

This rule was filed as 7 NMAC 12.2.

**TITLE 7           HEALTH**  
**CHAPTER 12   HOSPICE CARE**  
**PART 2        REQUIREMENTS FOR INHOME AND INPATIENT HOSPICE CARE**

**7.12.2.1       ISSUING AGENCY:** New Mexico Department of Health, Public Health Division, Health Facility Licensing and Certification Bureau  
[10/31/96; Recompiled 10/31/01]

**7.12.2.2       SCOPE:**

- A.**       These regulations apply to any hospice facility licensed or required to be licensed pursuant to these regulations which provides inpatient hospice services on a twenty-four (24) hour basis.
- B.**       These regulations apply to any hospital, skilled nursing facility, or intermediate care facility which also provides hospice services and is licensed or required to be licensed to provide these services pursuant to these regulations.
- C.**       These regulations apply to any agency licensed or required to be licensed which provides hospice services in the patient's own home.  
[11/16/83, 5/8/90; Recompiled 10/31/01]

**7.12.2.3       STATUTORY AUTHORITY:** The regulations set forth herein are promulgated by the secretary of the New Mexico department of health, pursuant to the general authority granted under Section 9-7-6 (E) of the Department of Health Act, NMSA 1978, as amended; and the authority granted under Sections 24-1-2 (D), 24-1-3 (I) and 24-1-5 of the Public Health Act, NMSA 1978, as amended.  
[11/16/83, 5/8/90, 10/31/96; Recompiled 10/31/01]

**7.12.2.4       DURATION:** Permanent  
[10/31/96; Recompiled 10/31/01]

**7.12.2.5       EFFECTIVE DATE:** October 31, 1996, unless a different date is cited at the end of a Section or Paragraph.  
[10/31/96; Recompiled 10/31/01]  
[Compiler's note: The words *or paragraph*, above, are no longer applicable. Later dates are now cited only at the end of sections, in the history notes appearing in brackets.]

**7.12.2.6       OBJECTIVE:** The purpose of these regulations is:

- A.**       Establish minimum standards for licensing of hospice facilities and agencies that provide inhome and inpatient hospice care.
- B.**       To monitor hospice facilities and agencies providing inhome and inpatient hospice services with these regulations through surveys to identify any area which could be dangerous or harmful to the patients, family, or staff.  
[11/16/83, 5/8/90; Recompiled 10/31/01]

**7.12.2.7       DEFINITIONS:** For purposes of these regulations the following shall apply:

- A.**       **"Administrator"** means the person appointed by the governing body to be in charge of the day-to-day operation of a facility or agency providing hospice services.
- B.**       **"Applicant"** means the individual who, or organization which, applies for a license. If the applicant is an organization, then the individual signing the application on behalf of the organization, must have authority from the organization. The applicant must be the owner.
- C.**       **"Bereavement"** means a period of mourning following the death of a loved one.
- D.**       **"Certified"** means that a determination has been made by the New Mexico department of health that a health facility such as a hospital, skilled nursing facility or intermediate care facility is in compliance with Conditions of Participation and Conditions of Coverage under Title XVIII (Medicare) and/or Title XIX (Medicaid) of the United States Federal Social Security Act.

**E. "Dietitian"** means a person eligible or required to be licensed under the New Mexico Nutrition and Dietetics Practice Act, Sections 61-7A-1 through 61-7A-15 NMSA 1978.

**F. "Exploitation"** of a patient/client consists of the act or process, performed intentionally, knowingly, or recklessly, of using any patient/client/residents money or property, for another person's profit, advantage, or benefit. Exploitation includes but is not limited to:

- (1) manipulating the patient/client/ resident by whatever mechanism to give money or property to any agency staff or management member;
- (2) misappropriation or misuse of monies belonging to a patient/client/ resident or the unauthorized sale, transfer or use of a patient/client/residents property;
- (3) loans of any kind from patient/clients/resident to agency staff or management;
- (4) accepting monetary or other gifts from a patient/client/resident or their family with a value in excess of \$25 or gifts which exceed a total value of \$300 in one year. All gifts received by agency operators, their families or staff of the agency must be documented and acknowledged by the person giving the gift and the recipient. Exception: Testamentary gifts, such as wills, are not, per se, considered financial exploitation.

**G. "Governing body"** means the person, persons, board of trustees, directors, or other body in which the final authority and responsibility is vested in determining, implementing, and monitoring policies governing the total operation of the hospice facility or agency providing hospice services.

**H. "Health certificate"** means a completed New Mexico department of health approved health certificate form signed by a physician licensed in New Mexico or a public health nurse in one of the public health division health offices who is acting for the state tuberculosis control officer.

**I. "Hospice agency"** means an organization, company, profit or non-profit corporation or any other entity which provides hospice services in the patient's own home and is required to be licensed pursuant to these regulations.

**J. "Hospice facility"** means a building equipped and staffed to provide hospice services to patients and family on a twenty-four (24) hour basis and is required to be licensed pursuant to these regulations.

**K. "Hospice services"** means a program of palliative and supportive services which provides physical, psychological, social and spiritual care for terminally ill patients and their family members.

**L. "Inhome care"** means hospice services delivered in a private home or alternative home site to a single patient on an intermittent basis.

**M. "Inpatient care"** means hospice services delivered to a patient who has been admitted to a hospice facility on a continuous twenty-four (24) hour period.

**N. "License"** means the document issued by the licensing authority pursuant to these regulations granting the legal right to operate for a specified period of time, not to exceed one (1) year.

**O. "Licensee"** means the person(s) who, or organization which, has an ownership, leasehold, or similar interest in the hospice facility and in whose name a license has been issued and who is legally responsible for compliance with these regulations.

**P. "Licensing authority"** means the New Mexico department of health.

**Q. "Medical director"** means a doctor of medicine or osteopathy who assumes overall responsibility for the medical component of a hospice facility or agency.

**R. "NMSA"** means the New Mexico Statutes Annotated 1978 compilation, and all the revisions and compilations thereof.

**S. "Physician"** means a person licensed to practice medicine or osteopathy by the New Mexico board of medical examiners, or the osteopathic medical examiners board.

**T. "Plan of correction"** means the plan submitted by the licensee or representative of the licensee addressing how and when deficiencies identified at time of a survey will be corrected.

**U. "Policy"** means a statement of principle that guides and determines present and future decisions and actions.

**V. "Procedure"** means the action(s) that must be taken in order to implement a policy.

**W. "Registered nurse"** means a person who holds a certificate of registration as a registered nurse under the Nursing Practice Act, Sections 61-3-1 to 61-3-30 NMSA 1978.

**X. "Short term inpatient care"** is care provided to a hospice patient on a short term basis, either in a hospital or skilled nursing facility for acute symptom control or in a skilled or intermediate care facility for respite for the usual caregiver.

**Y. "Social worker"** means a person required to be licensed under the Social Work Practice Act, Sections 61-31-1 through 61-31-25 NMSA 1978.

**Z.** **"Staff"** means the paid and volunteer workers supervised by the hospice facility or hospice agency administration.

**AA.** **"Terminally ill"** means a diagnosis by a physician with a prognosis that a patient has six (6) months or less to live.

**BB.** **"Variance"** means an act on the part of the licensing authority to refrain from pressing or enforcing compliance with a portion or portions of these regulations for an unspecified period of time where the granting of a variance will not create a danger to the health, safety, or welfare of patients or staff of a hospice facility and is at the sole discretion of the licensing authority.

**CC.** **"Waive/waivers"** means to refrain from pressing or enforcing compliance with a portion or portions of these regulations for a limited period of time provided the health, safety, or welfare of patients and staff are not in danger. Waivers are issued at the sole discretion of the licensing authority.

[11/16/83, 5/8/90, 10/31/96, 6/15/98; Recompiled 10/31/01]

**7.12.2.8 STANDARD OF COMPLIANCE:** The degree of compliance required throughout these regulations is designated by the use of the words "*shall*" or "*must*" or "*may*". "*Shall*" or "*must*" means mandatory. "*May*" means permissive. The use of the words "*adequate*", "*proper*", "*appropriate*" and other similar words means the degree of compliance that is generally accepted throughout the professional field by those who provide hospice services to the public and are governed by these regulations.

[5/8/90, 6/15/98; Recompiled 10/31/01]

**7.12.2.9 INITIAL APPLICATIONS:**

**A.** All initial applications shall be made on forms provided by the licensing authority.

**B.** Shall be fully completed.

**C.** Signed by the person who shall be the licensee.

**D.** And shall be notarized.

**E.** All initial applications shall be accompanied by a resume and three (3) character references for the person in charge of the day-to-day operation of the hospice.

(1) References shall not be from a relative or employee.

(2) License fees are authorized by law, and will be payable to the extent, if any, set out by other licensing authority regulations.

[11/16/83; Recompiled 10/31/01]

**7.12.2.10 INITIAL LICENSURE PROCEDURES:** No license shall be issued without the following:

**A.** Receipt of the application with all attachments listed in Section 9 [now 7.12.2.9 NMAC] of these regulations.

**B.** Survey conducted by the licensing authority.

[11/16/83; Recompiled 10/31/01]

**7.12.2.11 INITIAL SURVEY:** Upon receipt of a properly completed application and all required documentation an initial survey of the proposed hospice facility or agency will be scheduled by the licensing authority.

[5/8/90; Recompiled 10/31/01]

**7.12.2.12 ISSUANCE OF LICENSE:** Upon completion of the initial survey and determination that the hospice facility or agency is in compliance with these regulations the licensing authority will issue a license.

[11/16/83, 5/8/90; Recompiled 10/31/01]

**7.12.2.13 LICENSES:**

**A. Annual license:** An annual license is issued for a one (1) year period to a hospice facility which has met all requirements of these regulations.

**B. Temporary license:** The licensing authority may, at its sole discretion, issue a temporary license prior to the initial survey, or when the licensing authority finds partial compliance with these regulations.

(1) A temporary license shall cover a period of time, not to exceed one hundred twenty (120) days, during which the facility must correct all specified deficiencies.

(2) In accordance with Section 24-1-5(D) NMSA 1978, no more than two (2) consecutive temporary licenses shall be issued.

**C. Amended license:** A licensee must apply to the licensing authority for an amended license when there is a change of administrator/director, or when there is a change of name for the facility.

(1) Application must be on a form provided by the licensing authority.

(2) Application must be accompanied by the required fee for amended license.

(3) Application must be submitted within ten (10) working days of the change.

[11/16/83, 5/8/90, 10/31/96; Recompiled 10/31/01]

#### **7.12.2.14 LICENSE RENEWAL:**

**A.** Licensee must submit a renewal application on forms provided by the licensing authority, along with the required fee at least thirty (30) days prior to expiration of the current license.

**B.** Upon receipt of renewal application and required fee prior to expiration of current license, the licensing authority will issue a new license effective the day following the date of expiration of the current license if the facility is in substantial compliance with these regulations.

**C.** If a licensee fails to submit a renewal application with the required fee and the current license expires, the hospice facility shall cease operations until it obtains a new license through the initial licensure procedures. Section 24-1-5(A) NMSA 1978, as amended, provides that no health facility shall be operated without a license.

[11/16/83, 5/8/90; Recompiled 10/31/01]

**7.12.2.15 NON-TRANSFERABLE RESTRICTION ON LICENSE:** A license shall not be transferred by assignment or otherwise to other persons or locations. The license shall be void and must be returned to the licensing authority when any one of the following situations occur:

**A.** ownership of the facility changes;

**B.** the facility changes location;

**C.** licensee of the facility changes;

**D.** the facility discontinues operation;

**E.** a facility wishing to continue operation as a licensed hospice facility under circumstances 15.1 through 15.4 [now Subsections A through D of 7.12.2.15 NMAC] above must submit an application for initial licensure in accordance with Section 10 [now 7.12.2.10 NMAC] of these regulations, at least thirty (30) days prior to the anticipated change.

[5/8/90, 10/31/96; Recompiled 10/31/01]

**7.12.2.16 AUTOMATIC EXPIRATION OF LICENSE:** A license will automatically expire at midnight on the day indicated on the license as the expiration date, unless sooner renewed, suspended, or revoked, or:

**A.** on the day a facility discontinues operation;

**B.** on the day a facility is sold, leased, or otherwise changes ownership and/or licensee;

**C.** on the day a facility changes location.

[11/16/83, 5/8/90, 10/31/96; Recompiled 10/31/01]

**7.12.2.17 SUSPENSION OF LICENSE WITHOUT PRIOR HEARING:** In accordance with Section 24-1-5 (H) NMSA 1978, if immediate action is required to protect human health and safety, the licensing authority may suspend a license pending a hearing, provided such hearing is held within five (5) working days of the suspension, unless waived by the licensee.

[11/16/83, 5/8/90; Recompiled 10/31/01]

**7.12.2.18 GROUNDS FOR REVOCATION OR SUSPENSION OF LICENSE, DENIAL OF INITIAL OR RENEWAL APPLICATION FOR LICENSE, OR IMPOSITION OF INTERMEDIATE SANCTIONS OR CIVIL MONETARY PENALTIES:** A license may be revoked or suspended, an initial or renewal application for license may be denied, or intermediate sanctions or civil monetary penalties may be imposed after notice and opportunity for a hearing, for any of the following reasons:

**A.** failure to comply with any provision of these regulations;

**B.** failure to allow survey by authorized representatives of the licensing authority;

C. any person active in the operation of a facility licensed pursuant to these regulations shall not be under the influence of alcohol or narcotics or convicted of a felony;

D. misrepresentation or falsification of any information on application forms or other documents provided to the licensing authority;

E. discovery of repeat violations of these regulations during surveys;

F. failure to provide the required care and services as outlined by these regulations for the patients receiving care at the hospice facility or from the hospice agency.

[11/16/83, 5/8/90, 10/31/96; Recompiled 10/31/01]

#### **7.12.2.19 HEARING PROCEDURES:**

A. Hearing procedures for an administrative appeal of an adverse action taken by the licensing authority against a hospice facility as outlined in Section 17 and 18 [now Sections 17 and 18 of 7.12.2 NMAC] above will be held in accordance with Adjudicatory Hearings, New Mexico department of health, 7 NMAC 1.2 (2-1-96) [now 7.1.2 NMAC].

B. A copy of the adjudicatory hearing procedures will be furnished to a hospice facility or agency at the time an adverse action is taken against its license by the licensing authority. A copy may be requested at any time by contacting the licensing authority.

[11/16/83, 5/8/90, 10/31/96; Recompiled 10/31/01]

**7.12.2.20 GOVERNING BODY:** A hospice must have a governing body or individual who assumes full legal responsibility for determining, implementing and monitoring policies governing the hospice's total operations. The governing body must also ensure that all services provided are consistent with accepted standards of practice. The governing body shall appoint an administrator to implement its policies and procedures.

[11/16/83; Recompiled 10/31/01]

**7.12.2.21 INTERDISCIPLINARY TEAM:** The hospice shall establish an interdisciplinary team to provide or supervise the care and services offered by the hospice.

A. The hospice must have an interdisciplinary team that includes at least the following disciplines:

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

B. The interdisciplinary team is responsible for:

- (1) establishment of the plan of care;
- (2) provision or supervision of hospice care and services;
- (3) review and revision, at least every two weeks (see 29.2) [now Subsection B of 7.12.2.29 NMAC], of the plan of care for each individual receiving hospice care;
- (4) establishment of written policies governing the day-to-day provision of hospice care and services.

C. The hospice must designate a registered nurse to coordinate the overall plan of care for each patient.

[11/16/83, 5/8/90; Recompiled 10/31/01]

**7.12.2.22 CARE SERVICES:** A hospice must ensure that all services described below are provided directly by hospice staff, or under arrangements made by the hospice as specified in Section 23 [now 7.12.2.23 NMAC] of these regulations:

A. Nursing care provided by or under the supervision of a registered nurse. Nursing care must be available on call twenty-four (24) hours a day, seven (7) days each week;

B. Medical social services provided by a social worker;

C. Physician's services performed by a doctor of medicine or osteopathy;

D. Counseling services provided to the terminally ill individual and the family members or other persons caring for the individual. Bereavement counseling must be available for a twelve (12) month period following the death of the patient.

E. Short term inpatient care provided to patients of a hospice agency in a facility licensed as a hospital or long term care facility. Services provided in an inpatient setting must conform to the written plan of care.

**F.** Volunteer services. The hospice facility or agency must have an ongoing program to recruit, train, utilize, and retain volunteer staff.

(1) Volunteers may be used in administration or direct patient care roles.

(2) Volunteers must work under the supervision of a designated hospice facility or agency employee.  
[11/16/83, 5/8/90; Recompiled 10/31/01]

**7.12.2.23 ARRANGEMENTS FOR SERVICES:** A hospice may arrange for another individual or entity to furnish services to the hospice's patients. Services provided under arrangement must meet the following standards:

**A.** The hospice shall have a written agreement for the provision of such services.

**B.** The hospice ensures that inpatient care is furnished only in a facility licensed as a hospital, skilled nursing facility (nursing home), or intermediate care facility. For inpatient care furnished under arrangements, the hospice must have an arrangement under which:

(1) The hospice furnished to the inpatient provider, a copy of the individual's plan of care that specified the care that has been furnished.

(2) The regimen described in the established plan of care is continued while the individual receives care from the inpatient provider.

(3) All inpatient services and events (e.g. treatments, tests, consultations, evaluations, etc.) furnished by the inpatient provider are entered in the hospice's medical record.

(4) The interdisciplinary team reviews the medical record to ensure conformance with the established plan of care.

(5) A copy of the inpatient medical record and discharge summary is retained as part of the hospice medical record.

[11/16/83, 5/8/90; Recompiled 10/31/01]

**7.12.2.24 ANNUAL REVIEW:** A hospice must conduct an annual comprehensive self-assessment of the quality and appropriateness of care provided, including inpatient care. The findings are to be used by the hospice to correct identified problems and to revise hospice policies, if necessary. A mechanism must be established in writing for the collection of pertinent data to assist in the evaluation process. The data to be considered shall include, but are not limited to:

**A.** the number of patients receiving each service offered;

**B.** the number of patient visits;

**C.** reasons for discharge;

**D.** a breakdown by diagnoses;

**E.** any sources of referral;

**F.** the number of patients not accepted and the reasons therefor;

**G.** the total staff days, hours, or visits for each service offered.

[11/16/83; Recompiled 10/31/01]

**7.12.2.25 MEDICAL RECORDS:** In accordance with accepted principles of practice, the hospice must establish and maintain a clinical record for every individual receiving care and services. The record must be complete, promptly and accurately documented, readily accessible to staff, and systematically organized to facilitate retrieval.

**A.** Each clinical record is a comprehensive and chronological compilation of information. Entries are made for all services provided. Entries are made and signed by the staff providing the services. The record includes all services whether furnished directly or under arrangements made by the hospice. Each individual's record shall contain:

(1) the initial and subsequent assessments;

(2) the plan of care;

(3) identification data;

(4) consent, authorization and election forms;

(5) pertinent medical history;

(6) complete documentation of all services and events (including evaluations, treatments, progress notes, etc.).

**B.** The hospice must safeguard the clinical record against loss, destruction, and unauthorized use.

**C.** Clinical records shall be retained on each patient for at least ten (10) years after hospice services have ceased. Clinical records shall be maintained for the requisite period even if the hospice discontinues operations. If the patient is transferred to another health facility, a copy of the record must be made available to the receiving facility. Consultation shall be provided to the receiving facility prior to transfer.  
[11/16/83, 5/8/90; Recompiled 10/31/01]

**7.12.2.26 STAFF TRAINING:** A hospice must provide an ongoing program of employee psychological support, and continuing education of its staff in hospice care. At least twelve (12) clock hours of training per year in hospice care shall be provided.  
[11/16/83; Recompiled 10/31/01]

**7.12.2.27 HEALTH CERTIFICATE:** Prior to employment, any paid volunteer staff working with patients shall present a certificate from a licensed physician that the person is free from tuberculosis. All certificates shall be filed in the hospice office and be available for inspection.  
[11/16/83, 5/8/90; Recompiled 10/31/01]

**7.12.2.28 STAFF SUPERVISION:** A hospice shall ensure that licensed professional staff are supervised as required under the relevant professional licensing act. All other staff including volunteers must be adequately supervised.  
[11/16/83, 5/8/90; Recompiled 10/31/01]

**7.12.2.29 PLAN OF CARE:** A written plan of care must be established and maintained for each individual admitted to a hospice program, and the care provided to an individual must be in accordance with the plan.

**A.** A plan must be established by the attending physician and interdisciplinary team within five (5) days of admission to the program. The signed orders, and the plan, shall be incorporated within the hospice medical record within fourteen (14) days of admission.

**B.** The plan must be reviewed and updated, at least every two (2) weeks, by the interdisciplinary team. These reviews must be documented, and plan changes signed by the attending physician or the medical director as the attending physician's designee.

**C.** The plan must be based upon assessment of the individual's and family's needs and identification of the services including the management of discomfort and symptom relief and describing any isolation techniques for routine or specialized treatments.

[11/16/83, 5/8/90; Recompiled 10/31/01]

**7.12.2.30 PATIENT RIGHTS:** All hospice facilities and agencies licensed pursuant to these regulations shall support, protect and enhance the rights of patients.  
[11/16/83, 5/8/90; Recompiled 10/31/01]

**7.12.2.31 INFORMED CONSENT:** Each hospice facility or agency must obtain from each patient a signed informed consent form. The informed consent form shall specify the type of hospice care and services that will be provided during the course of illness.  
[11/16/83, 5/8/90; Recompiled 10/31/01]

**7.12.2.32 AVAILABILITY OF SUPPLIES AND APPLIANCES:** Medical supplies and appliances, including drugs and biologicals, must be available as needed for the palliation and management of the terminal illness, although the hospice need not supply these directly.  
[11/16/83; Recompiled 10/31/01]

**7.12.2.33 SERVICES/INDIVIDUAL CARE:**

**A. Nursing services:** The hospice facility shall provide twenty-four (24) hour nursing services which are sufficient to meet the total nursing needs of the patient and which are in accordance with each patient's plan of care.

**B. Treatments:** Each patient shall receive treatments, including medications and diet, as prescribed, and shall be kept clean, well-groomed, comfortable and protected from accident, injury and infection.

**C. Palliative care:** Each patient shall be provided necessary palliative procedures to meet individual needs as defined in the plan of care.  
[5/8/90; Recompiled 10/31/01]

**7.12.2.34 PHARMACEUTICAL SERVICES:** Each hospice facility shall maintain a pharmaceutical service that is conducted in accordance with current standards of practice and all applicable laws and regulations:

- A.** A pharmaceutical service shall be directed by a licensed pharmacist.
  - B.** The scope of pharmaceutical services shall be consistent with the drug therapy needs of the patients as determined by the physician.
  - C.** The pharmacist must develop policies and procedures for ordering, storage, administration, disposal, and recordkeeping of drugs and biologicals.
- [5/8/90; Recompiled 10/31/01]

**7.12.2.35 MEDICATION ADMINISTRATION:** Medications can only be administered by the following individuals:

- A.** a licensed nurse or physician; or
  - B.** a patient on order of the physician; or
  - C.** a licensed respiratory therapist for drug administration during respiratory therapy.
- [5/8/90; Recompiled 10/31/01]

**7.12.2.36 DIETARY SERVICES:** The hospice facility shall provide or contract for a dietary service which meets the nutritional needs of each client.

- A.** Supervision of the dietary services shall be provided by:
    - (1) a dietitian; or
    - (2) a staff person experienced in food service who shall receive consultation from a dietitian.
  - B.** Other staff requirements: There shall be sufficient staff on duty to meet the nutritional needs of the patients.
  - C.** Meal services: The hospice facility must:
    - (1) Serve at least three (3) meals or their equivalent each day at regular times with no more than fourteen (14) hours between supper and breakfast.
    - (2) Snacks of nourishing quality shall be available as needed by patients.
    - (3) To the extent medically possible, menus will be planned in accordance with the recommended dietary allowances of the food and nutrition board of the national research council, national academy of sciences.
      - (a) For patients experiencing difficulties in eating, every effort will be made to develop menus tolerated by the patient and served at intervals tolerated by the patient.
      - (b) All medically prescribed special diets shall be ordered by a physician and shall have menus developed by a professional dietitian.
- [5/8/90; Recompiled 10/31/01]

**7.12.2.37 SANITATION:**

- A.** Storage and handling of food: All food shall be purchased, stored, prepared, distributed and served under sanitary conditions which prevent contamination.
  - B.** All equipment, appliances and utensils used in preparation or serving of food shall be maintained in a functional, sanitary and safe condition.
  - C.** The hospice facility will ensure that requirements of the environmental health authority having jurisdiction are met. The dietary area will be inspected by the environmental health authority and the inspection results will be posted in the dietary area. **Exception: Hospice facilities with four (4) or less patients will be exempt from this requirement if the environmental health authority waives this requirement and a letter of the exemption is on file with the health facility licensing and certification bureau.**
- [5/8/90; Recompiled 10/31/01]

**7.12.2.38 INFECTION CONTROL:** The hospice facility shall develop and implement an infection control program which shall have as its purpose the protection of the patient, family, and facility personnel from infections associated with patients admitted to home care, inpatient respite, or day care programs.



**A.** The hospice facility shall develop policies and procedures governing the infection control program.

(1) The hospice facility shall develop a procedure to assure the infection control program is monitored on a monthly basis.

(2) The hospice facility shall isolate only those patients with diseases that are considered to be at a high risk for transmission. Where applicable, isolation rooms shall have access to private bathing, toileting, and handwashing facilities. The room shall be ventilated directly to the outside (there shall be no recirculation of the air from any isolation room to any other room).

**B.** All biohazardous waste and/or infectious material must be disposed of in accordance with:

(1) center for disease control currently accepted guidelines for universal precautions.

(2) Occupational Safety and Health Administration requirements in 29 Code of Federal Regulations 1910.

(3) state Environment Improvement Act requirements.

(4) center of disease control currently accepted recommended procedures for body substance isolation.

[5/8/90; Recompiled 10/31/01]

**7.12.2.39 GENERAL BUILDING REQUIREMENTS:** The building of the hospice facility shall be constructed and maintained so that it is functional for the delivery of services appropriate to the needs of the hospice patient.

**A.** The hospice facility shall meet all state and local laws, regulations and zoning requirements.

**B.** The hospice facility shall meet the requirements of the latest edition of the National Fire Protection Association, Life Safety Code Handbook adopted by the New Mexico state fire marshal.

**C.** The hospice facility must meet the requirements of the latest edition of the Uniform Building Code enacted by the international conference of building officials, adopted by the New Mexico construction industries division. **Exception: Hospice facilities housing four (4) or less patients will be required to meet residential occupancy building requirements.**

[5/8/90; Recompiled 10/31/01]

**7.12.2.40 PATIENT LIVING AREA:**

**A. ROOMS:**

(1) Each patient room shall be directly accessible from a corridor, activity room, or common area.

(2) Each sleeping room shall have a clear window or relite area of approximately one-tenth (1/10) of the usable floor area providing for patient visibility of the out-of-doors.

(a) Windows shall be at least twenty-four (24) feet from other buildings or the opposite wall of a court or at least ten (10) feet from a property line, except on the street side.

(b) Outside window walls shall be at least eight (8) feet from an outside public walkway.

(c) Operable windows or openings that serve for ventilation shall be provided with proper screening.

(3) No room more than two (2) feet, six (6) inches below grade shall be used for the housing of patients. Private patient rooms have at least one hundred (100) square feet of usable floor space. Multi-patient rooms shall provide not less than eighty (80) square feet of usable floor area per bed. There shall not be less than seven and one-half (7 1/2) foot ceiling height over the usable floor area.

(4) Each patient shall be provided an enclosed space suitable for hanging garments and storage of personal belongings within his or her room or in an area nearby patient rooms. There shall be a provision for secure storage of patient valuables.

(5) Each patient shall be provided a bed appropriate to the special needs and size of the patient with a cleanable mattress which is in good repair and a cleanable or disposable pillow.

(6) Room furnishing shall be provided and maintained in a clean and safe condition.

(7) Patient beds shall be spaced so that they do not interfere with entrance, exit or traffic flow within the room. Patient rooms shall be of a dimension and conformation allowing not less than three (3) feet between beds.

**B.** The hospice facility shall endeavor to provide decor which is homelike in design and function.

[5/8/90; Recompiled 10/31/01]

**7.12.2.41 TOILET AND BATHING AREAS:**

- A.** There shall be, minimally, one (1) bathing facility for each six (6) patients within the inpatient hospice facility, or major fraction thereof, (tub, shower, portable shower, portable tub or equivalent).
  - B.** Toilets shall be in a ratio of at least one (1) toilet for every four (4) patients, or major fraction thereof.
  - C.** Lavatories shall be provided in a ratio of at least one (1) lavatory for each toilet located in toilet rooms(s). Lavatories shall be provided in a ratio of at least one (1) per four (4) patients. Lavatories shall be located at the entry of patient rooms used for isolation.
  - D.** At least one (1) toilet and lavatory shall be provided on each floor for use by those who are not patients.
- [5/8/90; Recompiled 10/31/01]

**7.12.2.42 CARPETING:** Carpets may be used in patient and non-patient occupied areas with the following exceptions: toilet rooms, bathing facilities, isolation rooms, laundry rooms, utility rooms, examination or treatment rooms, housekeeping closets:

- A.** Specifications for acceptable carpeting include:
    - (1) carpet material which meets the standards of the state fire marshal and is easily cleanable;
    - (2) pile tufts shall be a minimum of sixty-four (64) per square inch or equivalent density;
    - (3) rows shall be a minimum of eight (8) per square inch or equivalent density.
  - B.** Installation of carpet material:
    - (1) Pad and carpet shall be installed according to manufacturer recommendations;
    - (2) Edges of carpet shall be covered and cove or base shoe used at all wall junctures. Seams shall be sewn or bonded together with manufacturer recommended cement.
- [5/8/90; Recompiled 10/31/01]

**7.12.2.43 SPECIAL AREAS:**

- A.** There shall be provision for adequate personal privacy for personal and private activities such as toileting, bathing, dressing, sleeping, communicating with family and time alone.
  - B.** There shall be adequate visiting and lounge areas. A ratio of fifteen (15) square feet per patient bed and not less than one hundred eighty (180) square feet per facility is required, excluding hallways and corridors.
  - C.** There shall be adequate meeting rooms and office areas for use by the interdisciplinary care team. Other rooms or areas may serve as meeting rooms provided confidentiality is maintained.
  - D.** The hospice facility must have:
    - (1) Physical space for private patient/family visits;
    - (2) Accommodations for family members to remain with the patient throughout the night;
    - (3) Accommodations for family privacy after a patient's death.
  - E.** A hospice facility will designate a room exclusively for a nebulizer treatment room (if applicable). The room will have a minimum usable floor area of one hundred (100) square feet. The nebulizer room will be ventilated directly to the outside of the building. (There shall be no recirculation of the air from the nebulizer treatment room to other rooms of the facility.)
- [5/8/90; Recompiled 10/31/01]

**7.12.2.44 LINEN AND LAUNDRY:** The hospice facility shall have available at all times a quantity of linen essential for proper care and comfort of patients. Linens shall be handled, stored, processed, and transported in such a manner as to prevent the spread of infection.

- A.** A safe and adequate clean linen storage area shall be provided with a supply of clean linen available for patient use.
  - B.** Any laundry done in the facility shall be done in a laundry room separate from the kitchen, dining area, clean and soiled storage and handling areas.
  - C.** The soiled laundry storage and sorting area shall be in a well ventilated area separate from the clean linen handling area, clean storage area, and food preparation areas. If linen or laundry is washed on the premises, an adequate supply of hot water shall be available to provide water at a minimum of one hundred sixty (160) degrees fahrenheit in the washing machine.
- [5/8/90; Recompiled 10/31/01]

**7.12.2.45 UTILITY AND STORAGE FACILITIES:**

- A.** Sufficient clean storage and handling room(s) shall provide closed storage for clean and sterile supplies and equipment.
- B.** Washing, disinfection, storage and other handling of medical and nursing supplies and equipment shall be accomplished in a manner which ensures segregation of clean and sterile supplies and equipment from those that are contaminated.
- C.** Soiled utility room(s) shall provide:
  - (1) clinic service sink, siphon jet or equivalent;
  - (2) space for soiled linen or laundry containers;
  - (3) counter top, double compartment sink, and goose-neck spout or equivalent;
  - (4) storage for cleaning supplies and equipment.

[5/8/90; Recompiled 10/31/01]

**7.12.2.46 HOUSEKEEPING:**

- A.** Adequate and clean housekeeping equipment shall be maintained.
- B.** At least one (1) service sink and housekeeping closet or enclosed cabinet equipped with shelving shall be provided in a suitable setting within the facility or combined with a soiled utility room. A clinic service sink may be considered equivalent to a service sink.

[5/8/90; Recompiled 10/31/01]

**7.12.2.47 COMMUNICATIONS:**

- A.** There shall be a telephone readily available for patients to make and receive confidential calls.
- B.** There shall be at least one (1) "non-pay" telephone per floor readily accessible in event of fire and other emergencies.
- C.** A nurse call system shall be provided at each bed and in each toilet room and bathing facility.

[5/8/90; Recompiled 10/31/01]

**7.12.2.48 WATER SUPPLY AND PLUMBING:**

The water supply and the waste and drainage system of the hospice shall be maintained to avoid unsanitary conditions.

- A.** There shall be an adequate supply of hot and cold running water under pressure.
- B.** Hot water shall be of a safe temperature at all fixtures used by patients. Hot water temperatures at bathing fixtures used by patients shall be automatically regulated so as not to exceed one hundred and ten (110) degrees fahrenheit.
- C.** There shall be devices to prevent backflow into the water supply system.

[5/8/90; Recompiled 10/31/01]

**7.12.2.49 HEATING:** The heating system in all patient areas shall be operated and maintained to provide a comfortable temperature of between seventy (70) degrees and seventy-five (75) degrees fahrenheit.

[5/8/90; Recompiled 10/31/01]

**7.12.2.50 VENTILATION:** There shall be ventilation for all rooms used by patients and personnel sufficient to remove any objectionable odors, excess heat, and condensation. Inside rooms, including toilets, bath rooms, smoking rooms, and other rooms in which excessive moisture, odors or contaminants originate shall be provided with mechanical exhaust ventilation.

[5/8/90; Recompiled 10/31/01]

**7.12.2.51 LIGHTING:** Adequate lighting appropriate to the function shall be provided in all usable areas of the hospice.

- A.** Appropriate, adequate, and safe electrical service shall be provided.
- B.** Adequate emergency lighting for means of egress, (battery operated acceptable) shall be provided.
- C.** Adequate emergency power shall be available, (battery operated acceptable).

[5/8/90; Recompiled 10/31/01]

**7.12.2.52 HANDICAP ACCESS:** The hospice facility shall be accessible and equipped to accommodate physically handicapped individuals.  
[5/8/90; Recompiled 10/31/01]

**7.12.2.53 DISASTER PREPAREDNESS:** The hospice facility shall have an acceptable plan, periodically rehearsed with staff, with procedures to be followed in the event of an internal or external disaster and for the care of casualties (patients and personnel) arising from such disaster.  
[5/8/90; Recompiled 10/31/01]

**7.12.2.54 RELATED REGULATIONS AND CODES:** Hospice facilities providing inhome and inpatient hospice services subject to these regulations are also subject to other regulations, codes and standards as the same may, from time to time, be amended as follows:

**A.** Health Facility Licensure Fees and Procedures, New Mexico department of health, 7 NMAC 1.7 (10/31/96) [now 7.1.7 NMAC].

**B.** Health Facility Sanctions and Civil Monetary Penalties, New Mexico department of health, 7 NMAC 1.8 (10/31/96) [now 7.1.8 NMAC].

**C.** Adjudicatory Hearings, New Mexico department of health, 7 NMAC 1.2 (2-1-96) [now 7.1.2 NMAC].

[11/16/83, 5/8/90, 10/31/96; Recompiled 10/31/01]

**HISTORY OF 7.12.2 NMAC:**

Pre-NMAC History: The material in this Part was derived from that previously filed with the State Records Center: HED-83-9 (HSD), Regulations Governing Free Standing Hospice Licensing, 11/16/83.  
HED 90-3 (PHD), Regulations Governing Inhome And Inpatient Hospice Care, 5/8/90.

History of Repealed Material: [RESERVED]