

## Deficiency Checklist

### Hospice and Hospice Care Center Category

For complete text, refer to chapter 246-335 WAC

Agency Name \_\_\_\_\_

Surveyor Name \_\_\_\_\_

Survey Date(s) \_\_\_\_\_

Check if NO Deficiencies     Circle if Deficiencies    N/A Not applicable

Z	H P	WAC 246-335 Language
<b>WAC 246-335-605 Applicability</b>		
2105		The requirements in WAC 246-335-605 through 246-335-660 apply to all in-home services agencies licensed to provide hospice services.
<b>WAC 246-335-615 Plan of Operation - The applicant or licensee must develop and implement a plan of operation which includes:</b>		
2110		(1) A description of the organizational structure;
2115		(2) Personnel job descriptions according to WAC 246-335-625(2);
2120		(3) Responsibilities of contractors and volunteers;
2125		(4) Services to be provided;
2130		(5) The days and hours of agency operation; and
2135		(6) Criteria for management and supervision of hospice services throughout all approved service areas, which include:(a) How the initial assessment and development of the plan of care will be completed per WAC 246-335-640;
2140		(6)(b) How supervision of personnel and volunteers and monitoring of services provided by contractors will occur which meet the requirements of WAC 246-335-645;
2145		(6)(c) How performance evaluations for personnel and volunteers and evaluation of services provided by contractors will be conducted per WAC 246-335-625(15) and (16); and
2150		(6)(d) How the quality improvement program required in WAC 246-335-655 will be applied throughout all approved service areas.
2155		(7) A process to inform patients of alternative services prior to ceasing operation or when the licensee is unable to meet the patient's needs;
2160		(8) A plan for preserving records, including the process to preserve or dispose of records prior to ceasing operation according to WAC 246-335-650(7) and (8); and
2165		(9) Time frames for filing documents in the patient records;
2170		(10) Emergency preparedness that addresses service delivery when natural disasters, manmade incidents, or public health emergencies occur that prevent normal agency operation. Include, at minimum: Risk assessment and emergency planning, communication plan, coordination of service delivery with emergency personnel to meet emergent needs of patients, and staff training;
2175		(11) Availability of a bereavement program for up to one year after a patient's death;
2180		(12) Availability of social services, spiritual counseling, volunteer services, and respite care;
2185		(13) Assuring direct care personnel, contractors and volunteers have training specific to the needs of the terminally ill patients and their families;
2190		(14) The applicant or licensee must identify an administrator. The administrator is appointed by and reports to the agency owner or governing body, is a hospice employee, and possesses education and experience required by the agency's policies or the hospice's governing body. The administrator is responsible to: (a) Oversee the day to day operation and fiscal affairs of the agency;
2195		(14)(b) Implement the provisions of this section;

2200		(14)(c) Designate in writing an alternate to act in the administrator's absence;
2205		(14)(d) Provide management and supervision of services throughout all approved service areas according to subsection (6) of this section;
2210		(14)(e) Arrange for necessary services;
2215		(14)(f) Keep contracts current and consistent with WAC 246-335-625(4);
2220		(14)(g) Serve as a liaison between the licensee, personnel, contractors and volunteers;
2225		(14)(h) Ensure personnel, contractors and volunteers are currently credentialed by the state of Washington, when appropriate, according to applicable practice acts and consistent with WAC 246-335-625(5);
2230		(14)(i) Ensure personnel, contractors and volunteers comply with the licensee's policies and procedures;
2235		(14)(j) Implement a quality improvement process consistent with WAC 246-335-655;
2240		(14)(k) Manage recordkeeping according to WAC 246-335-650;
2245		(14)(l) Ensure supplies and equipment necessary to patient care are available, maintained, and in working order;
2250		(14)(m) Ensure the accuracy of public information materials; and
2255		(14)(n) Ensure current written policies and procedures are accessible to personnel, contractors, and volunteers during hours of operation.
2260		(15) The applicant or licensee must identify a medical director who is responsible to: (a) Advise the licensee on policies and procedures;
2265		(15)(b) Serve as liaison with a patient's authorizing practitioner;
2270		(15)(c) Provide patient care and family support;
2275		(15)(d) Approve modifications in individual plans of care; and
2280		(15)(e) Participate in interdisciplinary team conferences as required by WAC 246-335-640, hospice plan of care.
2285		(16) The licensee must continue to update its plan of operation to reflect current practice, services provided by the agency, and state and local laws.
<b>WAC 246-335-620 Delivery of Services</b> - The applicant or licensee must develop and operationalize policies and procedures that describe:		
2290		(1) Admission, transfer, discharge, and referral processes: (a) In order to minimize the possibility of patient abandonment, patients must be given at least a forty-eight hour written or verbal notice prior to discharge that will be documented in the patient record;
2295		(1)(b) Forty-eight hour notice is not required if hospice agency worker safety, significant patient noncompliance, or patient's failure to pay for services rendered are the reason(s) for the discharge;
2300		(1)(c) A Hospice agency discharging a patient that is concerned about their ongoing care and safety may submit a self-report to appropriate state agencies which identifies the reasons for discharge and the steps taken to mitigate safety concerns;
2305		(2) Specific hospice services, including palliative care and any nonmedical services, available to meet patient, or family needs as identified in plans of care;
2310		(3) Initial patient assessment completed by a registered nurse within seven calendar days of receiving and accepting a physician or practitioner referral for hospice services. Longer time frames are permitted when one or more of the following is documented: (a) Longer time frame for completing the initial patient assessment is requested by physician or practitioner;
2315		(3)(b) Longer time frame for completing the initial patient assessment is requested by the patient, designated family member, or legal representative; or
2320		(3)(c) Initial patient assessment was delayed due to agency having challenges contacting the patient, designated family member, or legal representative.
2325		(4) Agency personnel, contractor, and volunteer roles and responsibilities related to medication self-administration with assistance and medication administration;
2330		(5) Coordination of care, including: (a) Coordination among services being provided by a licensee having an additional home health or home care service category; and
2335		(b) Coordination with other agencies when care being provided impacts patient health.
2340		(6) Actions to address patient or family communication needs;
2345		(7) Utilization of telehealth or telemedicine for patient consultation or to acquire patient vitals and other health data in accordance to state and federal laws;

2350	(8) Management of patient medications and treatments in accordance with appropriate practice acts;
2355	(9) Utilization of restraints and/or seclusion following an individualized patient assessment process;
2360	(10) Emergency care of the patient;
2365	(11) Actions to be taken upon death of a patient;
2370	(12) Providing backup care to the patient when services cannot be provided as scheduled. Backup care which requires assistance with patient ADLs or patient health services must be provided by staff with minimum health care credentialing. Non credentialed staff may provide backup care only when assisting a patient with IADLs or in emergency situations;
2375	(13) Actions to be taken when the patient has a signed advanced directive;
2380	(14) Actions to be taken when the patient has a signed POLST form. Any section of the POLST form not completed implies full treatment for that section. Also include: In the event of a patient medical emergency and agency staff are present, provide emergency medical personnel with a patient's signed POLST form; and
2385	(15) Nurse delegation according to the following: (a) Delegation is only permitted for patients requiring specific nursing tasks that do not require clinical judgment.
2390	(15)(b) Hospice agencies coordinating patient care with a separate home care agency must ensure that a formal delegation contract has been established between the two agencies in order for the hospice nurse to delegate to the home care agency workers.
<b>WAC 246-335-625 Personnel, Contractor and Volunteer Policies</b> - The applicant or licensee must develop and operationalize personnel, contractor, and volunteer policies and procedures that describe:	
2395	(1) Employment criteria regarding discrimination consistent with chapter 49.60 RCW;
2400	(2) Job descriptions that contain responsibilities and are consistent with health care professional credentialing and scope of practice as defined in relevant practice acts and rules;
2405	(3) References for personnel, contractors and volunteers;
2410	(4) Contracting process when using a contractor. The contract should include, at minimum, a description of the duties the contractor will perform, and a statement indicating that the contractor, not the employer, is responsible for withholding any necessary taxes. As with personnel and volunteers, contractors are subject to all applicable requirements in this chapter;
2415	(5) Credentials of health care professionals that are current and in good standing;
2420	(6) Criminal history background checks and disclosure statements for personnel, contractors, volunteers, students, and any other individual associated with the licensee having direct contact with children under sixteen years of age, people with developmental disabilities, or vulnerable persons according to RCW 43.43.830 through 43.43.842 and the following: (a) Criminal history background checks must be processed through the Washington state patrol;
2425	(6)(b) Disclosure statements must be approved by the department; and
2430	(6)(c) All criminal history background checks and disclosure statements required under this chapter must be renewed within two years from the date of the previous check.
2435	(7) Character, competence, and suitability determination conducted for personnel, contractors, volunteers, and students whose background check results reveal non disqualifying convictions, pending charges, or negative actions. Factors to consider when making a determination include, but are not limited to: (a) Whether there is a reasonable, good faith belief that they would be unable to meet the care needs of the patient;
2440	(7)(b) Level of vulnerability of the patient under their care;
2445	(7)(c) Behaviors since the convictions, charges, negative actions or other adverse behaviors;
2450	(7)(d) Pattern of offenses or other behaviors that may put the patient at risk;
2455	(7)(e) Number of years since the conviction, negative action, or other issue;
2460	(7)(f) Whether they self-disclosed the conviction(s), pending charge(s) and/or negative action(s);
2465	(7)(g) Other health and safety concerns; and
2470	(7)(h) Although a licensee may determine, based on their assessment process, that an employee is suitable to work with vulnerable patients, the department has the final authority to deny, revoke, modify, or suspend any professional credential it issues based on application and criminal background check information.
2475	(8) Mandatory reporting: (a) Mandatory reporters shall report failure to comply with the requirements of chapters 246-335 WAC and 70.127 RCW to the department. The report must be

		submitted on department forms. Reports must be submitted within fourteen calendar days after the reporting person has knowledge of noncompliance that must be reported;
2480		(8)(b) Mandatory reporters shall report suspected abandonment, abuse, financial exploitation, or neglect of a person in violation of RCW 74.34.020 or 26.44.030 to the department of social and health services and the proper law enforcement agency. Reports must be submitted immediately when the reporting person has reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred.
2485		(9) In person orientation to current agency policies and procedures and verification of skills or training prior to independently providing patient care. Examples of skills verification include written testing, skills observation, and evidence of previous training and experience such as the nursing assistant training detailed in WAC 246-841-400;
2490		(10) Training on the use of telehealth or telemedicine for patient consultation and the transmission of health data, if applicable;
2495		(11) Ongoing training pertinent to patient care needs;
2500		(12) Safe food storage, preparation and handling practices consistent with the United States Food and Drug administration's recommendations for "food safety at home" for personnel, contractors, and volunteers involved in food preparation services on behalf of patients. Personnel, contractors, and volunteers may not provide patients with homemade food items or baked goods that they themselves prepared;
2505		(13) Current cardiopulmonary resuscitation (CPR) training consistent with agency policies and procedures for direct care personnel and contractors. Internet based classroom training is only permissible when the demonstration of skills is hands on and observed by a certified trainer;
2510		(14) Infection control practices, communicable disease testing, and vaccinations. Policies and procedures must include, at minimum: (a) Standard precautions such as hand hygiene, respiratory hygiene and cough etiquette, and personal protective equipment;
2515		(14)(b) Availability of personal protective equipment and other equipment necessary to implement client plans of care;
2520		(14)(c) Tuberculosis (TB) infection control program. Key elements include, but are not limited to: (i) Conducting a TB risk assessment for all new employees upon hire. Agencies must use a tuberculosis risk assessment form provided by the department. Based on risk assessment results, determine the agency's responsibility to conduct TB testing of new employees. If TB testing is required, follow the department's tuberculosis risk assessment form testing recommendations;
2525		(14)(ii) Conducting an annual assessment of new TB risk factors for all employees. Agencies must use a tuberculosis risk assessment form provided by the department. Based on risk assessment results, determine agency's responsibility to conduct TB testing of employees. Retesting should only be done for persons who previously tested negative and have new risk factors since the last assessment; and
2530		(14)(iii) Ensuring workers receive TB related training and education at the time of hire or during new employee orientation. Training and education must be consistent with the department's Tuberculosis program's online posted educational materials.
2535		(14)(d) Actions to take when personnel, volunteers, contractors, or clients exhibit or report symptoms of a communicable disease in an infectious stage in accordance with chapters 246-100 and 246-101 WAC;
2540		(14)(e) Exposure to blood borne pathogens such as Hepatitis B and HIV, and other potentially infectious materials in compliance with the department of labor and industries chapter 296823 WAC. Key elements include, but are not limited to: (i) Conducting an initial risk assessment of the environment in which personnel, volunteers, and contractors perform their assigned duties to determine occupational exposure. The results of the risk assessment will inform policy and procedure development and level of employee training and education. Annually, agencies must determine if significant changes have occurred that would require a new risk assessment to be performed;
2545		(14)(ii) If the risk assessment concludes that workers have a reasonably anticipated risk of occupational exposure to blood and other potentially infectious materials, agencies must offer workers the Hepatitis B vaccine series at the agency's expense. Workers have the right to decline the Hepatitis B vaccine series; and

2550	(14)(iii) Ensuring workers receive TB related training and education at the time of hire or during new employee orientation. Training and education must be consistent with the department's Tuberculosis program's online posted educational materials.
2555	(14)(f) Agencies must document an annual review of applicable state and federal health authority recommendations related to infection control practices, communicable disease testing, and vaccinations and update trainings and policies and procedures as necessary.
2560	(15) Annual performance evaluations of all personnel and volunteers providing direct patient care, including onsite observation of care and skills specific to the care needs of patients; and
2565	(16) Annual evaluations of services provided by contractors providing direct patient care.
<b>WAC 246-335-630 Personnel, Contractor and Volunteer Records</b> - The licensee must maintain records on all personnel and volunteers and have access to records on all contractors to include:	
2570	(1) Current practice certification, credential or licensure, as applicable;
2575	(2) Documentation of references;
2580	(3) Evidence of orientation to current agency policies and procedures;
2585	(4) Contracts when using contractors;
2590	(5) Verification of personnel, contractor, and volunteer skills or training specific to meeting the care needs of patients;
2595	(6) Evidence of initial and subsequent criminal history background checks and disclosure statements according to RCW 43.43.830 through 43.43.842 and this chapter;
2600	(7) Training on current and revised agency policies and procedures, including patient care issues;
2605	(8) Current CPR training for direct care personnel and contractors;
2610	(9) Documentation for personnel, contractors, and volunteers who prepare food for the patient independent of the patient's assistance, including: (a) A current food worker cards per chapter 246-215 WAC; or (b) Training equivalent to United States Food and Drug Administration for personnel, contractors, and volunteers involved in food preparation services on behalf of patients;
2615	(10) Communicable disease testing and vaccination according to current state and federal health authority recommendations; and
2620	(11) Documentation of performance evaluations of personnel and volunteers providing direct patient care and evaluations of services provided by contractors providing direct patient care as required in WAC 246-335-625(15) and (16).
<b>WAC 246-335-635 Bill of Rights</b> - A hospice agency at the time of admission must provide each patient, designated family member, or legal representative with a written bill of rights affirming each patient's right to:	
2625	(1) Receive effective pain management and symptom control and quality services from the hospice agency for services identified in the plan of care;
2630	(2) Be cared for by appropriately trained or credentialed personnel, contractors and volunteers with coordination of services;
2635	(3) A statement advising of the right to ongoing participation in the development of the plan of care;
2640	(4) Choose his or her attending physician;
2645	(5) A statement advising of the right to have access to the department's listing of licensed hospice agencies and to select any licensee to provide care, subject to the individual's reimbursement mechanism or other relevant contractual obligations;
2650	(6) A listing of the total services offered by the hospice agency and those being provided to the patient;
2655	(7) Refuse specific services;
2660	(8) The name of the individual within the hospice agency responsible for supervising the patient's care and the manner in which that individual may be contacted;
2665	(9) Be treated with courtesy, respect, and privacy;
2670	(10) Be free from verbal, mental, sexual, and physical abuse, neglect, exploitation, discrimination, and the unlawful use of restraint or seclusion;
2675	(11) Have property treated with respect;
2680	(12) Privacy and confidentiality of personal information and health care related records;
2685	(13) Be informed of what the hospice agency charges for services, to what extent payment may be expected from health insurance, public programs, or other sources, and what charges the patient may be responsible for paying;



2690		(14) A fully itemized billing statement upon request, including the date of each service and the charge. Agencies providing services through a managed care plan are not required to provide itemized billing statements;
2695		(15) Be informed about advanced directives and POLST and the agency's scope of responsibility;
2700		(16) Be informed of the agency's policies and procedures regarding the circumstances that may cause the agency to discharge a patient;
2705		(17) Be informed of the agency's policies and procedures for providing backup care when services cannot be provided as scheduled;
2710		(18) A description of the agency's process for patients and family to submit complaints to the hospice agency about the services and care they are receiving and to have those complaints addressed without retaliation;
2715		(19) Be informed of the department's complaint hotline number to report complaints about the licensed agency or credentialed health care professionals; and
2720		(20) Be informed of the DSHS end harm hotline number to report suspected abuse of children or vulnerable adults.
2725		(21) The hospice agency must ensure that the patient rights under this section are implemented and updated as appropriate.
<b>WAC 246-335-640 Hospice Plan of Care - Except as provided in subsection (5) of this section, the licensee must:</b>		
2730		(1) Develop and implement a written hospice plan of care for each patient with input from the authorizing practitioner, appropriate interdisciplinary team members, and the patient, designated family member, or legal representative;
2735		(2) Ensure each plan of care is developed by appropriately trained or credentialed agency personnel and is based on a patient and family assessment;
2740		(3) Ensure the hospice plan of care includes: (a) Current diagnoses and information on health status;
2745		(3)(b) Goals and outcome measures which are individualized for the patient;
2750		(3)(c) Symptom and pain management;
2755		(3)(d) Types and frequency of services to be provided;
2760		(3)(e) Palliative care, if applicable;
2765		(3)(f) Use of telehealth or telemedicine, if applicable;
2770		(3)(g) Home medical equipment and supplies used by the patient;
2775		(3)(h) Orders for treatments and their frequency to be provided and monitored by the licensee;
2780		(3)(i) Special nutritional needs and food allergies;
2785		(3)(j) Orders for medications to be administered and monitored by the licensee including name, dose, route, and frequency;
2790		(3)(k) Medication allergies;
2795		(3)(l) The patient's physical, cognitive and functional limitations;
2800		(3)(m) Patient and family education needs pertinent to the care being provided by the licensee;
2805		(3)(n) Indication that the patient has a signed advanced directive or POLST, if applicable. Include resuscitation status according to advance directives or POLST, if applicable; and
2810		(3)(o) The level of medication assistance to be provided.
2815		(4) Develop and implement a system to: (a) Ensure and document that the plan of care is reviewed by the appropriate interdisciplinary team members within the first week of admission and every two weeks thereafter;
2820		(4)(b) Ensure the plan of care is signed or authenticated and dated by appropriate agency personnel and the authorizing practitioner;
2825		(4)(c) Ensure the signed or authenticated plan of care is returned to the agency within sixty days from the initial date of service;
2830		(4)(d) Inform the authorizing practitioner regarding changes in the patient's condition that indicates a need to update the plan of care;
2835		(4)(e) Obtain approval from the authorizing practitioner for additions and modifications; and

2840	(4)(f) Ensure all verbal orders for modification to the plan of care are immediately documented in writing and signed or authenticated and dated by an agency individual authorized within the scope of practice to receive the order and signed or authenticated by the authorizing practitioner and returned to the agency within sixty days from the date the verbal orders were received.
2845	(5) Hospice agencies providing a onetime visit for a patient may provide the following written documentation in lieu of the hospice plan of care requirements in subsection (3) of this section: (a) Patient's name, age, current address, and phone number;
2850	(5)(b) Confirmation that the patient was provided a written bill of rights under WAC 246-335-635;
2855	(5)(c) Patient consent for services to be provided;
2860	(5)(d) Authorizing practitioner orders; and
2865	(5)(e) Documentation of services provided.

**WAC 246-335-645 Supervision of Hospice Services**

2870	(1) A licensee must employ a director of clinical services.
2875	(2) The director of clinical services must designate in writing a similarly qualified alternate to act in the director's absence.
2880	(3) The licensee shall ensure the director of clinical services and the designated alternate completes a minimum of ten hours of training annually. Written documentation of trainings must be available upon request by the department. Training may include a combination of topics related to clinical supervision duties and the delivery of hospice services. Examples of appropriate training include, but are not limited to: (a) Agency sponsored in-services; (b) Community venues; (c) Community classes; (d) Conferences; (e) Seminars; (f) Continuing education related to the director's health care professional credential, if applicable; and (g) Supervisory responsibilities in the event of a natural disaster, manmade incident, or public health emergency.
2885	(4) The director of clinical services or designee must be available twenty four hours per day, seven days per week.
2890	(5) The director of clinical services or designee must ensure: (a) Coordination, development, and revision of written patient and family care policies and procedures related to each service provided;
2895	(5)(b) Supervision of all patient and family care provided by personnel and volunteers. The director of clinical services may assign staff supervision responsibilities to a registered nurse or other appropriately credentialed professional;
2900	(5)(c) Evaluation of services provided by contractors;
2905	(5)(d) Coordination of services when one or more licensed agency is providing care to the patient and family;
2910	(5)(e) Compliance with the plan of care;
2915	(5)(f) All direct care personnel, contractors, and volunteers observe and recognize changes in the patient's condition and needs, and report any changes to the director of clinical services or designee; and
2920	(5)(g) All direct care personnel, contractors, and volunteers initiate emergency procedures according to agency policy.
2925	(6) The licensee must document supervision including, but not limited to: (a) RN supervision when using the services of an RN or LPN, in accordance with chapter 18.79 RCW;
2930	(6)(b) Licensed nurse supervision of home health aide services during an onsite visit with or without the home health aide present once a month to evaluate compliance with the plan of care and patient and family satisfaction with care; and
2935	(6)(c) Supervision by a licensed therapist when using the services of a therapy assistant in accordance with the appropriate practice acts.
2940	(7) The licensee using home health aides must ensure: (a) Each home health aide reviews the plan of care and any additional written instructions for the care of each patient prior to providing home health aide services and whenever there is a change in the plan of care; and
2945	(7)(b) Each home health aide assists with medications according to agency policy and this chapter.

**WAC 246-335-650 Patient Records - The licensee must:**

2950	(1) Maintain a current record for each patient consistent with chapter 70.02 RCW;
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2955	(2) Ensure that patient records are: (a) Accessible in the licensee's office location for review by appropriate direct care personnel, volunteers, contractors, and the department;
2960	(2)(b) Written legibly in permanent ink or retrievable by electronic means;
2965	(2)(c) <b>On the licensee's standardized forms or electronic templates;</b>
2970	(2)(d) In a legally acceptable manner;
2975	(2)(e) Kept confidential;
2980	(2)(f) Chronological in its entirety or by the service provided;
2985	(2)(g) Fastened together to avoid loss of record contents (paper documents); and
2990	(2)(h) Kept current with all documents filed according to agency time frames per agency policies and procedures.
2995	(3) Except as provided in subsection (4) of this section, include documentation of the following in each record: (a) Patient's name, age, current address and phone number;
3000	(3)(b) Patient's consent for services and care;
3005	(3)(c) Payment source and patient responsibility for payment;
3010	(3)(d) Initial assessment when providing hospice and hospice care center services;
3015	(3)(e) Plan of care according to WAC 246-335-640, depending on the services provided;
3020	<b>(3)(f) Signed or electronically authenticated and dated notes documenting and describing services provided during each patient contact;</b>
3025	(3)(g) Observations and changes in the patient's condition or needs;
3030	(3)(h) For patients receiving hospice and hospice care center services, authorized practitioner orders and <b>documentation of response to medications and treatments ordered; and</b>
3035	(3)(i) Other documentation as required by this chapter.
3040	(4) For patients receiving a onetime visit, provide the documentation required in WAC 246-335-640(5) in lieu of the requirements in subsection (3) of this section.
3045	(5) Consider the records as property of the licensee and allow the patient access to his or her own record.
3050	(6) Upon request and according to agency policy and procedure, provide patient information or a summary of care when the patient is transferred or discharged to another agency or facility.
3055	(7) The licensee must keep patient records for: (a) Adults Three years following the date of termination of services; (b) Minors Three years after attaining age eighteen, or five years following discharge, whichever is longer; and (c) Patient death Three years following the last date or termination of services if patient was on services when death occurred.
3060	(8) The licensee must: (a) Store patient records in a safe and secure manner to prevent loss of information, to maintain the integrity of the record, and to protect against unauthorized use;
3065	(8)(b) Maintain or release records in accordance to chapter 70.02 RCW; and
3070	(8)(c) After ceasing operation, retain or dispose of patient records in a confidential manner according to the time frames in subsection (7) of this section.
<b>WAC 246-335-655 Quality Improvement Program</b> - Every hospice licensee must establish and implement a quality improvement program to ensure the quality of care and services provided throughout all approved service areas or within a hospice care center that includes, at a minimum	
3075	(1) A complaint process that includes a procedure for the receipt, investigation, and disposition of complaints regarding services provided;
3080	(2) A method to identify, monitor, evaluate, and correct problems identified by patients, families, personnel, contractors, or volunteers; and
3085	(3) A system to assess patient satisfaction with the overall services provided by the agency.
<b>WAC 246-335-660 Home Medical Supplies and Equipment</b> - This section applies only to hospice agencies and hospice care centers providing or contracting for medical supplies or equipment services.	
3090	(1) The applicant or licensee must develop and implement policies and procedures to: (a) Maintain medical supplies and equipment;
3095	(1)(b) Clean, inspect, repair and calibrate equipment per the manufacturers' recommendations, and document the date and name of individual conducting the activity;
3100	(1)(c) Ensure safe handling and storage of medical supplies and equipment;
3105	(1)(d) Inform the patient, designated family member, or legal representative of the cost and method of payment for equipment, equipment repairs and equipment replacement;



3110		(1)(e) Document the patient, designated family member, or legal representative's approval;
3120		(1)(f) Instruct each patient or family to use and maintain supplies and equipment in a language or format the patient or family understands, using one or more of the following:
3125		(1)(f)(i) Written instruction; (ii) Verbal instruction; or (iii) Demonstration.
3130		(1)(g) Document the patient, designated family member, or legal representative understanding of the instructions provided;
3135		(1)(h) Replace supplies and equipment essential for the health or safety of the patient; and
3140		(2) If the applicant or licensee contracts for medical supplies or equipment services, develop and implement policies and procedures to ensure that contractors have policies and procedures consistent with subsection (1) of this section.
<b>WAC 246-335-705 Applicability</b>		
3145		The requirements in WAC 246-335-705 through 246-335-768 apply to hospice care center services.
<b>WAC 246-335-712 License Required</b>		
3150		(1) A person must possess a current license issued by the department before advertising, operating, managing, conducting, opening or maintaining a hospice care center.
3155		(2) Prior to being approved to provide hospice care center services, an applicant must: (a) Be licensed under chapter 70.127 RCW as an in home services agency licensed to provide hospice services;
3160		(2)(b) Submit to the department an application to add hospice care center services to their existing in-home services license;
3165		(2)(c) Submit to the department fees specified in WAC 246-335-990;
3170		(2)(d) Obtain a certificate of need under chapter 70.38 RCW. A separate application and fee is required to go through the certificate of need process;
3175		(2)(e) Complete the department's construction review services process. A separate application and fee is required to go through the construction review services process;
3180		(2)(f) Receive a certificate of occupancy by local building officials;
3185		(2)(g) Develop and operationalize policies and procedures addressing the content of this chapter for the service category(ies) to be provided and consistent with WAC 246-335-320(2)(g);
3190		(2)(h) Provide other information as required by the department; and (i) Meet the requirements of this chapter as determined by an initial survey completed by the department.
<b>WAC 246-335-714 General Licensing Requirements</b>		
3195		(1) Initial application. To apply for a hospice care center license, an applicant must meet the initial application requirements in WAC 246-335-320 (2)(a) through (g), (i), and (j), WAC 246-335-712(2), and submit documentation that no more than forty-nine percent of patient care days, in the aggregate on a biennial basis, will be provided in a hospice care center, as required under RCW 70.127.280(1)(d).
3200		(2) A hospice care center licensee must meet the renewal requirements in WAC 246-335-325.
3205		(3) Change of ownership. A hospice care center licensee must meet the change of ownership requirements in WAC 246-335-330.
3210		(4) Applicant or licensee responsibilities. A hospice care center applicant or licensee must meet the applicant or licensee responsibilities requirements in WAC 246-335-335.
3215		(5) Survey and investigation. The department's survey and investigation responsibilities in WAC 246-335-340 apply to hospice care center applicants and licensees.
3220		(6) Plan of operation. A hospice care center applicant or licensee must meet the plan of operation requirements in WAC 246-335-615, and ensure pets or animals living on the premises:
3225		(6)(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;
3230		(6)(b) Be veterinarian certified as free of diseases transmittable to humans;
3235		(6)(c) Are restricted from food preparation areas; and
3240		(6)(d) Include only those customarily considered domestic pets.
3245		(7) Delivery of services. A hospice care center applicant or licensee must: (a) Meet the delivery of services requirements in WAC 246-335-620; and
3250		(7)(b) Establish and implement policies and procedures that ensure: (i) Auditory and physical privacy for the patient and family during the admitting process;

3250	(7)(b)(ii) Patient rooms are private, unless the patient requests a roommate. Only two patients may share a room;
3255	(7)(b)(iii) Each patient is provided a bed with a mattress appropriate to the special needs and size of the patient; and
3260	(7)(b)(iv) Availability of clean bed and bath linens that are in good condition and free of holes and stains.
3265	(8) Personnel, contractor, and volunteer policies. A hospice care center applicant or licensee must: (a) Meet the personnel, contractor and volunteer policy requirements in WAC 246-335-625; and
3270	(8)(b) Ensure training in the safe storage and handling of oxygen containers and other equipment as necessary.
3275	(9) Personnel, contractor, and volunteer records. A hospice care center applicant or licensee must meet the personnel, contractor, and volunteer records requirements in WAC 246-335-630.
3280	(10) Bill of rights. A hospice care center applicant or licensee must: (a) Meet the bill of rights requirements in WAC 246-335-635; or
3285	(10)(b) For patients already being served by the hospice agency operating the hospice care center, ensure: (i) The bill of rights requirements have been provided to the patient, designated family member, or legal representative; and
3290	(10)(b)(ii) Provide any additional information needed specific to the hospice care center.
3295	(11) Plan of care. A hospice care center applicant or licensee must: (a) Meet the plan of care requirements in WAC 246-335-640; or
3300	(11)(b) For patients already being served by the hospice agency operating the hospice care center, review the plan of care for any necessary revisions, and maintain the plan of care with any revisions in the hospice care center.
3305	(12) Supervision. A hospice care center applicant or licensee must: (a) Meet the supervision requirements in WAC 246-335-645; and
3310	(12)(b) Develop any necessary supervision requirements specific to: (i) The hospice care center service category staffing requirements; and
3315	(12)(b)(ii) Supervising personnel, volunteers and contractors who are employed by a separately licensed hospice agency.
3320	(13) Patient records. A hospice care center applicant or licensee must meet the requirements in WAC 246-335-650.
3325	(14) Quality improvement. A hospice care center applicant or licensee must: (a) Meet the quality improvement requirements in WAC 246-335-655; or (b) Ensure the hospice agency operating the hospice care center has a quality improvement program that applies to the hospice care center; or (c) Implement any needed changes or additions to the current hospice agency quality improvement program.
3330	(15) Home medical supplies and equipment. A hospice care center applicant or licensee must meet the home medical supplies and equipment requirements in WAC 246-335-660.
3335	(16) Staffing requirements. A hospice care center applicant or licensee must implement the following staffing requirements: (a) There must be adequate staffing on duty at all times. Considerations for determining adequate staffing include, but are not limited to: (i) Number of patients currently admitted and residing in the center; (ii) Specific patient care requirements; (iii) Family care needs; and (iv) Availability of support from other interdisciplinary team members.
3340	(16)(b) Two people, who may either be personnel, contractors or volunteers, must be on duty twenty-four hours per day, seven days per week;
3345	(16)(c) A registered nurse must be available twenty-four hours per day for consultation and direct participation in nursing care;
3350	(16)(d) A registered nurse must be on-site when required to perform duties specified in chapter 18.79 RCW;
3355	(16)(e) When providing general inpatient services, a hospice care center must comply with the staffing requirements in (a) through (d) of this subsection, and ensure: (i) A registered nurse is present twenty-four hours per day, seven days per week, to direct nursing services; and
3360	(16)(e)(ii) Care is provided by either an RN, LPN or home health aide to meet the needs of each patient in accordance with the plan of care.
3365	(16)(f) When providing continuous care services, a hospice care center must, in addition to the staffing requirements in (a) through (d) of this subsection, ensure: (i) One-on-one staffing,

directed by an RN, for a minimum of eight hours to a maximum of twenty-four hours per calendar day; and

- 3370 (16)(f)(ii) Care is provided by either an RN, LPN or home health aide to meet the needs of each patient in accordance with the plan of care.
- 3375 (17) A hospice care center may either be owned or leased. If the hospice agency leases space, all delivery of interdisciplinary services, including staffing and management, must be done by the hospice agency per RCW 70.127.280 (1)(g).

**WAC 246-335-716 Nutritional Services**

- 3380 (1) Nutritional services must be supervised by an RN or dietitian or nutritionist as defined in WAC 246-335-610(4).
- 3385 (2) Appropriate nutritional consultation must be provided to the patient and family regarding the patient's dietary needs.
- 3390 (3) Food must be prepared and served at intervals appropriate to the needs of patients, recognizing the unique dietary needs and changes of the terminally ill.
- 3395 (4) Nutritional services must either be provided directly or through written agreement with a food service company.
- 3400 (5) Food service sanitation must meet the requirements of chapter 246-215 WAC.
- 3405 (6) Policies and procedures on nutritional services must include: (a) Food storage;
- 3410 (6)(b) Food preparation;
- 3415 (6)(c) Food service; and
- 3420 (6)(d) Scheduled cleaning of all food service equipment and work areas.
- 3425 (7) A copy of the procedures must be kept within or adjacent to the food service area and must be available for reference by nutritional service personnel and other personnel at all times.

**WAC 246-335-718 Infection Control**

- 3430 A hospice care center applicant or licensee must develop and implement written policies and procedures addressing infection control pertinent to the hospice care center and consistent with WAC 246-335-625(14).

**WAC 246-335-720 Emergency Preparedness - A hospice care center applicant or licensee must:**

- 3435 (1) Develop and operationalize written policies and procedures governing emergency preparedness and fire protection;
- 3440 (2) Develop a written emergency preparedness plan, rehearsed at least annually with personnel, contractors, and volunteers that addresses service delivery when natural disasters, man-made incidents, or public health emergencies occur that prevent normal facility operation. Include, at minimum: Risk assessment and emergency planning, communication plan, subsistence needs, evacuation plans, sheltering in place, care of casualties, tracking patients and staff during an emergency, and staff training and drills to test emergency plan; and
- 3445 (3) Develop a fire protection plan to include: (a) Instruction for all personnel, contractors or volunteers in use of alarms, firefighting equipment, methods of fire containment, evacuation routes and procedures for calling the fire department and the assignment of specific tasks to all personnel, contractors and volunteers in response to an alarm; and
- 3450 (3)(b) Fire drills for each shift of personnel.

**WAC 246-335-722 Pharmaceutical Services - The licensee must ensure that all pharmaceutical services are provided consistent with chapter 246-865 WAC and the following requirements:**

- 3455 (1) Pharmaceutical services must be available twenty-four hours per day to provide medications and supplies through a licensed pharmacy;
- 3460 (2) A licensed pharmacist must provide sufficient on-site consultation to ensure that medications are ordered, prepared, disposed, secured, stored, accounted for and administered in accordance with the policies of the center and chapter 246-865 WAC;
- 3465 (3) Medications must be administered only by individuals authorized to administer medications;
- 3470 (4) Medications may be self-administered in accordance with WAC 246-865-060(7)(f);
- 3475 (5) Drugs for external use must be stored apart from drugs for internal use;
- 3480 (6) Poisonous or caustic medications and materials including housekeeping and personal grooming supplies must show proper warning or poison labels and must be stored safely and separately from other medications and food supplies;
- 3485 (7) The hospice care center must maintain an emergency medication kit appropriate to the needs of the center;

3490		(8) Medications brought into the hospice care center by patients to be administered by an appropriate health care professional while in the center must be specifically ordered by an authorizing practitioner and must be identified by a pharmacist or licensed nurse with pharmacist consultation prior to administration;
3495		(9) Drugs requiring refrigeration must be kept in a separate refrigeration unit;
3500		(10) Schedule II through IV controlled substances must be: (a) Kept in a separate keyed storage unit;
3505		(10)(b) When heat sensitive, be kept in a locked refrigeration unit; and
3510		(10)(c) When no longer needed by the patient, disposed of in compliance with chapter 246-865 WAC;
3515		(11) In addition to the requirements in subsection (10) of this section, schedule III and IV controlled substances must be:(a) Stored apart from other drugs; or
3520		(11)(b) Stored on a separate shelf, drawer, or compartment with schedule II controlled substances;
3525		(12) The hospice care center must provide for continuation of drug therapy for patients when temporarily leaving the center in accordance with WAC 246-865-070;
3530		(13) If planning to use an automated drug distribution device, the hospice care center must first receive pharmacy quality assurance commission approval; and
3535		(14) If planning to provide pharmacy services beyond the scope of services defined in this section, the hospice care center must comply with the requirements for a licensed pharmacy in chapter 246-869 WAC.
<b>WAC 246-335-724 Exemptions and Alternatives</b>		
3540		Hospice care centers applying for an exemption to any of the requirements in WAC 246-335-705 through 246-335-724 must comply with the requirements in WAC 246-335-355.
<b>WAC 246-335-726 Accountability - The purpose of the following construction regulations in WAC 246-335-726 through 246-335-768 is to provide minimum standards for a safe, homelike, and effective patient care environment in hospice care centers consistent with other applicable rules without redundancy and contradictory requirements. Rules allow flexibility in achieving desired outcomes and enable hospice care centers to respond to changes in technologies and health care innovations. Compliance with these rules do not relieve the hospice of the need to comply with applicable state and local building and zoning codes. Where differences in interpretations occur, the hospice will follow the most stringent requirement.</b>		
3545		(1) These rules apply to all construction as defined in WAC 246-335-710.
3550		(2) The requirements in WAC 246-335-726 through 246-335-768 in effect at the time the application, fee, and construction documents are submitted to the department for review will apply for the duration of the construction project.
<b>WAC 246-335-728 Construction and Design Codes - A hospice care center applicant must, through its design, construction, and necessary permits demonstrate compliance with the following codes and local jurisdiction standards</b>		
3555		(1) The state building code as adopted by the state building code council under the authority of chapter 19.27 RCW;
3560		(2) The National Fire Protection Association, Life Safety Code, NFPA 101, as adopted by the Centers for Medicare and Medicaid Services;
3565		(3) The National Fire Protection Association, Health Care Facilities Code, NFPA 99, as adopted by the Centers for Medicare and Medicaid Services; and
3570		(4) Ventilation of health care facilities, American National Standards Institute; American Society of Heating, Refrigerating and Air-conditioning Engineers; American Society for Healthcare Engineering Standard 170-2013.
<b>WAC 246-335-730 Design Construction Review and Approval</b>		
3575		(1) Drawings and specifications for new construction, excluding minor alterations, must be prepared by or under the direction of, an architect registered under chapter 18.08 RCW. The services of a consulting engineer registered under chapter 18.43 RCW may be used for the various branches of work where appropriate. The services of a registered engineer may be used in lieu of the services of an architect if the scope of work is primarily engineering in nature.
3580		(2) A hospice care center applicant or licensee will meet the following requirements: (a) Preconstruction. Request and attend a pre-submission conference with the department for projects with a construction value of two hundred fifty thousand dollars or more. The pre-



		submission conference must be scheduled to occur for the review of construction documents that are no less than fifty percent complete;
3585		(2)(b) Construction document review. Submit construction documents for proposed new construction to the department for review within ten days of submission to the local authorities. Compliance with these standards and regulations does not relieve the hospice care center of the need to comply with applicable state and local building and zoning codes. The construction documents must include: (i) A written program containing the following: (A) Information concerning services to be provided and operational methods to be used; (B) An interim life safety measures plan to ensure the health and safety of occupants during construction and installation of finishes; and (C) An infection control risk assessment indicating appropriate infection control measures, keeping the surrounding area free of dust and fumes, and ensuring rooms or areas are well ventilated, unoccupied, and unavailable for use until free of volatile fumes and odors;
3590		(2)(b)(ii) Drawings and specifications to include coordinated architectural, mechanical, and electrical work. Each room, area, and item of fixed equipment and major movable equipment must be identified on all drawings to demonstrate that the required facilities for each function are provided;
3595		(2)(b)(iii) A floor plan of the existing building showing the alterations and additions, and indicating location of any service or support areas;
3600		(2)(b)(iv) Required paths of exit serving the alterations or additions; and
3605		(2)(b)(v) Verification that the capacities and loads of infrastructure systems will accommodate planned load.
3610		(2)(c) Resubmittals. The hospice care center or licensee will respond in writing when the department requests additional or corrected construction documents;
3615		(2)(d) Construction. Comply with the following requirements during the construction phase: (i) The hospice care center applicant or licensee will not begin construction until all of the following items are complete: (A) The department has approved the construction documents or granted authorization to begin construction; (B) The local jurisdictions have issued a building permit; and (C) The hospice care center applicant or licensee has notified the department in writing when construction will commence;
3620		(2)(d)(ii) The department will issue an "authorization to begin construction" when the construction documents have been conditionally approved or when all of the following items have been reviewed and approved: (A) A signed form acknowledging the risks if starting construction before the plan review has been completed. The acknowledgment of risks form shall be signed by the: (I) Architect; (II) Hospice chief executive officer, chief operations officer, or designee; and (III) Hospice facilities director. (B) The infection control risk assessment; (C) The interim life safety plan; and (D) A pre-submission conference has occurred;
3625		(2)(d)(iii) Submit to the department for review any addenda or modifications to the construction documents;
3630		(2)(d)(iv) Ensure construction is completed in compliance with the final department approved documents;
3635		(2)(d)(v) The hospice care center applicant or licensee will allow any necessary inspections for the verification of compliance with the construction documents, addenda, and modifications.
3640		(2)(e) Project closeout. The hospice will not use any new or remodeled areas until: (i) The department has approved construction documents; (ii) The local jurisdictions have completed all required inspections and approvals, when applicable or given approval to occupy; and (iii) The facility notifies the department in writing when construction is completed and includes a copy of the local jurisdiction's approval for occupancy.
<b>WAC 246-335-732 Site and Site Development - A hospice care center applicant or licensee must provide a site with utilities that meet state building code and local regulations including:</b>		
3645		A hospice care center applicant or licensee must provide a site with utilities that meet state building code and local regulations including: (1) Potable water supply meeting requirements in chapters 246-270, 246-290, and 246-291 WAC;
3650		(2) Natural drainage or properly designed/engineered drainage system;

3655		(3) An approved public sewer system or on-site sanitary sewage system meeting requirements in chapter 246-272A or 246-272B WAC;
3660		(4) Physical access to community emergency services;
3665		(5) Parking area, drives, and walkways: (a) Convenient for patients, personnel, contractors, volunteers, and visitors, while avoiding interference with patient privacy and comfort; (b) With surfaces useable in all weather and traffic conditions; and (c) Illuminated at night.
<b>WAC 246-335-734 General Requirements</b>		
3670		(1) Design of the hospice care center must take into account: (a) The number of patient rooms planned which must not include more than <b>twenty patient beds</b> ; (b) The requirements for patient rooms as specified in WAC 246-335-756; and (c) The family, personnel and public area requirements for space, which may include multiuse areas, as specified in WAC 246-335-760.
3675		(2) A hospice care center may either be freestanding or a separate portion of another building.
3680		(3) The hospice care center <b>must have a separate external entrance</b> , clearly identifiable to the public.
3685		(4) If patient rooms are located above grade level, the hospice care center must have at least one elevator or lift designed for patient transport by gurney or equivalent.
3690		(5) Doors must be designed with: (a) Provisions for personnel, contractors, and volunteers to gain immediate emergency access to patient occupied rooms or areas;
3695		(5)(b) The ability to swing <b>outward from patient toilet</b> and bathing rooms or equipped with double acting or rescue door hardware; and
3700		(5)(c) <b>Vision panels in all pairs of opposite swinging doors.</b>
3705		(6) Stairways must be designed with slip-resistant floor surfaces and ramps with slip-resistant or carpeted floor surfaces are required.
3710		(7) Design and construction must address the prevention of entrance and infestation by pests.
3715		(8) Interior finishes must be suitable to the function of an area including: (a) Floors must be finished with: (i) <b>Easily cleanable or maintainable surfaces</b> ; (ii) <b>Slip-resistant surfaces at entrances and</b> other areas; (iii) Edges covered and top set base with toe at all wall junctures;
3720		(8)(b) Carpets are not permitted in toilets, bathrooms, kitchens, utility rooms, janitor closets, and other areas where flooding or infection control is an issue;
3725		(8)(c) Ceiling finishes must be easily cleanable or maintainable;
3730		(8)(d) Walls must be: (i) Protected from impact in high traffic areas; (ii) Finished with easily cleanable surfaces; and (iii) Finished with <b>water-resistant paint, glaze, or similar water-resistant finish extending above</b> the splash line in all rooms or areas subject to splash or spray.
3735		(9) The design must include space and adequate storage for facility drawings, records, and operation manuals.
<b>WAC 246-335-736 Furnishings</b> - Furnishings of the hospice care center must be homelike and include lounge furniture in addition to furnishings in patient rooms. Accessories such as wallpaper, bedspreads, carpets and lamps must be:		
3740		<b>(1) Selected to create a homelike atmosphere;</b> and
3745		(2) Installed per manufacturer installation standards.
<b>WAC 246-335-738 Pharmaceutical Services Area</b>		
3750		(1) Pharmaceutical services area(s) <b>must be accessible only to authorized personnel.</b>
3755		(2) A hospice care center must provide pharmacy services area(s) consistent with WAC 246-865-050 which include adequate space for: (a) A work counter;
3760		(2)(b) A handwash sink;
3765		(2)(c) A soap and paper towel dispenser;
3770		(2)(d) Drug storage units constructed of metal, solid wood, or plywood which provide: (i) Locked storage for all drugs; (ii) Separate keyed storage for Schedule II through IV controlled substances; (iii) Segregated storage for each patient's drugs;
3775		(2)(e) A lockable refrigerator for storage of heat sensitive drugs; and
3780		(2)(f) Other storage needed according to the hospice care center's functional program.
<b>WAC 246-335-740 Food Preparation</b>		
3785		(1) A hospice care center applicant or licensee must: (a) <b>Locate food preparation areas to prevent objectionable heat, noise and odors to patient rooms;</b>

3790		(1)(b) Provide a nourishment center for use by patients and family with: (i) A refrigerator capable of maintaining 45°F or less;
3795		(1)(b)(ii) A two-compartment sink;
3800		(1)(b)(iii) A range with exhaust hood and/or microwave;
3805		(1)(b)(iv) Work surfaces;
3810		(2) The following requirements only apply if the hospice care center is planning to prepare meals and snacks for patients on-site:(a) When primarily preparing individual meals or snacks for patients, in addition to the requirements in subsection (1) of this section, the nourishment center must include: (i) A separate refrigerator for patients' food items capable of maintaining 45°F or less;
3815		(2)(a)(ii) Separate storage for patient food items, cooking and eating utensils;
3820		(2)(a)(iii) A hand wash sink; and
3825		(2)(a)(iv) A domestic dishwasher with a continuous supply of 155°F of water.
3830		(2)(b) When primarily preparing meals for fifteen or fewer patients at a time, the kitchen and equipment for preparation of patient meals and snacks must comply with chapter 246-215 WAC, Food sanitation, except, the hospice care center may use domestic or home type kitchen appliances including mechanical dishwashers; and
3835		(2)(c) When primarily preparing meals for sixteen or more patients at a time, the kitchen for preparation of patient meals and snacks must comply with chapter 246-215 WAC, Food sanitation.
<b>WAC 246-335-742 Linen Handling Facilities</b> - A hospice care center applicant or licensee must provide linen handling facilities with the capacity for receiving, holding, sorting, and separating soiled and clean linens either in:		
3840		(1) Clean and soiled utility rooms meeting the requirements of WAC 246-335-746; or
3845		(2) In a separate linen handling facility meeting the following requirements: (a) Floor drain(s) located in the soiled linen area;
3850		(2)(b) Handwash sink in soiled and clean processing areas;
3855		(2)(c) Negative air pressure gradient with direction of air flow from clean side of room to dirty side of room is shared;
3860		(2)(d) A folding area on clean side of room; and
3865		(2)(e) Separate clean linen storage located to avoid sources of moist or contaminated air with: (i) Storage for reserve supply of linens, blankets, and pillows; and
3870		(2)(e)(ii) Space for carts or shelves.
<b>WAC 246-335-744 Laundry Facilities</b> - A hospice care center applicant or licensee must provide laundry service through the use of:		
3875		(1) A commercial laundry service; or
3880		(2) On-site laundry facilities with: (a) A system to avoid through traffic or excessive heat, noise or odors to travel to patient rooms;
3885		(2)(b) Equipment capacity for processing laundry;
3890		(2)(c) Arrangement for uninterrupted work flow from soiled to clean function;
3895		(2)(d) Washing machine(s);
3900		(2)(e) Floor drains as required for equipment;
3905		(2)(f) Dryer(s);
3910		(2)(g) Dryer exhaust to the exterior and make-up air; and
3915		(2)(h) A hand wash sink.
<b>WAC 246-335-746 Utility Rooms</b>		
3920		(1) A hospice care center applicant or licensee must provide a clean utility room with no direct connection to soiled utility services, including:(a) Sufficient clean storage and handling area(s);
3925		(1)(b) Closed storage for clean and sterile supplies and equipment;
3930		(1)(c) A work surface;
3935		(1)(d) A hand wash sink;
3940		(1)(e) Soap and towel dispenser; and
3945		(1)(f) A self-closing door.
3950		(2) The hospice care center must provide a soiled utility room on each floor of the center with no direct connection to clean utility services, including:(a) A clinic service sink, siphon jet or equivalent with bedpan flushing attachment unless bedpan flushing devices are furnished in all patient toilets;

3955		(2)(b) A counter top, two-compartment sink, and gooseneck spout or equivalent;
3960		(2)(c) Storage for cleaning supplies and equipment;
3965		(2)(d) Soap and towel dispenser;
3970		(2)(e) Locked storage for chemicals; and
3975		(2)(f) A self-closing door.
<b>WAC 246-335-748 Plumbing</b> - An applicant must design and install plumbing, including:		
3980		(1) Backflow prevention. Devices on plumbing fixtures, equipment, facilities, buildings, premises, or areas which may cause actual or potential cross-connections of systems in order to prevent the backflow of water or other liquids, gases, mixtures, or substances into a water distribution system or other fixtures, equipment, facilities, buildings, or areas;
3985		(2) Trap primers in floor drains and stand pipes subject to infrequent use;
3990		(3) Wrist, knee or foot faucet controls or equivalent and gooseneck spouts on hand wash sinks;
3995		(4) Insulation on: (a) Hot water piping systems; (b) Cold water and drainage piping; and (c) Piping exposed to outside temperatures.
4000		(5) Equipment to deliver hot water at point of use as follows: (a) 120°F or less for hand wash sinks and bathing fixtures; (b) 160°F or more for laundry washers; (c) 120°F or more for laundry washers using chemical sanitation.
<b>WAC 246-335-750 Medical Gases</b> - If oxygen is stored or used on the premises, the following must apply in addition to other codes and regulations:		
4005		(1) Electrical equipment used in oxygen-enriched environments must be properly designed for use with oxygen and should be labeled for use with oxygen; and
4010		(2) "No smoking" signs must be posted where oxygen is being administered.
<b>WAC 246-335-752 Heating, Ventilating and Air Conditioning</b>		
4015		(1) Hospice care centers must have systems to provide individual temperature control for patient rooms to ensure patient preference and comfort. The hospice care center must have the capacity to maintain: (a) Patient rooms at 70°F in summer and 80°F in winter; and (b) Non patient care areas at 75°F in summer and 70°F in winter.
4020		(2) Provide air pressurization differentials within the facility to promote the movement air from clean areas into dirty areas per American Society of Heating, Refrigerating and Air-conditioning Engineers (ASHRAE) 170.
4025		(3) Provide air changes in areas per ASHRAE 170.
<b>WAC 246-335-754 Electrical and Communication Systems</b> - A hospice care center applicant or licensee must provide general electrical service including:		
4030		(1) Tamper proof receptacles in patient rooms, toilets, and bathing facilities, and family and public areas;
4035		(2) Ground fault circuit interrupter (GFCI) receptacle when located within five feet of water source and above counters that contain sinks;
4040		(3) Emergency electrical service with: (a) Adequate emergency lighting in patient rooms;
4045		(3)(b) At a minimum, provisions must be made for emergency lighting for means of egress; and
4050		(3)(c) Power, appropriate to provide continuous operation of life support equipment.
4055		(4) Lighting fixtures with: (a) Number, type, and location to provide illumination for the functions of each area;
4060		(4)(b) A reading light and control, conveniently located for patient use at each bed in the patient rooms; and
4065		(4)(c) Protective lens or protective diffusers on overhead light fixtures: (i) Over patient beds; (ii) In areas where patient care equipment and supplies are processed; and (iii) In nourishment centers or kitchen areas.
4070		(4)(d) A night light or equivalent low level illumination; and
4075		(4)(e) Night light switches and general illumination switches located adjacent to the opening side of patient room doors.
4080		(5) An electronic means of communication that notifies on-duty personnel, contractors, or volunteers and that must: (a) Be located at the head of the bed in patient rooms and in all common areas accessible by the patients;
4085		(5)(b) Be physically or verbally accessible by patients slumped forward on the floors of either the toilet, bathing facility, or dressing room; and



4090		(5)(c) Consider the patient's communication needs.
<b>WAC 246-335-756 Patient Rooms</b>		
4095		(1) A hospice care center applicant or licensee must locate patient rooms to exclude through traffic and minimize the penetration of objectionable odors and noise from other areas of the center.
4100		(2) Hospice care centers must ensure each patient room is: (a) Directly accessible from a corridor; and
4105		(2)(b) A minimum of one hundred square feet for private rooms and one hundred sixty square feet for rooms allowing a roommate.
4110		(3) All operable windows or openings that serve for ventilation must be provided with screening.
4115		(4) Patient room must be located above grade level.
4120		(5) Patient beds must be placed so they do not interfere with entrance, exit or traffic flow within the room.
4125		(6) Patient rooms must be safe, private, clean and comfortable, allowing the patient to use personal belongings to the extent possible and include: (a) Seating for several family members, with provision for at least one sleeping accommodation in patient rooms;
4130		(6)(b) A window with a view of landscaping to the exterior;
4135		(6)(c) A telephone readily available for the patient and family to make and receive confidential calls; and
4140		(6)(d) A space suitable for hanging full length garments and secure storage of personal belongings within the patient room.
<b>WAC 246-335-758 Patient Toilets and Bathing Facilities</b>		
4145		(1) Each patient toilet must adjoin the patient room and include: (a) Bedpan flushing equipment if bedpan flushing equipment is not located in a soiled utility room;
4150		(1)(b) A hand wash sink;
4155		(1)(c) Single service soap and towel dispensers;
4160		(1)(d) Slip resistant floor surfaces;
4165		(1)(e) A toilet paper holder;
4170		(1)(f) Backing to support mounting of all accessories; and
4175		(1)(g) Mirror and shelving or equivalent at each hand wash sink.
4180		(2) There must be at least one patient toilet in the hospice care center meeting the accessibility requirements in chapter 51-50 WAC for every four patient beds. A minimum of one patient toilet meeting the accessibility requirements is required for each hospice care center.
4185		(3) Bathing facilities, which may be separate from patient toilet rooms, must include: (a) Slip resistant floors;
4190		(3)(b) An adequate supply of hot water available at all times;
4195		(3)(c) A towel bar, hook, or ring;
4200		(3)(d) A robe hook; and
4205		(3)(e) Grab bars that are easily cleanable and resistant to corrosion.
<b>WAC 246-335-760 Family, Personnel, Volunteers, Contractors and Public Areas</b>		
4210		(1)(a) A minimum of two hundred square feet;
4215		(1)(b) Comfortable seating for several family members;
4220		(1)(c) Provision for families and patients to share meals;
4225		(1)(d) Drinking water;
4230		(1)(e) A public telephone;
4235		(1)(f) Information desk or directory signage; and
4240		(1)(g) Exterior, clear glass windows with a maximum sill height of thirty-six inches.
4245		(2) Hospice care centers must provide a private space at least one hundred fifty square feet in size for every ten beds and an additional seventy-five square feet for every additional five beds. The private space should be designed for: (a) Private group, family, and individual interviews and counseling;
4250		(2)(b) Interdisciplinary weekly conferences and personnel, contractor, and volunteer breaks; and
4255		(2)(c) Spiritual services.

4260		(3) Hospice care centers must provide additional space for personnel, contractors and volunteers. This space must be designed to accommodate: (a) Secure storage for medical records;
4265		(3)(b) Personnel, contractor, and volunteer break areas;
4270		(3)(c) Personnel, contractor, and volunteer work areas;
4275		(3)(d) General storage; and
4280		(3)(e) At least one personnel, contractor, and volunteer toilet room with hand wash sink.
4285		(4) Hospice care centers must provide one visitor toilet room with hand wash sink for every ten beds.
<b>WAC 246-335-762 Environmental Services Facilities</b>		
4290		(1) The hospice care center must provide a waste handling area including storage area in a separate area designed to maintain pest control, or in an outside, enclosed space with: (a) A hand wash sink located adjacent to the path of travel back into patient care areas;
4295		(1)(b) If planned, an interior waste container wash area with floor drain connected to a sanitary sewage system and hose bibs with hot and cold water;
4300		(1)(c) If planned, an exterior waste dumpster and compactor storage area with hose bibs for cold water.
4305		(2) The hospice care center must provide a locked housekeeping supply room on each floor with: (a) A service sink or equivalent;
4310		(2)(b) Soap and towel dispenser;
4315		(2)(c) A mop rack storage area for mobile housekeeping equipment and supplies; and
4320		(2)(d) Storage for chemicals.
<b>WAC 246-335-764 Maintenance Facilities - A hospice care center applicant or licensee must:</b>		
4325		(1) If planning a maintenance shop, ensure it is located and designed for easy delivery and removal of equipment and to minimize noise and dust to the rest of the hospice care center with: (a) Storage for solvents, flammable and combustible liquids; and (b) Storage for supplies and equipment.
4330		(2) Provide a separate room or area specifically for repair, and testing of electronic or other medical equipment according to the functional program.
<b>WAC 246-335-766 Receiving, Storage and Distribution Facilities - A hospice care center applicant or licensee must:</b>		
4335		(1) Provide bulk and general supply storage constructed to control pests and prevent spoilage, contamination, damage, and corrosion of goods including: (a) Protection against inclement weather; (b) Secured spaces with appropriate environmental conditions in accordance with federal and state laws and rules on supplies and medication storage if pharmaceuticals are stored; and (c) Off-floor storage when required to prevent contamination and water damage to stores.
4340		(2) Provide receiving and unloading area with: (a) Administrative work space;
4345		(2)(b) Security and protection for supplies; and
4350		(2)(c) Location to prevent vehicle exhaust from entering the hospice care center.
4355		(3) Provide storage if needed for: (a) Flammable and combustible liquid storage;
4360		(3)(b) Laboratory chemicals;
4365		(3)(c) Medical compressed gases;
4370		(3)(d) Gaseous oxidizing materials;
4375		(3)(e) Pesticides, cleaning compounds, and toxic substances; and
4380		(3)(f) Mobile housekeeping equipment.
<b>WAC 246-335-768 Exemptions and Alternative Methods</b>		
4385		Hospice care centers applying for an exemption to any of the requirements in WAC 246-335-726 through 246-335-766 must comply with the requirements in WAC 246-335-355.