in the hospice ' s geographical area; ...	
1706 MEDICAL SERVICES 290-9-43-.17(2)(c)	The medical director shall: ... (c) Be responsible for the direction and quality of the medical component of the care provided to patients by the hospice care team, including designating a licensed physician, employed by the hospice or working under a written agreement, to act on his or her behalf in the medical director ' s absence; ...	
1707 MEDICAL SERVICES 290-9-43-.17(2)(d)	The medical director shall: ... (d) Participate in the interdisciplinary plan of care reviews, patient case review conferences, comprehensive patient assessment and reassessment, and the quality improvement and utilization reviews; ...	' Participate ' means make a regular, personal contribution to the reviews, conferences, assessments, and reassessments.
1708 MEDICAL SERVICES 290-9-43-.17(2)(e)	The medical director shall: ... (e) Review the clinical material of the patient ' s attending physician that documents basic disease process, prescribed medicines, assessment of patient ' s health at time of entry and the drug regimen; ...	
1709 MEDICAL SERVICES 290-9-43-.17(2)(f)	The medical director shall: ... (f) Ensure that each patient receives a face-to-face assessment, by either the medical director or the patient ' s attending physician, or is measured by a generally accepted life-expectancy predictability scale for continued admission eligibility at least every six months, as documented by a written certification from the medical director or the patient ' s attending physician that includes: 1. The statement that the individual ' s medical prognosis is for a life expectancy of six months of less if the terminal illness runs its natural course; 2. The specific current clinical finding and other documentation supporting a life expectancy of six months or less if the terminal illness takes its natural course; and 3. The signature of the physician. ...	Such predictability scales include, but are not limited to, the Palliative Performance Scale and the criteria defined by the state ' s Medicare fiscal intermediary for the diagnosis.
1712 MEDICAL SERVICES 290-9-43-.17(2)(g)	The medical director shall: ... (g) Communicate with each patient ' s attending physician and act as a consultant to attending physicians and other members of the hospice care team; ...	
1713 MEDICAL SERVICES 290-9-43-.17(2)(h)	The medical director shall: ... (h) Help to develop and review policies and procedures for delivering care and services to the patients and their family units; ...	

TAGS	RULES	IG
1714 MEDICAL SERVICES 290-9-43-.17(2)(i)	The medical director shall: ... (i) Serve on appropriate committees and report regularly to the hospice administrator regarding the quality and appropriateness of medical care; ...	Note the quality management provisions of Rule 290-9-43-.09(2). There must be participation from the medical staff in the quality management program and in review of appropriate quality indicators (for example, those related to medical supervision or treatment) when data indicates a need for improvement.
1715 MEDICAL SERVICES 290-9-43-.17(2)(j)	The medical director shall: ... (j) Ensure written protocols for symptom control are available; and ...	
1716 MEDICAL SERVICES 290-9-43-.17(2)(k)	The medical director shall: ... (k) Assist the administrator in developing, documenting and implementing a policy for discharge of patients from hospice care.	
1717 MEDICAL SERVICES 290-9-43-.17(3)	In addition to the hospice medical director, the hospice may appoint additional hospice physicians who shall assist the medical director in the performance of his or her duties, as prescribed by the hospice.	
1718 MEDICAL SERVICES 290-9-43-.17(4)	The medical director shall assist the administrator in developing, documenting, and implementing policies and procedures for the delivery of physicians ' services, for orientation of new hospice physicians, and for continuing training and support of hospice physicians.	
1719 MEDICAL SERVICES 290-9-43-.17(4)(a)	These policies and procedures [physicians' services] shall: (a) Ensure that a hospice physician is on-call 24 hours a day, seven days a week; and ...	
1720 MEDICAL SERVICES 290-9-43-.17(4)(b)	These policies and procedures [physicians' services] shall: ... (b) Provide for the review and evaluation of clinical practices within home care, residential, and inpatient hospices in coordination with the quality management, utilization, and peer review committee.	
1721 MEDICAL SERVICES 290-9-43-.17(5)	Verbal orders for medications and controlled substances shall be given to appropriately licensed staff members, acting within the scope of their licenses, and shall be immediately recorded, signed, and dated by the licensed staff member receiving such order.	
1722 MEDICAL SERVICES 290-9-43-.17(5)(a)	The individual receiving the order shall immediately repeat the order and the prescribing physician shall verify that the repeated order is correct. The individual receiving the order shall document in the patient ' s medical record that the order was " repeated and verified. "	
1723 MEDICAL SERVICES 290-9-43-.17(5)(b)	The hospice shall provide a written copy of the order to the prescribing physician within 24 hours of such order or by the end of the next business day. Authority O.C.G.A. § 31-7-170 et seq.	
1801 NURSING SERVICES 290-9-43-.18(1)	The hospice shall have a system to make available nursing services 24-hours a day, seven days a week to meet the needs of the patients.	For home care services, on-call nursing services are sufficient for the 24-hour requirement so long as the needs of the patients are met.
1802 NURSING SERVICES 290-9-43-.18(1)(a)	A registered nurse must be available at all times to provide or supervise the provision of nursing care.	
1803 NURSING SERVICES 290-9-43-.18(1)(b)	On-site nursing services shall be made available within one hour of notification where the patient experiences a symptom-management crisis situation.	

TAGS	RULES	IG
1804 NURSING SERVICES 290-9-43-.18(1)(c)	The hospice shall maintain an on-call log for all calls received after normal business hours, the records of which shall be kept for a period of two years.	
1805 NURSING SERVICES 290-9-43-.18(2)	The hospice shall designate a director of nursing who shall be a registered nurse and who shall be responsible for implementing a system for delivery, supervision, and evaluation of nursing and personal care services.	
1806 NURSING SERVICES 290-9-43-.18(2)(a)	The director of nursing shall establish and implement policies and procedures for nursing and personal care services based on generally accepted standards of practice.	
1807 NURSING SERVICES 290-9-43-.18(2)(b)	The director of nursing shall ensure that nursing personnel are oriented to nursing policies and procedures and are qualified and competent for their assigned duties.	
1808 NURSING SERVICES 290-9-43-.18(2)(c)	The director of nursing shall ensure the types and numbers of nursing personnel necessary to provide appropriate nursing care for each patient in the hospice.	
1809 NURSING SERVICES 290-9-43-.18(2)(d)	The director of nursing shall ensure patient assignments are made that reflect a consideration of patient needs as well as nursing staff qualifications and competencies.	
1810 NURSING SERVICES 290-9-43-.18(2)(e)	Nursing staff shall administer medications and other treatments in accordance with the physicians ' orders, generally accepted standards of practice, and any federal and state laws pertaining to medication administration.	
1811 NURSING SERVICES 290-9-43-.18(3)	Personal Care Services. Personal care services shall be available and provided in all components of the hospice to meet the needs of patients. The hospice may utilize licensed nurses or qualified personal care aides for the provision of personal care services.	
1812 NURSING SERVICES 290-9-43-.18(3)(a)	Personal care aides considered qualified by training and experience include: 1. Georgia Certified Nursing Aides with current certification as such; or 2. Individuals who have completed and can provide validation or documentation of completion of a home health aide training and competency evaluation program conducted in a Medicare-certified home health agency; or 3. Individuals who have successfully completed a personal care aide-training program, provided by the hospice under the direction of a registered nurse[.]	Licensed nurses are considered qualified to provide personal care services by virtue of their education and training.

TAGS	RULES	IG
1816 NURSING SERVICES 290-9-43-.18(3)(a)3.(i.-iv)	[The personal care aide-training program provided by the hospice meets the following requirements]: (i) The personal care aide-training program shall be conducted through classroom and supervised practical training totaling at least 75 hours; (ii) At least 16 of the 75 hours of training shall be devoted to supervised practical training; (iii) The individual being trained shall complete at least 16 hours of classroom training before beginning the supervised practical training; (iv) Supervised practical training shall be provided either in a laboratory setting or in one of the components of the hospice in which the trainee demonstrates knowledge while performing tasks on an individual or patient under the direct supervision of a registered nurse or licensed practical nurse; and ...	Licensed nurses are considered qualified to provide personal care services by virtue of their education and training.
1820 NURSING SERVICES 290-9-43-.18(3)(a)3.(v)	[The personal care aide-training program provided by the hospice meets the following requirements]: ... (v) The personal care aide-training program shall address each of the following subject areas: (I) Communications skills; (II) Observation, reporting, and documentation of patient status and the care or service furnished; (III) Reading and recording temperature, pulse, and respiration; (IV) Basic infection control procedures; (V) Basic elements of body functioning and changes in body function that must be reported to an aide ' s supervisor; (VI) Maintenance of a clean, safe, and healthy environment; (VII) Recognizing emergencies and knowledge of emergency procedures; (VIII) The physical, emotional, and developmental needs of and ways to work with the populations served by the hospice, including the need for respect for the patient, the patient ' s privacy, and the patient ' s property; (IX) Appropriate and safe techniques in personal hygiene and grooming that include: I. Bed bath; II. Sponge, tub, or shower bath; III. Shampooing in the sink, tub, or bed; IV. Nail and skin care; V. Oral hygiene; and VI. Toileting and elimination; (X) Safe transfer techniques and ambulation; (XI) Normal range of motion and positioning; (XII) Adequate nutrition and fluid intake, including preparing and assisting with eating; and (XIII) Any other task that the hospice may choose to have the personal care aide perform, as authorized by law.	Knowledge of emergency procedures means basic first aid training, which includes training in dealing with bleeding, shock, choking/Heimlich Maneuver, burns, poisoning, heat exhaustion or heat stroke, broken bones and spinal injuries, and moving a patient only when necessary.
1832 NURSING SERVICES 290-9-43-.18(3)(b)	Prior to providing care independently to patients, a registered nurse shall observe personal care aides actually delivering care to patients and complete an initial competency evaluation for all personal care tasks assigned to the aide.	
1833 NURSING SERVICES 290-9-43-.18(3)(c)	Personal care aides shall receive at least 12 hours of continuing education annually regarding applicable aspects of hospice care and services.	

TAGS	RULES	IG
1834 NURSING SERVICES 290-9-43-.18(3)(d)	A registered nurse shall prepare for each personal care aide written instructions for patient care that are consistent with the interdisciplinary plan of care and shall make and document supervisory visits to the patient ' s residence or living facility at least every two weeks to assess the performance of the personal care aide services.	
1835 NURSING SERVICES 290-9-43-.18(3)(e)	At least annually, there must be written evidence for each personal care aide that shall reflect that the personal care aide ' s performance of required job tasks was directly observed by a registered nurse and such performance was determined to be competent for all job tasks required to be performed. Authority O.C.G.A. § 31-7-170 et seq.	
1901 OTHER SERVICES 290-9-43-.19	Other Services. Hospices shall make support services available to both the patient and the patient ' s family unit, including, but not limited to, bereavement services provided both prior to and after the patient ' s death, as well as spiritual counseling and any other counseling services identified in the interdisciplinary plan of care for the patient and the patient ' s family unit.	
1902 OTHER SERVICES 290-9-43-.19(a)	Bereavement Services. Hospices shall have an organized program for the provision of bereavement services under the supervision of a licensed professional counselor or licensed social worker or other professional determined to be qualified by training and education to provide the required supportive services.	' Other professional counselor ' can include qualified clergy.
1903 OTHER SERVICES 290-9-43-.19(a)	Bereavement services shall be a part of the interdisciplinary plan of care and shall address the needs of the patient and the patient ' s family unit, the services to be provided, and the frequency of services.	Any professional counseling performed as part of bereavement services shall be provided by qualified individuals who are licensed, as required, by Chapter 43-10A of the Official Code of Georgia Annotated, the " Professional Counselors, Social Workers, and Marriage and Family Therapists Licensing Law. "
1904 OTHER SERVICES 290-9-43-.19(a)	Bereavement services, including educational and spiritual materials and individual and group support services, shall be available to the patient ' s family unit for a period of at least one year following the patient ' s death.	
1905 OTHER SERVICES 290-9-43-.19(a)	Hospices shall maintain documentation of all bereavement services.	
1906 OTHER SERVICES 290-9-43-.19(b)	Spiritual Counseling. Hospices shall make available spiritual counseling and shall notify patients and patients ' family units as to the availability of clergy. In the delivery of spiritual counseling services, hospices shall not impose any value or belief system on the patient or the patent ' s family unit.	
1907 OTHER SERVICES 290-9-43-.19(c)	Other Counseling. Additional counseling for the patient or the patient ' s family unit may be provided by other qualified members of the hospice care team as well as by other qualified professionals in accordance with state practice acts. Such counseling includes, but is not limited to, access to a licensed clinical social worker or professional counselor for the provision of counseling to the patient or the patient ' s family unit or primary caregiver on a short-term basis to resolve assessed clear or direct impediments to the treatment of the patient ' s medical condition.	The hospice shall not be required to provide long-term counseling for family units for general problems not clearly impeding the treatment but may provide recommendations for such services.

TAGS	RULES	IG
1910 OTHER SERVICES 290-9-43-.19(d)	Physical Therapy, Occupational Therapy, and Speech Language Pathology Services. Physical therapy services, occupational therapy services, and speech language pathology services shall be available and, when provided, offered by qualified personnel, in accordance with state practice acts, in a manner consistent with accepted standards of practice.	
1911 OTHER SERVICES 290-9-43-.19(e)	Dietary and Nutritional Services. Dietary and nutritional services, as required, shall be available to all patients in all components of hospice care and shall be provided or supervised by a licensed dietitian. Hospices shall develop, document, and implement written policies and procedures for dietary and nutritional services. Authority O.C.G.A. § 31-7-170 et seq.	
2001 VOLUNTEER SERVICES 290-9-43-.20(1)	The hospice shall establish a program that utilizes volunteers to provide services to patients and family units in accordance with patients ' plans of care and/or to provide administrative support services for the hospice.	
2002 VOLUNTEER SERVICES 290-9-43-.20(2)	The hospice shall designate a coordinator of volunteer services who shall assist the administrator in developing, documenting, and implementing a volunteer services program.	
2003 VOLUNTEER SERVICES 290-9-43-.20(3)	The hospice volunteer coordinator shall establish and implement written policies and procedures relating to volunteer services. These policies and procedures shall address at a minimum: (a) Recruitment and retention; (b) Screening; (c) Orientation; (d) Scope of function; (e) Supervision; (f) Basic infection control; (g) Ongoing training and support; and (h) Documentation of volunteer activities.	
2012 VOLUNTEER SERVICES 290-9-43-.20(4)	Volunteer services shall be provided without compensation. Authority O.C.G.A. § 31-7-170 et seq.	
2101 PHARMACEUTICAL SERVICES 290-9-43-.21(1)	The hospice shall provide for the procurement, storage, administration, and destruction of drugs and biologicals utilized for hospice care in accordance with accepted professional principles and in compliance with all applicable state and federal laws.	' Biologicals ' are products containing biological material of either animal, human, plant, or microbial origin and include diagnostic kits, reagents, and media used in research, medical, or associated fields.
2102 PHARMACEUTICAL SERVICES 290-9-43-.21(2)(a)	The hospice shall: (a) Ensure medication and pharmacy procedures are approved by a licensed pharmacist who is either employed directly or has a formal arrangement with the hospice; ...	
2103 PHARMACEUTICAL SERVICES 290-9-43-.21(2)(b)	The hospice shall: ... (b) Ensure the availability of a licensed pharmacist on a 24-hour per day basis to advise the hospice staff regarding medication issues and to dispense medications; ...	
2104 PHARMACEUTICAL SERVICES 290-9-43-.21(2)(c)	The hospice shall: ... (c) Ensure that any emergency drug kit placed in the hospice is in accordance with all applicable laws and rules and regulations: ...	Georgia Administrative Rules and Regulations 480-24-.07 relates to a pharmacy ' s use of an emergency drug kit in a hospice.

TAGS	RULES	IG
2105 PHARMACEUTICAL SERVICES 290-9-43-.21(2)(d)	The hospice shall: ... (d) Ensure that drugs and biologicals are labeled in accordance with current accepted standards of practice; ...	
2106 PHARMACEUTICAL SERVICES 290-9-43-.21(2)(e)	The hospice shall: ... (e) Ensure effective procedures for control and accountability of all drugs and biologicals throughout the hospice, including records of receipt, disposition, destruction, and reconciliation of all controlled drugs; and ...	
2107 PHARMACEUTICAL SERVICES 290-9-43-.21(2)(f)	The hospice shall: ... (f) Ensure that only licensed nurses or physicians, acting within the scope of their licenses, administer medications on behalf of the hospice. Authority O.C.G.A. § 31-7-170 et seq.	
2201 MEDICAL SUPPLIES 290-9-43-.22	Medical Supplies. The hospice shall make available medical supplies and equipment for the palliative care and management of the illness or conditions directly attributable to the terminal diagnosis of patients.	
2202 MEDICAL SUPPLIES 290-9-43-.22(a)	If the hospice directly provides medical supplies and equipment, the hospice must: 1. Develop and implement policies and procedures to maintain the supplies and equipment in good working order per the manufacturers ' recommendations; 2. Ensure the safe handling and storage of supplies and equipment to ensure function and cleanliness; 3. Instruct the caregiver on the use and maintenance of the equipment; and 4. Replace supplies and equipment as essential for the care of patients.	Any donated supplies or equipment must also meet the standards of this subparagraph.
2206 MEDICAL SUPPLIES 290-9-43-.22(b)	If the hospice contracts for medical supplies and equipment services, the hospice must ensure that contract agreements include requirements consistent with subparagraph (a) of this rule and must ensure that contractors adhere to such agreements. Authority O.C.G.A. § 31-7-170 et seq.	
2301 MEDICAL RECORDS 290-9-43-.23(1)	Medical Records. In accordance with accepted standards of practice, the hospice shall establish and maintain a medical record for every patient admitted for care and services. The medical record must be complete, promptly and accurately documented, readily accessible, and systematically organized to facilitate retrieval and to support the provision of patient care.	
2303 MEDICAL RECORDS 290-9-43-.23(2)	Entries shall be made for all services provided and shall be signed and dated on the day of delivery by the individual providing the services for inclusion in the patient ' s medical record within seven days. The record shall include all services whether furnished directly or under arrangements made by the hospice.	This rule shall not be interpreted to conflict with the provisions of Rule 290-9-43-.17(5) regarding the authentication of verbal orders.

TAGS	RULES	IG
2305 MEDICAL RECORDS 290-9-43-.23(3)	Each patient ' s medical record shall contain: (a) Identification data; (b) The initial and subsequent assessments; (c) Pertinent medical and psychosocial history; (d) Consent and authorization forms; (e) The interdisciplinary plan of care; (f) The name of the patient ' s attending physician; and (g) Complete documentation of all services and events, including evaluations, treatments, progress notes, transfers, discharges, etc.	
2312 MEDICAL RECORDS 290-9-43-.23(4)	The hospice shall have the medical record readily accessible and shall safeguard the medical record against loss, destruction, and unauthorized use.	
2313 MEDICAL RECORDS 290-9-43-.23(5)	Medical records shall be preserved as original records, microfilms, or other usable forms and shall be such as to afford a basis for complete audit of professional information. Hospices shall retain all medical records at least until the sixth anniversary of the patient ' s death or discharge. If the patient is a minor, medical records must be retained for at least five years past the age of majority or, in the event the minor patient dies, for at least five years past the year in which the patient would have reached the age of majority. In the event the hospice shall cease operation, the Department shall be advised of the location of said records. Authority O.C.G.A. § 31-7-170 et seq.	
2401 HOSPICE CARE FACILITIES 290-9-43-.24(1)	Hospices providing home care services may establish, as optional services, small home-like residential facilities or units, in order to provide 24-hour non-acute palliative hospice care, and/or inpatient units, in order to provide short-term, 24-hour acute hospice care.	
2402 HOSPICE CARE FACILITIES 290-9-43-.24(2)	The environment of the hospice care facility must be designed, equipped, and maintained to provide for the comfort, privacy, and safety of patients and family members.	
2403 HOSPICE CARE FACILITIES 290-9-43-.24(2)(a)	Hospice care facilities, whether residential, inpatient, or residential and inpatient facilities, must provide: (a) No more than 25 beds, except for those facilities whose licensed bed capacity exceeds 25 beds as of the date these rules and regulations take effect and then only for the duration of such license; ...	The 25-bed limit is in accordance with the guidelines established by the American Institute of Architects (AIA).
2404 HOSPICE CARE FACILITIES 290-9-43-.24(2)(b)	Hospice care facilities, whether residential, inpatient, or residential and inpatient facilities, must provide: ... (b) Décor that is homelike in design and function; ...	
2405 HOSPICE CARE FACILITIES 290-9-43-.24(2)(c)	Hospice care facilities, whether residential, inpatient, or residential and inpatient facilities, must provide: ... (c) Space accommodations, other than patient rooms, for private patient/family visiting and grieving; ...	
2406 HOSPICE CARE FACILITIES 290-9-43-.24(2)(d)	Hospice care facilities, whether residential, inpatient, or residential and inpatient facilities, must provide: ... (d) Accommodations for at least one family member to remain with the patient throughout the night; ...	
2407 HOSPICE CARE FACILITIES 290-9-43-.24(2)(e)	Hospice care facilities, whether residential, inpatient, or residential and inpatient facilities, must provide: ... (e) Separate restrooms for staff and public use; ...	

TAGS	RULES	IG
2408 HOSPICE CARE FACILITIES 290-9-43-.24(2)(f)	Hospice care facilities, whether residential, inpatient, or residential and inpatient facilities, must provide: ... (f) A program to inspect, monitor and maintain biomedical, electrical equipment in proper and safe working order; ...	
2409 HOSPICE CARE FACILITIES 290-9-43-.24(2)(g)	Hospice care facilities, whether residential, inpatient, or residential and inpatient facilities, must provide: ... (g) Procedures that prevent infestations of insects, rodents, or other vermin or vectors; ...	
2410 HOSPICE CARE FACILITIES 290-9-43-.24(2)(h)	Hospice care facilities, whether residential, inpatient, or residential and inpatient facilities, must provide: ... (h) Security procedures sufficient for the protection of patients; ...	
2411 HOSPICE CARE FACILITIES 290-9-43-.24(2)(i)	Hospice care facilities, whether residential, inpatient, or residential and inpatient facilities, must provide: ... (i) Procedures for the safe management of medical gases; ...	
2412 HOSPICE CARE FACILITIES 290-9-43-.24(2)(j)	Hospice care facilities, whether residential, inpatient, or residential and inpatient facilities, must provide: ... (j) Procedures for infection control, including isolation of patients, in accordance with accepted standards; ...	
2413 HOSPICE CARE FACILITIES 290-9-43-.24(2)(k)	Hospice care facilities, whether residential, inpatient, or residential and inpatient facilities, must provide: ... (k) An environment that is clean, in good repair, and designed and equipped to minimize the spread of infection; ...	
2414 HOSPICE CARE FACILITIES 290-9-43-.24(2)(l)	Hospice care facilities, whether residential, inpatient, or residential and inpatient facilities, must provide: ... (l) Adequate lighting, ventilation, and control of temperature and air humidity; and ...	
2415 HOSPICE CARE FACILITIES 290-9-43-.24(2)(m)	Hospice care facilities, whether residential, inpatient, or residential and inpatient facilities, must provide: ... (m) An alternative power source to support the needs of the patients.	
2416 HOSPICE CARE FACILITIES 290-9-43-.24(3)	Patient rooms and bathrooms must be designed and equipped to allow for easy access to the patient and for the comfort and safety of patients.	
2417 HOSPICE CARE FACILITIES 290-9-43-.24(4)(a)	Each residential and/or inpatient hospice care facility must provide rooms that: (a) Measure at least 100 square feet for a single patient room or 80 square feet for each patient for a multi-patient room; ...	Square footage requirements reflect the guidelines from the AIA

TAGS	RULES	IG
2418 HOSPICE CARE FACILITIES 290-9-43-.24(4)(b)	Each residential and/or inpatient hospice care facility must provide rooms that: ... (b) Are private rooms, unless consent for a roommate is obtained and then only if the following requirements are met: 1. The hospice shall provide an alternative temporary accommodation for a patient whose roommate is in a crisis situation; 2. In no case shall more than two patients share a room; ...	The two-patient maximum requirement reflects the guidelines from the AIA.
2419 HOSPICE CARE FACILITIES 290-9-43-.24(4)(c)	Each residential and/or inpatient hospice care facility must provide rooms that: ... (c) Are equipped with a bathroom with an adequate supply of hot water and with automatically regulated temperature control of the hot water; ...	
2420 HOSPICE CARE FACILITIES 290-9-43-.24(4)(d)	Each residential and/or inpatient hospice care facility must provide rooms that: ... (d) Are at or above grade level and have a window to the outside; ...	
2421 HOSPICE CARE FACILITIES 290-9-43-.24(4)(e)	Each residential and/or inpatient hospice care facility must provide rooms that: ... (e) Contain a suitable bed and mattress for each patient, suitable furniture that allows family to remain in the room overnight, chairs for seating, and closets or furniture for storage of personal belongings; ...	
2422 HOSPICE CARE FACILITIES 290-9-43-.24(4)(f)	Each residential and/or inpatient hospice care facility must provide rooms that: ... (f) Are equipped with a system for patients to summon for assistance when needed; ...	
2423 HOSPICE CARE FACILITIES 290-9-43-.24(4)(g)	Each residential and/or inpatient hospice care facility must provide rooms that: ... (g) Are equipped with a telephone in each room or telephones located in private areas convenient to bedrooms; and ...	
2424 HOSPICE CARE FACILITIES 290-9-43-.24(4)(h)	Each residential and/or inpatient hospice care facility must provide rooms that: ... (h) Have an adequate amount of clean bed linens, towels, and washcloths.	
2425 HOSPICE CARE FACILITIES 290-9-43-.24(5)	In addition to complying with all other requirements of these rules and regulations, each facility that is newly constructed or expands its existing facility after the date these rules and regulations take effect shall also provide a tub or shower in each patient room.	
2426 HOSPICE CARE FACILITIES 290-9-43-.24(6)	In addition to the hospice ' s applicable home-care policies and procedures, hospice care facilities must develop and implement additional policies and procedures for post-mortem care and for pronouncement of deaths, in accordance with applicable law.	
2427 HOSPICE CARE FACILITIES 290-9-43-.24(7)	Hospice care facilities shall have policies regarding smoking which apply to employees, volunteers, patients, and visitors.	

TAGS	RULES	IG
2428 HOSPICE CARE FACILITIES 290-9-43-.24(8)	Hospice care facilities must ensure adequate staff are on duty at all times in order to meet the needs of patients, in accordance with patients ' plans of care and in accordance with accepted standards of nursing and hospice care	
2429 HOSPICE CARE FACILITIES 290-9-43-.24(8)(a)	Residential and/or inpatient hospice care facilities shall provide: (a) At least two staff members on duty 24 hours per day, seven days per week, with additional staff as needed to meet the needs of patients; and ...	While the minimum requirement is for two staff members on duty at all times, hospices shall recognize that at any given time having only two staff members on duty for a fully occupied 25-bed facility at would not meet the requirements of having adequate staff on duty at all times to meet the patients ' needs, as stipulated in paragraph (5) of this rule.
2430 HOSPICE CARE FACILITIES 290-9-43-.24(8)(b)	Residential and/or inpatient hospice care facilities shall provide: ... (b) A registered nurse that shall direct and supervise all patient care in accordance with the needs of patients and the individual plans of care.	
2431 HOSPICE CARE FACILITIES 290-9-43-.24(8)(b)1.	Residential hospice care facilities may utilize licensed practical nurses for patient care provided that a registered nurse supervises the care and is available on call at all times.	Either a registered nurse (RN) or a licensed practical nurse (LPN) must be on the premises and on duty in a residential hospice facility at all times. As long as none of the beds are in use for acute inpatient care, an LPN may be on duty without an RN present, with an RN available and on call.
2432 HOSPICE CARE FACILITIES 290-9-43-.24(8)(b)2.	Inpatient hospice care facilities shall have a registered nurse present during each shift who provides direct patient care.	An RN must be on duty for all shifts if any beds at the facility are being used for an acute inpatient hospice care.
2433 HOSPICE CARE FACILITIES 290-9-43-.24(9)	Meals shall be provided in accordance with established dietary practice and the dietary needs and wishes of patients.	
2434 HOSPICE CARE FACILITIES 290-9-43-.24(9)(a)	The hospice shall: (a) Serve three meals a day with not more than 14 hours between a substantial evening meal and breakfast, unless medically contraindicated; ...	
2435 HOSPICE CARE FACILITIES 290-9-43-.24(9)(b)	The hospice shall: ... (b) Have a system for providing meals for patients outside the normal meal service hours, when requested; ...	
2436 HOSPICE CARE FACILITIES 290-9-43-.24(9)(c)	The hospice shall: ... (c) Have snacks available between meals and at night, as appropriate to each patient ' s needs and medical condition; ...	
2437 HOSPICE CARE FACILITIES 290-9-43-.24(9)(d)	The hospice shall: ... (d) Purchase, store, prepare, and serve food in a manner that prevents food borne illness; ...	
2438 HOSPICE CARE FACILITIES 290-9-43-.24(9)(e)	The hospice shall: ... (e) Ensure patient diets follow the orders of physicians; ...	
2439 HOSPICE CARE FACILITIES 290-9-43-.24(9)(f)	The hospice shall: ... (f) Ensure that a qualified staff member plans and supervises meals to ensure meals meet patient ' s nutritional needs and to ensure meals follow recommended dietary allowances and menu plans; and ...	

TAGS	RULES	IG
2440 HOSPICE CARE FACILITIES 290-9-43-.24(9)(g)	The hospice shall: ... (g) Ensure the services of a licensed dietitian to review meal plans and to consult in practical freedom of choice diets to ensure that patients ' favorite foods are included in their diets whenever possible. Authority O.C.G.A. § 31-7-170 et seq.	
2501 WAIVERS AND VARIANCES 290-9-43-.25	Waivers and Variances. A hospice may request a waiver or variance of a specific rule by application on forms provided by the Department.	
2502 WAIVERS AND VARIANCES 290-9-43-.25(a)	A waiver or variance may be granted in accordance with the following considerations: (a) The Department may grant or deny the request for waiver or variance at its discretion. If the waiver or variance is granted, the Department may establish conditions that must be met by the hospice in order to operate under the waiver or variance. ...	
2503 WAIVERS AND VARIANCES 290-9-43-.25(a)1.	... Waivers or variances may be granted with consideration of the following: 1. Variance. A variance may be granted by the Department upon a showing by the applicant that the particular rule or regulation that is the subject of the variance request should not be applied as written because strict application would cause undue hardship. The applicant must also show that adequate standards exist for affording protection for the health, safety, and care of patients, and these existing standards would be met in lieu of the exact requirements of the rule or regulation; ...	
2504 WAIVERS AND VARIANCES 290-9-43-.25(a)2.	... Waivers or variances may be granted with consideration of the following: ... 2. Waiver. The Department may dispense altogether with the enforcement of a rule or regulation by granting a waiver upon a showing by the applicant that the purpose of the rule or regulation is met through equivalent standards affording equivalent protection for the health, safety, and care of the patients; and ...	
2506 WAIVERS AND VARIANCES 290-9-43-.25(a)3.	... Waivers or variances may be granted with consideration of the following: ... 3. Experimental Waiver or Variance. The Department may grant a waiver or variance to allow experimentation and demonstration of new and innovative approaches to delivery of services upon a showing by the applicant that the intended protections afforded by the rule or regulation in question are met and that the innovative approach has the potential to improve service delivery; ...	
2507 WAIVERS AND VARIANCES 290-9-43-.25(b)	A waiver or variance may be granted in accordance with the following considerations: ... (b) Waivers and variances granted by the Department shall be for a time certain, as determined by the Department; and ...	
2508 WAIVERS AND VARIANCES 290-9-43-.25©	A waiver or variance may be granted in accordance with the following considerations: ... (c) Waivers and variances granted to a hospice shall be recorded and shall be available to interested parties upon request. Authority O.C.G.A. §§ 31-2-4 and 31-7-170 et seq.	

TAGS	RULES	IG
2601 ENFORCEMENT 290-9-43-.26(1)	The hospice shall notify patients and patients ' representatives and family units of the Department ' s actions to revoke the license or seek an emergency suspension of the hospice ' s license to operate.	The hospice ' s notice should be substantially similar to the following: THE GEORGIA DEPARTMENT OF HUMAN RESOURCES IS TAKING ACTION TO REVOKE OR SEEK AN EMERGENCY SUSPENSION OF THE LICENSE OF THIS HOSPICE OR THE CURRENT REVOCATION OR SUSPENSION OF THE LICENSE IS UNDER APPEAL. FOR ADDITIONAL INFORMATION, PLEASE CONTACT THE HOSPICE ' S ADMINISTRATOR OR THE DEPARTMENT OF HUMAN RESOURCES OR VISIT THE DEPARTMENT ' S WEBSITE (http://dhr.georgia.gov).
2602 ENFORCEMENT 290-9-43-.26(2)	The official notice of the revocation or emergency suspension action and any final resolution, together with the Department ' s complaint intake phone number and website address, shall be provided to current and prospective patients and to their representatives and family units.	
2603 ENFORCEMENT 290-9-43-.26(3)	The hospice shall ensure the posting of the official notice at the hospice in an area that is visible to the patients and to the patients ' family units and representatives.	
2604 ENFORCEMENT 290-9-43-.26(4)	The hospice shall ensure that the official notice continues to be visible to the patients and to the patients ' representatives and family units throughout the pendency of the revocation and emergency suspension actions, including any appeals.	
2605 ENFORCEMENT 290-9-43-.26(5)	The hospice shall have posted at the hospice in an area that is readily visible to the patients and to the patients ' representatives and family units any inspection reports that are prepared by the Department during the pendency of any revocation or emergency suspension action.	
2606 ENFORCEMENT 290-9-43-.26(6)	It shall be a violation of these rules for the hospice to permit the removal or obliteration of any posted notices of revocation, emergency suspension action, resolution, or inspection survey during the pendency of any revocation or emergency suspension action.	
2607 ENFORCEMENT 290-9-43-.26(7)	The Department may post an official notice of the revocation or emergency suspension action on its website or share the notice of the revocation or emergency suspension action and any information pertaining thereto with any other agencies that may have an interest in the welfare of the patients in care at the hospice.	
2608 ENFORCEMENT 290-9-43-.26(8)	A hospice shall be subject to the imposition of administrative fines as established by the Department for any violation of these rules and regulations or of any provision of Article 9 of Chapter 7 of Title 31 of the Official Code of Georgia Annotated.	
2609 ENFORCEMENT 290-9-43-.26(9)	The Department may suspend any requirements of these rules and the enforcement of any rules where the Governor of the State of Georgia has declared a public health emergency.	
2610 ENFORCEMENT 290-9-43-.26(10)	So long as any enforcement action is currently ongoing against a hospice, there shall be no expansion of services or additional services added. Authority O.C.G.A. §§ 31-2-6 and 31-7-170 et seq.	

TAGS	RULES	IG
2701 SEVERABILITY 290-9-43-.27	Severability. In the event that any rule, sentence, clause, or phrase of any of these rules and regulations may be construed by any court of competent jurisdiction to be invalid, illegal, unconstitutional, or otherwise unenforceable, such determination or adjudication shall in no manner affect the remaining rules or portion thereof. The remaining rules or portions of rules shall remain in full force and effect, as if such rule or portions thereof so determined, declared, or adjudged invalid or unconstitutional were not originally a part of these rules. Authority O.C.G.A. § 31-7-170 et seq.	
9999 FINAL OBSERVATIONS		

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

David A. Cook, Commissioner

Nathan Deal, Governor

2 Peachtree Street, NW
Atlanta, GA 30303-3159
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HOSPICE APPLICATION REVIEW CHECKLIST

Please use the following checklist to ensure you include all the documents required for HFRD to review your application for initial hospice license. Please use the Applicant Check column for your own review; to be sure all necessary documents are included. Under each document, you will see content which must be acceptable in order to pass review. **Be aware that your application packet may be considered incomplete and ineligible for review if all major documents are not included. It must be clear to the reviewer what each document is, so it is advisable to have them clearly marked.**

Be advised that these are the minimum documents necessary for review for your initial license, but it is not intended to be a complete list of all policies, procedures, forms, etc., that you will need to operate your hospice facility effectively.

Applicant Use		***HFRD Office Use Only*** *Acceptable*	*Not Accept.*	*Review Date:* *Notes*
_____	**290-9-43-.04** 1. A *completed* Application for a License to Operate a Hospice, signed and dated.	_____	_____	_____
_____	2. Notarized Personal Identification Affidavit.	_____	_____	_____
_____	3. Copy of Business License, or, if not required, evidence of such communication with local government.	_____	_____	_____
_____	4. Copy of Certificate of Incorporation, if incorporated; or if not incorporated, listing of IRS Tax ID number.	_____	_____	_____

	290-9-43-.07			
_____	5. Hospice budget plan for 1st year.	_____	_____	_____
_____	6. Description of Services as developed by the Governing Body.	_____	_____	_____
_____	7. Designation of the individual responsible to act for the administrator during any period the administrator is absent and the individual responsible for the Quality Management program.	_____	_____	_____
_____	8. Staff list, indicating whether employed, contracted, or volunteer.	_____	_____	_____
	290-9-43-.08			
_____	9. Name, qualifications and job description (including copy of professional license if applicable) of administrator. Meets qualification requirements of either (check): Licensed healthcare professional with 2 years supervisory or management exp. in a hospice setting; or Education, training, and experience in health service administration with two years supervisory or management Experience in a hospice setting. Job duties include requirements include: Ensures that policies are developed w/ the IDT team Ensure employment of qualified staff Ensures policies and procedures are implemented Ensures a qualified DON and sufficient staff Ensures there is an orientation, training, & supervision for every employee and that they complete these programs Ensures that there are effective communication mechanisms for staff, patients, and families.	_____ _____	_____ _____	 _____

_____	**290-9-43-.09** 10. Outline of the quality management, utilization, and peer review program. Includes QM review of at least the following elements: Appropriateness of admissions, stay, and discharge Appropriateness of professional services and level of care Effectiveness of pain control Patient injuries Errors in medication administration that compromise Patient safety Infection control practices and surveillance data Patient and family complaints and on-call logs Inpatient hospitalizations Adherence to plans of care Appropriateness of treatment	_____ _____	_____ _____	 _____
_____	**290-9-43-10** 11. The explanation of patient rights as provided to patients. Describes all patient and family rights as required in .10(1): Participate in hospice voluntarily and stop at any time Receive only care to which have consented Receive care where dignity, safety, and privacy are preserved Be free from physical or emotional abuse or neglect Be free from unnecessary restraints Have complaints and grievances resolved promptly Able to refuse any specific treatment w/o being discharged Choose their own attending physician Exercise their own religious beliefs Have family present at any time Participate in development of own plan of care Have information be kept confidential Continue hospice care during hospital admissions	_____ _____ _____	_____ _____ _____	 _____ _____

	Be provided with description of services and charges Review any hospice inspection report for last two years Respect of self-determination rights and desires Receive care regardless of ability to pay Have information provided by a method effective for them Includes information for reporting complaints to HFRD.			
_____	**<u>290-9-43-.11</u>** 12. Copy of the hospice's disaster preparedness plan and forms for documenting rehearsals. The plan addresses weather emergencies and natural disasters, interruption of utilities at the office and in patient homes, and coordination of care if evacuation of the area is necessary. Rehearsal documentation includes date, type, participants, summary of any problems and evaluation of effectiveness. There is evidence that there has been an attempt to include the local EMA in the planning	_____ _____ _____ _____	_____ _____ _____ _____	 _____ _____ _____
_____	**<u>290-9-43-.12</u>** 13 Copies of policy and procedures for infection control. Addresses at least the infection control issues concerning: Hand hygiene Wound care Urinary tract care Respiratory therapy Enteral therapy Infusion therapy Cleaning patient care equipment	_____ _____	_____ _____	 _____ _____

	Isolation precautions Handling of medical waste and lab specimens Requirements for initial and annual health screenings Use of personal protective equipment (cont.) Work restrictions during employee illness Evaluation of patients and their environments for risks Outbreak investigation procedures Dietary practices in the hospice care facilities Reporting of communicable diseases as req. by law			
	290-9-43-.13			
_____	14. Names, qualifications/resumes and job descriptions for all staff members, including verification of licensure where applicable.	_____	_____	_____
_____	15. Copy of orientation curriculum.	_____	_____	_____
	Hospice concepts and philosophy	_____	_____	_____
	Patient Rights	_____	_____	_____
	Hospice policies and procedures	_____	_____	_____
	Includes: Reporting of abuse and neglect; disaster preparedness, and fire safety and emergency evacuations.			
	16. Evidence of initial health screening for each employee and volunteer, including TB screening.			
_____	17. Copies of any contracts for professional services from independent contractors.	_____	_____	_____
_____	18. Copy of procedure and requirement for employees/volunteers report abuse or neglect.	_____	_____	_____
		_____	_____	_____

	290-9-43-.14			
_____	19. Written criteria and procedures for admission into home care hospice services.	_____	_____	_____
	Requires referral from a physician with prognosis of less than six months of life.	_____	_____	_____
	Requires initial assessment to assess whether the hospice can meet the patient's needs.	_____	_____	_____
	Requires that the patient has been given a description of the scope of services offered prior to admission, and has given consent for hospice care.	_____	_____	_____
	Requires that the patient resides within the hospice service area.	_____	_____	_____
	Requires a primary caregiver be identified, or a plan by the hospice to meet the daily care needs of the patient.	_____	_____	_____
_____	20. Policy regarding development of initial plan of care, including the form used for the initial plan of care.	_____	_____	_____
	Requires development within 24 hours of admission.	_____	_____	_____
	Requires input from a physician or RN and consideration of initial assessment.	_____	_____	_____
	21. Policy/procedures for discharging patients.	_____	_____	_____
_____	Requires that involuntary discharge be based on documented safety issues, and that there be documentation of attempts to resolve those issues without discharge.	_____	_____	_____
	Requires that patients be given at least 14 days notice of discharge except in special circumstances.	_____	_____	_____

	Does not require discharge of patients during a period of hospital admission. Requires the hospice participate in coordinating continued care through a discharge or transfer.	_____ _____	_____ _____	_____ _____
	<u>290-9-43-.15</u>			
_____	22. Name and qualifications of social worker.	_____	_____	_____
_____	23. Description of composition and responsibilities of a hospice care team (may be policy or procedure). Contains all minimally required members. Responsibilities include providing a comprehensive assessment, and development and periodic review and revision of plans of care.	_____ _____ _____	_____ _____ _____	_____ _____ _____
_____	24. Form for a comprehensive assessment. Provides for documentation of assessment of medical, nursing, psychosocial, and spiritual needs of the patient, the ability of the family to meet care needs, and of the family's bereavement needs. Provides for identification of need for referrals for additional assessments.	_____ _____ _____	_____ _____ _____	_____ _____ _____
_____	25. Procedure for development and review of plan of care, and sample form for a patient's plan of care.	_____	_____	_____

	Provides for inclusion of participation of the patient, their family and/or caregiver and/or representative, and documentation of such inclusion.	_____	_____	_____
	Provides for detail of the scope and frequency of services needed.	_____	_____	_____
	Provides for review of the plan as needed but no longer than 30 days, and documentation of who participates in the review.	_____	_____	_____
	Provides for documentation of the physician's review of any revisions to the plan.	_____	_____	_____
_____	26. Policy for use and monitoring of any use of physical restraints as a part of the plan of care.	_____	_____	_____
	Requires that the restraints are required for prevention of patient injury only.	_____	_____	_____
	Requires physician order and documentation of consent from the patient or their representative.			
	Requires that the plan of care specify:	_____	_____	_____
		_____	_____	_____
	Type and frequency of monitoring of the restraint; and	_____	_____	_____
	Maximum duration for restraint application.			
	Requires documentation of each use of restraint.			
	<u>290-9-43-.16</u>			
_____	27. Policy/procedures for reporting changes in a patient's condition noted during a home care visit.	_____	_____	_____

_____	28. Policy/procedures for agreements with nursing homes and personal care homes when services are provided to patients in those settings. Includes that the hospice takes full responsibility for the patient's hospice care, and that the agreements must clearly delineate who does what, and specify who is the contact person for communication with the facility. Requires that the hospice will provide a copy of any self-determination documents for the patient. 29. Copy of contract(s) for inpatient hospice care and respite care.	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
	<u>290-9-43-.17</u>			
_____	30. Name and evidence of current license and experience with hospice or terminally ill patients for the Medical Director, with listing of hospitals at which the Director has admission privileges.	_____	_____	_____
_____	31. Copy of job description for the Medical Director. Includes participation in the interdisciplinary plan of care reviews, case review conferences, patient assessment and reassessment, quality improvement and utilization reviews, and development of policies, procedures, and protocols related to physician services and patient care. Includes review from patients' attending physicians the clinical documentation of each patient's disease process, drug regimen, and health at time of entry.	_____ _____ _____	_____ _____ _____	_____ _____ _____

	Includes responsibility for assuring the face-to-face medical assessment of each patient's eligibility for continued admission at least every six months (or assessment by a predictability scale).	_____	_____	_____
_____	32. Name of designated physician to act in the Medical Director's behalf during any absence.	_____	_____	_____
_____	33. Policy/procedure assuring at a minimum on-call physician services 24/7.	_____	_____	_____
	290-9-43-.18			
_____	34. Name, qualifications/resume, job description, and evidence of current license for Director of Nursing.	_____	_____	_____
_____	35. Policies and procedures for nursing services, including types and numbers of nursing personnel needed.	_____	_____	_____
	Provision for availability of nursing care 24/7 and within one hour of request.	_____	_____	_____
	Supervision of provision of nursing services by an RN.	_____	_____	_____
_____	36. Copy of forms used for an on-call log.	_____	_____	_____
_____	37. Policies and procedures for provision of personal care services.	_____	_____	_____
		_____	_____	_____
	(cont.) Includes requirement for CNA certification, HHA training completion, or completion of a training program provided by the hospice.	_____	_____	_____
	Requires competency evaluations for CNAs/PCAs before providing services to clients.	_____	_____	_____

	Requires written instructions for each PCA task. Requires supervisory visits by an RN every two weeks at the patient's place of residence to evaluate the PCA performance. _____ 38. If the hospice provides and in-house training program for PCAs, a copy of the curriculum for the training program. Contains all elements as described under .18(3)(a)3.	_____ _____ _____	_____ _____ _____	_____ _____ _____
	290-9-43-.19 _____ 39. Description of an organized program for provision of bereavement services. Describes supervision by a licensed counselor, licensed social worker, or other qualified professional. _____ 40. Name and qualifications of the individual supervising the bereavement services. _____ 41. Description of the provision for availability of clergy for spiritual counseling, and the process/requirement for notifying patients and families of this availability. _____ 42. Name and qualifications of clergy provided by the hospice to serve on the hospice care team. Has completed at least one unit of clinical pastoral education. _____ 43. Copies of policies and procedures for delivery of dietary and nutritional services. _____ 44. Description of arrangements for provision of PT, OT, or speech pathology services if needed by patients.	_____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____

	290-9-43-.20			
_____	45. Copy of policies/procedures for provision of volunteer services. Addresses recruitment, screening, orientation, scope of function, supervision, basic infection control, ongoing training and support, and documentation of volunteer activities. 46. Name of designated volunteer services coordinator.	_____ _____ _____	_____ _____ _____	_____ _____ _____
	290-9-43-.21			
_____	47. Copy of policies and procedures for management of drugs and biologicals. Evidence of approval by a licensed pharmacist. Addresses availability of a licensed pharmacist 24/7 for advice. Addresses placement of emergency drug kit, and records of receipt, disposition, destruction, and reconciliation of all controlled drugs. Assures that only licensed nurses or doctors are allowed to administer medications.	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
	290-9-43-22			
_____	48. Description of system for creating and maintaining medical records. (cont.) Requires entries be signed and dated by the service provider and entered into the record within seven days.	_____ _____	_____ _____	_____ _____

	Requires each record contain identification data, the initial and subsequent assessments, medical and psychosocial history, consent and authorization forms, the interdisciplinary plan of care, the name of the attending physician, and complete documentation of all services and events concerning the patient and their family and the hospice. Defines safeguards for storage and confidentiality of the records.	_____ _____	_____ _____	_____ _____

Reviewed by: _____

Date: _____

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