

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

TO: Regulations Division
Office of the Secretary of State
Room 1305, State Capitol

FROM: Jaime Hegr, Attorney III
Department of Health and Human Services

DATE: September 1, 2023

RE: Notice of Emergency Rulemaking under Neb. Rev. Stat. § 84-907.06

The Department of Health and Human Services (DHHS) is requesting emergency rulemaking changes to the following regulations:

TITLE: 175 Health Care Facilities and Services Licensure
CHAPTER: 9 Hospitals

Pursuant to Neb. Rev. Stat. § 84-907.06, the following items are enclosed for your referral to the chair of the relevant standing committee of the Legislature:

1. A letter to the Governor asking for approval of emergency rulemaking;
2. A copy of the proposed emergency regulations;
3. A copy of the Policy Pre-Review Checklist; and
4. The estimated fiscal impact of this rulemaking action on state agencies, political subdivisions or persons being regulated.

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

September 1, 2023

Dear Governor Pillen:

Pursuant to Nebraska Revised Statute § 84-901.04, the Division of Public Health is requesting the adoption of emergency regulations to implement statutes and regulations pertaining to Rural Emergency Hospitals (REH). We have been made aware of at least one Critical Access Hospital (CAH) in Nebraska that is wanting to become a REH to receive additional federal funding. Without this funding, the CAH will likely need to close causing this rural community to no longer have emergency hospital services and requiring consumers to travel longer distances to receive emergency services. This may impact the health and safety of consumers in that rural area of Nebraska placing the consumers in imminent peril as consumers may not receive potential life saving treatment in a timely manner.

The Division of Public Health has already begun the formal rulemaking process for the REH regulations. The State Board of Health will be reviewing the proposed regulations on September 18, 2023. However, the REH regulations may not be in effect soon enough for this CAH to obtain the federal funding to meet its financial obligations and without the regulations, the REH cannot be licensed to operate. Pursuing emergency regulations will hopefully allow this CAH and potentially other rural hospitals the ability to continue to operate and meet the needs of their rural communities.

Sincerely,

A handwritten signature in blue ink that reads "Charity Menefee".

Charity Menefee
Director
Division of Public Health
Department of Health and Human Services

CM/dt

FISCAL IMPACT STATEMENT

| | |
|---|--------------------------|
| Agency: Department of Health and Human Services | |
| Title: 175 | Prepared by: Dan Taylor |
| Chapter: 9 | Date prepared: 3/21/2023 |
| Subject: Hospitals | Telephone: 402-471-9207 |

Type of Fiscal Impact:

| | State Agency | Political Sub. | Regulated Public |
|-------------------|---|---|---|
| No Fiscal Impact | (<input checked="" type="checkbox"/>) | (<input checked="" type="checkbox"/>) | (<input checked="" type="checkbox"/>) |
| Increased Costs | (<input type="checkbox"/>) | (<input type="checkbox"/>) | (<input type="checkbox"/>) |
| Decreased Costs | (<input type="checkbox"/>) | (<input type="checkbox"/>) | (<input type="checkbox"/>) |
| Increased Revenue | (<input type="checkbox"/>) | (<input type="checkbox"/>) | (<input type="checkbox"/>) |
| Decreased Revenue | (<input type="checkbox"/>) | (<input type="checkbox"/>) | (<input type="checkbox"/>) |
| Indeterminable | (<input type="checkbox"/>) | (<input type="checkbox"/>) | (<input type="checkbox"/>) |

Provide an Estimated Cost & Description of Impact: No impact.

State Agency:

Political Subdivision:

Regulated Public:

If indeterminable, explain why: N/A.

PROPOSED REGULATION POLICY PRE-REVIEW CHECKLIST

Agency: DHHS – Division of Public Health
Title, Chapter of Regulation: Title 175, Chapter 9
Subject: Hospitals
Prepared by: Dan Taylor
Telephone: 402-471-9207

A. Policy Changes and Impacts

1. What does the regulation do and whom does it impact? Provide a brief description of the proposed rule or regulation and its impacts on state agencies, political subdivisions, and regulated persons or entities.

175 NAC 9 provides direction to applicants and licensees regarding specific requirements for licensed hospitals.

This chapter removes all duplicative statutory language from the regulations; removes any repetitive regulatory language; and moves the common regulatory requirements for facilities into 175 NAC 1. 175 NAC 1 governs general requirements that apply to the majority of licensed facilities and services under the Health Care Facility Licensure Act, Neb. Rev. Stat. §§ 71-401 to 71-475. This eliminates the need to repeat this same language in each set of facility regulations.

175 NAC 9 includes language relating to: specific hospital definitions; fees; standards of operation, care and treatment; facility administration and administrative records; off-campus/satellite locations and mobile units; staffing credentials, staff requirements, background checks, and training; patient rights and education; physical plant standards; and other specific requirements based on the type of services the facility provides and the type of hospital the licensee is operating.

License holders will be impacted due to changes in standards of practice; updates to statutory requirements; and issues that have been brought to the Licensure unit's attention by stakeholders. New additions to the regulations include endoscopy cleaning and disinfecting requirements due to the high potential public health risk of an outbreak to the citizens of our State.

2. Describe changes being proposed to current policy and briefly provide rationale.

Sections removed. The following provides a summary of the sections that have been removed from the proposed draft regulations due to duplicative statutory language or sections that have moved to 175 NAC 1:

1. Section 001 Scope and Authority.

- 9.001.01
- 9.001.02

2. Section 002 Definitions.

- Abuse
- Activities of Daily Living
- Adjoining
- Administrator
- Ambulatory Surgical Center
- Applicant
- Bed Capacity
- Biological
- Care
- Chemical Restraint
- Complaint
- Completed Application
- Critical Access Hospital
- Department
- Designee
- Device
- Direction and Monitoring
- Director
- Drug
- Existing Facility
- Exploitation
- Facility
- Five Rights
- Food Code
- Food Service
- Foreign
- General Acute Hospital
- Governing Body
- Grievance
- Health Care Facility
- Health Care Practitioner
- Health Care Practitioner Facility
- Health Care Service
- Health Maintenance Activities
- Inpatient

- Licensed Health Care Professional
- Licensee
- Long Term Care Hospital
- Medical Practitioner
- Medical Staff Bylaws
- Medication
- Medication Administration
- Medication Aide
- Medication Provision
- Mental Abuse
- NAC
- Neglect
- New Construction
- New Facility
- Personal Care
- Physical Abuse
- Physician
- Physical Restraint
- Premises
- PRN
- Psychiatric or Mental Hospital
- Qualified Inspector
- Rehabilitation Hospital
- Schematic Plans
- Screening Tools
- Sexual Abuse
- Treatment
- Unlicensed Direct Care Staff
- Utilization Review Committee
- Verbal Abuse

3. Section 003 Licensing Requirements.

- 9-003.01
- 9-003.02
- 9-003.03

4. Section 004 General Requirements.

- 9-004.01
- 9-004.02
- 9-004.04
- 9-004.06
- 9-004.07
- 9-004.08
- 9-004.09

5. Section 005 Inspections.

- Entire section

6. Section 006 Standards of Operation, Care and Treatment.

- 9-006.03B1
- 9-006.04A
- 9-006.05
- 9-006.06
- 9-006.06B1c
- 9-006.07A2
- 9-006.07A5
- 9-006.07A6
- 9-006.07A7
- 9-006.07A8
- 9-006.08
- 9-006.09C2
- 9-006.09F2
- 9-006.14
- 9-006.14A
- 9-006.14D
- 9-006.14E
- 9-006.14F

7. Section 007 Physical Plant Standards.

- 9-007.01
- 9-007.01E
- 9-007.02B2a
- 9-007.03
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- 9-007.03B
- 9-007.03C
- 9-007.03D
- 9-007.03G1
- 9-007.03G2
- 9-007.03H2
- 9-007.03J3
- 9-007.03M
- 9-007.04C2
- 9-007.04C3
- 9-007.04D2
- 9-007.04D3
- 9-007.04D4

- 9-004.04F2
- 9-007.04G1
- 9-007.05
- 9-007.05A
- 9-007.05B
- 9-007.05C

8. Section 008 Denial, Refusal to Renew, or Disciplinary Action.
- Entire section

Proposed changes. The following provides a summary of proposed changes to this draft chapter of regulations:

1. Section 001 Scope and Authority. The statutory reference to the Health Care Facility Licensure Act was updated to reflect current statutes.
2. Section 002 Definitions. New definitions were created to clarify requirements for the consumer, the applicant and/or the licensee, including:
 - Hospital
 - Hospital Beds
 - Patient
 - Inpatient
 - Medical Staff Bylaws
 - Medication Error (new)
 - Outpatient
3. Section 003. Licensing Requirements. All department processing references were removed and a reference was added for 175 NAC 1.
4. Section 004. General Requirements. All department processing references were removed and general requirements were moved into 175 NAC 1. Rural Emergency Hospital fee section was added.
5. Section 005. Inspections. Majority of section was removed, new reference added for 175 NAC 1.
6. Section 006. Standards of Operation, Care and Treatment. Any department processing references were removed. This chapter was reviewed to clarify the language and make the regulations easier to understand and more transparent for the consumer, licensee and applicant. Reference added for 175 NAC 1.
 - 006.01 Changed title from Governing Authority to Licensee Responsibilities. This is to provide clarification to the consumer and the licensee as to the overall responsibility for the management and

quality of the care provided by the facility including implementation of written policies and procedures.

- 006.03 Administration. Added in the responsibility for ensuring completion, maintenance and submitting of reports and records as required by statute, regulation and the Department.
- 006.04 Administrative Records. Retention requirements were added so the applicant or licensee could ensure records were available to Department staff during licensure inspections.
- 006.05 Permanent Patient Index. Patient Index was added so the applicant or licensee could ensure that there was a permanent record of the patient with limited identifiable information.
- 006.06 Consumer Satisfaction. Added to ensure the facility has a means of determining customer satisfaction.
- 006.07 Off-campus, Satellite, and Mobile Units. Added for clarity to ensure services are not provided in a location that is not licensed and approved by the Department to ensure public safety in those locations.
- 006.08 Mobile Units. Added due to increasing requests for the use of mobile health clinics used to provide access to care in remote locations or locations when access to care is limited for the consumer and to ensure the Department is able to locate such unit to conduct inspections as necessary.
- 006.09 Medical Staff. Removed language that wasn't needed for this regulation. Combined Medical Staff Responsibilities into the overall Medical Staff regulation to make the regulation easier to understand for the applicant or licensee.
- 006.10 Staffing. Added information regarding staff identification in order to provide transparency to the customer, public regarding the credential of the staff providing care and treatment; and to clarify that staff may not provide care and treatment outside their credential for public safety purposes.
- 006.11 Staff Credentials. Added information to provide concise and clear information regarding requirements to ensure staff are actually credentialed and that their credentials are current and have not expired.

- 006.12 Staff Health Status. No new information, information summarized in a more concise manner.
- 006.13 Criminal Background and Registry Checks. Added information regarding maintaining documentation of these checks to ensure public safety and that the Department has access to this information when conducting licensure inspections and investigations. Previous requirements only included background checks on unlicensed direct care staff, due to recent egregious issues in the state, region and nation regarding abuse of patients, we have added the requirement to conduct background checks on any staff who have direct and unsupervised access to or who provide care and treatment to patients to try to protect patients from abuse or misappropriation.
- 006.13(A) Criminal Background Checks. Restructured the sentence to make the regulation easier to read. No content change.
- 006.13(B) Registry Checks. Added the requirement for a 10-year timeframe for the registry checks, as well as the requirement to obtain a registry check on similar registries in other states where the individual has resided. This is a matter of public safety to protect the patients from those individuals who have been convicted of abuse in other states and who move to Nebraska.
- 006.13(C) Use of Criminal Background and Registry information. Written policies and procedures are to be implemented and revised as necessary related to the use of information obtained through pre-employment criminal background and registry checks.
- 006.14 Staff Training. Added requirements for applicants and licensees to ensure staff are competent to provide their assigned job duties to ensure public health and safety as well as clarifying documentation requirements.
- 006.15 Staff Orientation. Added that staff need to be oriented on the facility Quality Assurance Performance Improvement program; and the facility hand hygiene program as these are two areas that are frequently cited during licensure inspections. Both of these programs are tied directly to public safety.
- 006.16 Patient Rights. Added criteria that this information be provided to the customer 'in a manner and format they can easily understand' as a measure of public safety and increasing consumer transparency. Also added that the customer has the right to refuse care and treatment options while being free of repercussions from

the facility to encourage patient's being able to make informed decisions regarding their care and treatment and to not feel pressured to accept treatment they do not want.

- 006.17 Abuse, Neglect and Exploitation. Added information regarding reporting and investigating abuse, neglect and exploitation. Due to recent egregious issues in the state, region and nation regarding abuse of patients, we have added a specific section to address the need to report and investigate abuse, neglect and exploitation to ensure patients are safe and that the licensee knows their responsibility to report and investigate these situations as well as protect the patient during the investigation.
- 006.18 Advanced Directives. Added to ensure the public, customer, applicant and licensee have a choice regarding advanced directives.
- 006.19 Patient Education Record Keeping Requirements. Added to ensure the customer is provided with education regarding their health condition and treatment options in a manner and format they are able to easily understand; and added the requirement to maintain this information in the patient's medical record due to issues in the past several years with customers reporting they did not receive information or not receiving information in a manner and format they can understand.
- 006.20 Discharge Planning. Moved all regulatory requirements regarding discharge and transfer requirements into this one area to make it easier for the consumer and licensee to find and understand. Added the requirement that qualified health clinic personnel will remain with the patient until the patient's status is stable due to reports in the state, region and nation that some facilities have been leaving patients unattended with a phone number to call if they need help, or patients have been left post-surgery or post-procedure in the care of office staff who then have to call the physician or nurse if the patient has complications.
- 006.21 Personal Possessions. Added to ensure patient possessions are safe and accounted for upon admission and discharge of the hospital. This ensures that patient property is not misappropriated.
- 006.22 Plan of Care. Added clarification to ensure the plan of care addresses the patient's needs including on the method of communication with the patient.
- 006.23 Laboratory Services. Added clarification of the laboratory services required and the hospital needs to identify a physician who

meets the qualifications as a laboratory director. Sub-sections of 006.23 include the record keeping requirements for laboratory services as well as the physical plant requirements for laboratory services.

- 006.24 Nutritional Services. Added clarification for nutritional services provided in the hospital. The licensee is required to assess the patient's nutritional status by a licensed medical nutrition therapist, have diet orders and who can write the diet orders. The licensee needs to ensure there are sufficient number of qualified dietary staff to meet the patient's needs.
 - 006.25 Pharmacy Services. Clarified that the practice of pharmacy needs to be in accordance with the Pharmacy Practice Act. Information also summarized in a more concise manner.
 - 006.26 Medications, Biologicals and Devices. Medications and the administration of medications was already outlined in current regulations and was moved to this new section. This section was then outlined in a format that is easier to read and understand.
7. Section 007. Physical Plant Standards. Any department processing references were removed. This chapter was revised to clarify the language and make the regulations easier to understand and more transparent for the consumer, licensee and applicant to ensure public safety. Reference added for 175 NAC 1. Added in references to the Life Safety Code requirements.
- 007.01 Laundry Services. Added requirements for the use of sanitizer or disinfectants for laundry processing to provide options for the applicant or licensee while continuing to provide for public safety during the processing of linens and laundry. When laundry is contaminated with bodily fluids, and then washed, the potential for cross-contamination is extremely high unless high heat or sanitizer/disinfectant is added to the wash.
 - 007.02 Waste Processing. Language changed to be in line with current standards of practice for the handling and processing of waste material.
 - 007.03 Housekeeping and Janitorial Services. Language added to ensure that the service sink and storage of supplies was in a dedicated room.
 - 007.04 Medication Station. Language added to ensure that the medication station is a dedicated room.

- 007.06 Equipment and Supplies. Added in the requirement for testing and calibration of equipment and the maintenance of documentation of these tests to ensure the Department has access to review this information during licensure inspections.
 - 007.07 Sterile Processing and 007.08 Endoscope Cleaning and Reprocessing. Added both of these requirements as a measure of public health and consumer safety due to recent and ongoing issues in the region and nation with sterility and proper cleaning and the high potential for devastating public health outbreaks related to breaches in sterile processing and endoscope cleaning/reprocessing.
 - 007.15 Isolation Rooms. Added this requirement in to ensure a safe environment for the public, based on the licensee's risk assessment of the individual facility needs.
 - 007.22(A) Call Systems. Added clarity and provisions for wireless call systems for those licensed facilities as of the date of this chapter. This addition is to ensure public safety while customers are receiving care and treatment within a facility.
8. Section 008. Optional Services and Requirements. This section was added to provide one place in this chapter outlining specific regulatory requirements for licensees and applicants regarding optional services that are not required for all licensed hospitals as a matter of clarity for the public and licensee.
- 008.03 Hemodialysis Services. Added language to ensure that if hemodialysis services are provided by the licensee that the services meet the conditions of coverage as an End-State Renal Disease facility.
 - 008.04 Obstetrical and Newborn Services. Moved all obstetrical and newborn services requirements in this regulation chapter to this one section to provide clarity for optional services to the consumer, applicant and licensee.
 - 008.05 Pediatric Services. Moved all pediatric services requirements in this regulation chapter to this one section to provide clarity for optional services to the consumer, applicant and licensee.
 - 008.06 Surgical Services. Moved all surgical service requirements in this regulation chapter to this one section to provide clarity for optional services to the consumer, applicant and licensee.

- 008.07 Anesthesia Services. Moved all anesthesia service requirements in this regulation chapter to this one section to provide clarity for optional services to the consumer, applicant and licensee.
 - 008.08 Rehabilitation Services. Added this section to provide clarity and regulatory requirements for the consumers, public, applicants and licensees as more and more clinics are providing rehabilitation services. This regulation will ensure public safety.
 - 008.09 Respiratory Care Services. Moved all respiratory care service requirements in this regulation chapter to this one section to provide clarity for optional services to the consumer, applicant and licensee.
 - 008.10 Outpatient Services. Moved all outpatient service requirements in this regulation chapter to this one section to provide clarity for optional services to the consumer, applicant and licensee.
 - 008.11 Alzheimer's, Dementia and Related Conditions Services. Moved all anesthesia service requirements in this regulation chapter to this one section to provide clarity for optional services to the consumer, applicant and licensee.
 - 008.12 Social Work Services. Moved all social work service requirements in this regulation chapter to this one section to provide clarity for optional services to the consumer, applicant and licensee.
 - 008.13 Psychiatric or Mental Health Services. Moved all psychiatric or mental health service requirements in this regulation chapter to this one section to provide clarity for optional services to the consumer, applicant and licensee.
 - 008.14 Inpatient Hospice Services. Moved all inpatient hospice service requirements in this regulation chapter to this one section to provide clarity for optional services to the consumer, applicant and licensee.
9. Specific Hospital Requirements. Moved information regarding the specific types of hospitals outlined in the Health Care Facilities Licensure Act (General Acute Hospital, Critical Access Hospital, Psychiatric or Mental Hospital, Long Term Care Hospital and Rural Emergency Hospital) in one section of the regulations to make the regulations easier to navigate for the public, consumer, applicant and licensee.

- 009.06 Rural Emergency Hospital Requirements. LB 697 required the Department to promulgate regulations establishing minimum standards for the operation of rural emergency hospitals. Language added to address the need for this regulation.

B. Why is the rule necessary? Explain and provide an identification of authorizing statute(s) or legislative bill(s).

175 NAC 9 is necessary in order to provide direction to applicants and licensees regarding the minimal expectations for the facility in order to provide public safety.

1. Update of regulation (repeal of obsolete statutes, reflect current policy, editing or technical language changes, etc.)

Yes, repeal of duplicative statutory language and editing of current language.

2. Annual changes – cost of living, hunting season schedules, etc.

No annual changes.

3. Law was changed – federal ___ or state X [Cite authorizing statute(s) or legislative bill(s)]

LB697 was approved during the 2022 legislative session and is incorporated into this draft related to Rural Emergency Hospital licensure requirements.

4. Extension of established policy or program, new initiatives or changes in policy (within statutory authority) No.
5. Constituent initiated No.
6. Financial needs – increases/decreases in fees No.
7. Litigation requires changes in rules No.
8. Addresses legal or constitutional concerns of Attorney General's office No.
9. Implements federal or court mandate No.
10. Other (explain)

C. What happens if these rules are not adopted?

If these rules are not adopted, the Department would not be providing clear direction relating to the public, consumer, applicant or licensee regarding care and treatment provided in health clinic facilities. It would not eliminate unnecessary processes and duplication of statutory language, it would not assist with mobility for those who are unable to understand what is being told to them; it would not ensure public safety regarding infection control issues; public health issues and public health concerns about these facilities. Additionally, without the regulations, the consumer would not know what to expect when getting care and treatment from these facilities; and the public would not have safety measures in place to protect them from infections and other issues regarding public safety. Without these rules, the regulations required to be promulgated for Rural Emergency Hospitals will not be created.

By setting the standards in regulation, this provides safety for the public and applicants and licensees are provided with information necessary to maintain compliance with the statutes and regulations.

D. Policy Checklist

1. Is this an update or editorial change reflecting essentially no change in policy? Yes. There is no change in policy.
2. Does the policy in the proposed regulation reflect legislative intent? Yes.
3. Is the policy proposed in the regulation a state mandate on local government? N/A. Is it funded? N/A.
4. Is the policy proposed in the regulation a federal mandate on local government? N/A. Is it funded? N/A.

E. Fiscal Impact. In addition to completing the required Fiscal Impact Statement (a copy must be attached to this document), the agency must address the following:

1. Will the proposed regulation reduce, increase, or have no change in resources – funds, personnel or FTE? No change in fees or resources.
2. Have initial contacts been made with citizens or organizations that may be impacted by the proposed regulation?

Yes, proposed regulations have been shared with citizens interested in:

- Hospital Association so they are aware of potential changes;

- The Commission on the Deaf and Hard of Hearing;
- Pharmacy Groups; and
- Medical Nutritional Therapy Groups.

3. Does the proposed regulation impact another agency? Explain the impact.

No, the regulations do not impact another agency.

4. Will the proposed regulation reduce, increase, or have no change on reporting requirements of businesses? No change.

5. What is the agency's best estimate of the additional or reduced spending? If there is none, please note. If receipt of federal funds is contingent upon approval of the proposed regulation, then indicate the amount and nature of the federal funds affected, and enclose laws or correspondence from federal officials substantiating the information.

No change in spending.

6. Include a description of the impact that the proposed regulation will have on the number of state employees and how the agency intends to address proposed increases or decreases in FTE.

No impact.

F. Unique problems or issues and recommendations.

There are no unique problems or issues and recommendations

G. Who is expected to be affected, or to oppose or support the proposed regulation? Explain what initial informal contacts have been made with organizations or citizens who may be affected by the regulation prior to the public hearing.

We are not aware of any individuals, associations, or agencies that have voiced opposition and we have been in contact with stakeholders for their input.

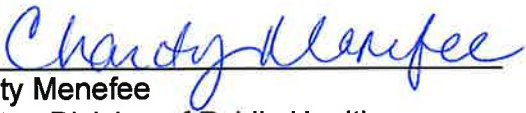
DHHS will solicit public comment on the proposed regulations before the public hearing.

H. Are these proposed rules a likely candidate for negotiated rulemaking? Explain. Has the process been completed? If so, explain how the issues were addressed.


No.

DHHS Division Director's Verification of Review

I have reviewed these proposals and verify that, at this stage of the regulation's development, these questions have been accurately addressed.



Charity Menefee
Director, Division of Public Health
Department of Health and Human Services



Date

~~NEBRASKA HEALTH AND HUMAN SERVICES
REGULATION AND LICENSURE~~

~~175-NAC-9~~

~~TITLE 175 HEALTH CARE FACILITIES AND SERVICES LICENSURE~~

~~CHAPTER 9 HOSPITALS~~

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ATTACHMENTS

42 CFR 485.601 to 485.641
(Critical Access Hospitals)

and

42 CFR 482.60 to 482.62
(Psychiatric Hospitals)

10-1-05 Edition of the
Code of Federal Regulations

EFFECTIVE

NEBRASKA DEPARTMENT OF
HEALTH AND HUMAN SERVICES

175 NAC 9

TITLE 175 HEALTH CARE FACILITIES AND SERVICES LICENSURE

CHAPTER 9 HOSPITALS

~~9-001. SCOPE AND AUTHORITY:~~ These regulations govern ~~the licensure licensing~~ of hospitals ~~under~~ ~~The regulations are authorized by and implement~~ the Health Care Facility Licensure Act, Nebraska Revised Statutes (Neb. Rev. Stat.) §§ 71-401 to 71-459759.

~~9-001.01 These regulations apply to hospitals. A hospital is a health care facility where diagnosis, treatment, medical care, obstetrical care, nursing care or related services are provided on an outpatient basis or on an inpatient basis for a period of more than 24 consecutive hours to persons who have an illness, injury or deformity or to aged or infirm persons requiring or receiving convalescent care.~~

~~9-001.02 Hospital includes a health care facility or part of a health care facility which provides space for a general acute hospital, a rehabilitation hospital, a long term care hospital, a critical access hospital or a psychiatric or mental hospital.~~

~~9-001.03 Hospital does not include a health care practitioner facility in which persons do not receive care or treatment for a period of more than 24 consecutive hours.~~

~~9-002. DEFINITIONS. The definitions set out in the Health Care Facility Licensure Act, Uniform Credentialing Act, 175 Nebraska Administrative Code (NAC) 1, and the following apply to this chapter.~~

~~Abuse means any knowing, intentional or negligent act or omission on the part of a person which results in physical, sexual, verbal or mental abuse, unreasonable confinement, cruel punishment, exploitation, or denial of essential care, treatment, and services to a patient.~~

~~Activities of daily living (See definition of "Care.")~~

~~Adjoining means located to allow access without having to enter a general corridor area used or observed by other facility occupants.~~

~~Administrator means the operating officer for a hospital and may include such titles as administrator, chief executive officer, manager, superintendent, director, or similar designation.~~

~~Applicant means the individual, government, corporation, partnership, limited liability company, or other form of business organization who applies for a license.~~

~~Bed capacity means the total number of adult and pediatric beds which can be set up in a hospital for use by patients. The term "bed capacity" excludes beds intended for ancillary usage such as emergency room beds, labor beds, recovery room beds, or stretchers, and excludes bassinets for newborn infants.~~

~~Biological means any virus, therapeutic serum, toxin, antitoxin or analogous product applicable to the prevention, treatment or cure of disease or injuries of humans.~~

~~Care means the exercise of concern or responsibility for the comfort, welfare, and habilitation of persons, including a minimum amount of supervision and assistance with or provision of personal care, activities of daily living, health maintenance activities, or other supportive services. For purposes of this chapter:~~

- ~~1. Activities of daily living means transfer, ambulation, exercise, toileting, eating, self-administered medication and similar activities;~~
- ~~2. Health maintenance activities means noncomplex interventions which can safely be performed according to exact directions, which do not require alteration of the standard procedure, and for which the results and patient responses are predictable; and~~
- ~~3. Personal care means bathing, hair care, nail care, shaving, dressing, oral care, and similar activities.~~

~~Chemical restraint means a psychopharmacologic drug that is used for discipline or convenience and is not required to treat medical symptoms.~~

~~Complaint means an expression of a concern or dissatisfaction.~~

~~Completed application means an application that contains all the information specified in 175 NAC 9-003 and includes all required attachments and documentation and the licensure fee.~~

~~Critical access hospital means a facility (1) with acute care inpatient beds where care or treatment is provided on an outpatient basis or on an inpatient basis to persons for an average period of not more than 96 hours and emergency services are provided on a 24 hour basis and (2) which has formal agreements with at least one hospital and other appropriate providers for services such as patient referral and transfer, communications systems, provision of emergency and nonemergency transportation, and backup medical and emergency services. A facility licensed as a critical access hospital must have no more than 25 acute care inpatient beds.~~

~~Department means the Department of Health and Human Services Regulation and Licensure.~~

~~Designee means a person who is authorized by law or the patient to act on his or her behalf, for example, a parent of a minor child, a legal guardian, a conservator, and an attorney in fact named in a durable power of attorney for health care.~~

~~Device means an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar or related article, including any component, part, or accessory, which is~~

~~prescribed by a medical practitioner and dispensed by a pharmacist or other person authorized by law to do so.~~

~~Direction and monitoring means, for the purpose of medication administration, the acceptance of responsibility for observing and taking appropriate action regarding any desired effects, side effects, interactions and contraindications associated with the medication. Direction and monitoring can be done by a:~~

- ~~1. Competent individual for himself or herself;~~
- ~~2. Caretaker; or~~
- ~~3. Licensed health care professional.~~

~~Director means the Director of Regulation and Licensure.~~

~~Drug means substances as defined in Neb. Rev. Stat. § 71-1,142.~~

~~Existing facility means a licensed health care facility or a facility whose construction or remodeling plans were approved by the Department prior to the effective date of 175 NAC 9.~~

~~Exploitation means the taking of property of a patient by means of undue influence, breach of a fiduciary relationship, deception, extortion or by any unlawful means.~~

~~Facility means the building or buildings constituting the hospital.~~

~~Five rights means getting the right drug to the right recipient in the right dosage by the right route at the right time.~~

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

~~Foreign when applied to corporations means all those created by authority other than that of the State of Nebraska.~~

~~General acute hospital means a hospital with a duly constituted governing authority where medical, nursing, surgical, anesthesia, laboratory, diagnostic radiology, pharmacy and dietary services are provided on an inpatient or outpatient basis by the organized medical staff of such hospital.~~

~~Governing authority means, depending on the organizational structure, an owner or owners, a board of directors or other governing members of the licensee, or state, city, or county officials appointed by the licensee.~~

~~Grievance means a written expression of dissatisfaction which may or may not be the result of an unresolved complaint.~~

~~Health care facility means an ambulatory surgical center, an assisted living facility, a center or group home for the developmentally disabled, a critical access hospital, a general acute hospital, a health clinic, a hospital, an intermediate care facility, an intermediate care facility for the mentally~~

~~retarded, a long-term care hospital, a mental health center, a nursing facility, a pharmacy, a psychiatric or mental hospital, a public health clinic, a rehabilitation hospital, a skilled nursing facility, or a substance abuse treatment center.~~

~~Health care practitioner means any individual credentialed under the Uniform Licensing Law or other laws of the State of Nebraska.~~

~~Health care practitioner facility means the residence, office or clinic of a practitioner or group of practitioners credentialed under the Uniform Licensing Law or any distinct part of the residence, office, or clinic.~~

~~Health care service means an adult day service, a home health agency, a hospice or hospice service, or a respite care service.~~

~~Health maintenance activities (See definition of "Care.")~~

~~002.01 HOSPITAL. Hospital means a facility where diagnosis, treatment, medical care, obstetrical care, nursing care or related services are provided on an outpatient basis or on an inpatient basis for a period of more than 24 consecutive hours to persons who have an illness, injury, or deformity or to aged or infirm persons requiring or receiving convalescent care. Any type of licensed hospital, with the exception of a licensed long term care hospital.~~

~~002.02 HOSPITAL BEDS. The total number of licensed adult and pediatric beds which can be set up and used for a patient within 24 hours. Beds used in emergency rooms, stretchers, labor and recovery rooms, and bassinets for newborn infants are excluded from the total licensed bed count.~~

~~002.03 INPATIENT. Inpatient means a person who receives 24-hour care and treatment or is to receive care and treatment and is admitted to the hospital by a medical practitioner. A consumer who has medical practitioner orders admitting them to the hospital for 24-hour care and treatment.~~

~~Licensed health care professional means an individual for whom administration of medication is included in the scope of practice.~~

~~Licensee means the individual, government, corporation, partnership, limited liability company or other form of business organization legally responsible for the operation of the hospital and to whom the Department has issued a license.~~

~~Long-term care hospital means a hospital or any distinct part of a hospital that provides the care and services of an intermediate care facility, a nursing facility, or a skilled nursing facility.~~

~~Medical practitioner means any licensed physician, osteopathic physician, dentist, podiatrist, optometrist, chiropractor, physician assistant, certified registered nurse anesthetist, advanced practice registered nurse, or certified nurse midwife.~~

~~002.04 MEDICAL STAFF BYLAWS. Medical staff bylaws means a set of rules adopted by the medical staff which governs its activities and includes any related rules and regulations.~~

A set of rules and regulations adopted by the medical staff governing the medical staff activities at the facility.

002.05 MEDICATION ERROR. Any variance between the chart order or prescription, the five rights, and administration of the medication.

~~Medication means any prescription or nonprescription drug intended for treatment or prevention of disease or to affect body functions in humans.~~

~~Medication administration includes, but is not limited to:~~

- ~~1. Providing medications for another person according to the five rights;~~
- ~~2. Recording medication provision; and~~
- ~~3. Observing, monitoring, reporting and otherwise taking appropriate actions regarding desired effects, side effects, interactions, and contraindications associated with the medication.~~

~~Medication aide means an individual who is listed on the medication aide registry operated by the Department as provided in 172 NAC 95 and 172 NAC 96.~~

~~Medication provision means the component of the administration of medication that includes giving or applying a dose of medication to an individual and includes helping an individual in giving or applying such medication to himself or herself.~~

~~Mental abuse means humiliation, harassment, threats of punishment, deprivation, or other actions causing mental anguish.~~

~~NAC means Nebraska Administrative Code.~~

~~Neglect means a failure to provide care, treatment, or services necessary to avoid physical harm or mental anguish of a patient.~~

~~New construction means a facility or a distinct part of a facility in which care and treatment is to be provided and which is enlarged, remodeled or altered in any fashion or is built from the ground up on or after the effective date of 175 NAC 9.~~

~~New facility means a facility or a distinct part of a facility in which care and treatment is to be provided and which is not currently licensed as a health care facility. New facility also includes those facilities which were previously licensed for care and treatment in another licensure category that now intends to seek licensure in a different category.~~

002.06 OUTPATIENT. Outpatient means a person who receives care for less than 24 hours by or under the supervision of a medical practitioner in the emergency service department, outpatient department or elsewhere in the hospital, but who is not admitted to the hospital as an inpatient. A consumer who receives care for less than 24 continuous hours in an emergency department, outpatient department, or other licensed hospital location who does not have medical practitioner orders admitting them to the facility.

~~002.07 PATIENT. Patient means a person who receives care and treatment as recommended by a medical practitioner at a hospital and includes inpatients and outpatients. A consumer who receives inpatient or outpatient care and treatment at a hospital.~~

~~Personal care (See definition of "Care.")~~

~~Physical abuse means hitting, slapping, pinching, kicking, or other actions causing injury to the body.~~

~~Physical restraint means any manual method or physical or mechanical device, material, or equipment attached or adjacent to the patient's body that he or she cannot remove easily and that restricts freedom of movement or normal access to his or her own body.~~

~~Physician means any person authorized to practice medicine in this state as provided in Neb. Rev. Stat. §§ 71-102 to 71-110.~~

~~Premises means a facility, the facility's grounds and each building or grounds on contiguous property used for administering and operating a facility.~~

~~PRN means an administration scheme in which a medication is not routine, is taken as needed, and requires assessment for need and effectiveness.~~

~~Psychiatric or mental hospital means a hospital that provides psychiatric services on an inpatient or outpatient basis to persons who have a mental disease, disorder, or disability.~~

~~Qualified inspector means a professional architect or engineer licensed to practice in Nebraska, an official or employee of a local jurisdiction authorized by that jurisdiction to make inspections of particular building equipment or systems, or an individual certified by a nationally recognized organization to make such inspections.~~

~~Rehabilitation hospital means a hospital that provides an integrated program of medical and other services for the rehabilitation of disabled persons.~~

~~Schematic plans means a diagram of the facility or service which describes the number and location of beds; the location of care and treatment rooms, Life Safety Code construction and occupancy classifications locations, fire compartments, and Fire Marshal approved points of safety.~~

~~Sexual abuse means sexual harassment, sexual coercion, or sexual assault.~~

~~Treatment means a therapy, modality, product, device or other intervention used to maintain well being or to diagnose, assess, alleviate or prevent a disability, injury, illness, disease or other similar condition.~~

~~Unlicensed direct care staff means personnel who are not licensed or certified under the Uniform Licensing Law or other state laws governing the practice of health care and whose primary responsibility is to manage, supervise, and/or provide direct care to patients. Unlicensed direct~~

~~care staff includes nursing assistants, medication aides, and other personnel with this responsibility and with job titles designated by the facility.~~

~~Utilization review committee means a committee established by the hospital to review the effective use of hospital resources and to ensure care is consistent with recognized professional standards, delivered in a cost effective manner and provided in a safe environment. This committee may be titled something other than utilization review.~~

~~Verbal abuse means the use of oral, written, or gestured language including disparaging and derogatory terms to patients or within their hearing distance.~~

~~**9-003. LICENSING REQUIREMENTS, AND PROCEDURES:** Any person intending to establish, operate, or maintain a hospital must first obtain a license from the Department. A facility must not hold itself out as a hospital or as providing health care services unless licensed under the Health Care Facility Licensure Act. An applicant for an initial or renewal license must demonstrate that the hospital meets the care, treatment, operational, and physical plant standards contained in 175 NAC 9. To receive a license, an applicant must submit a complete application and meet the requirements for a license set out in statute, 175 NAC 1, and in this chapter. All standards referenced in this chapter can be obtained at Department of Health and Human Services, Licensing Unit, 301 Centennial Mall South, Lincoln NE 68509 or be viewed on the Department's website.~~

~~**9-003.01 Initial License:** The initial license process occurs in two stages. The first stage consists of the applicant's submission of affirmative evidence of the ability to comply with the operational and physical plant standards contained in 175 NAC 9-006 and 175 NAC 9-007. The application is not complete until the Department receives documents specified in 175 NAC 9-003.01.~~

~~The second stage consists of the Department's review of the completed application together with an inspection of the hospital. The Department determines whether the applicant meets the standards contained in 175 NAC 9 and the Health Care Facility Licensure Act.~~

~~**9-003.01A Applicant Responsibilities:** An applicant for an initial hospital license must:~~

- ~~1. Intend to provide hospital services as defined;~~
- ~~2. Comply with the applicable codes, guidelines, and standards specified in 175 NAC 9-007;~~
- ~~3. Submit a written application to the Department as provided in 175 NAC 9-003.01B;~~
- ~~4. Receive approval in writing, from the Department, of schematic plan and, if new construction, of construction plans; and~~
- ~~5. Notify the Department at least 30 working days prior to planned patient occupancy.~~

~~**9-003.01B Application Requirements:** The applicant may construct an application or obtain an application form from the Department. The application must include:~~

- ~~1. Full name of the hospital to be licensed, street and mailing address, telephone number and facsimile number, if any;~~
- ~~2. Type of hospital to be licensed;~~
- ~~3. Name of the administrator;~~
- ~~4. Name and address(es) of the hospital owner(s);~~
- ~~5. Ownership type;~~
- ~~6. Mailing address(es) for the owner(s);~~
- ~~7. Preferred mailing address for receipt of official notices from the Department;~~
- ~~8. List of names and addresses of all persons in control of the hospital. The list must include all individual owners, partners, limited liability company members, parent companies, if any, and members of boards of directors owning or managing the operations and any other persons with financial interests or investments in the hospital. In the case of publicly held corporations, the individual owners listed must include any stockholders who own 5% or more of the company's stock;~~
- ~~9. Legal name of the individual or business organization (government, corporation, partnership, limited liability company or other type) to whom the license should be issued and a statement that the individual or organization accepts the legal responsibility for compliance with 175 NAC 9;~~
- ~~10. Applicant's federal employer identification number, if not an individual;~~
- ~~11. Applicant's social security number, if the applicant is an individual. To ensure social security numbers are not part of public records and are used only for administrative purposes, applicants may submit social security numbers in a separate document;~~
- ~~12. Number of beds;~~
- ~~13. Signature(s) of:
 - ~~a. The owner, if the applicant is an individual or partnership;~~
 - ~~b. Two of its members, if the applicant is a limited liability company;~~
 - ~~c. Two of its officers, if the applicant is a corporation; or~~
 - ~~d. The head of the governmental unit having jurisdiction over the hospital to be licensed, if the applicant is a governmental unit;~~~~
- ~~14. Copy of the registration as a foreign corporation filed with the Nebraska Secretary of State, if applicant is a foreign corporation;~~
- ~~15. Schematic plans;~~
- ~~16. For new construction, construction plans completed in accordance with the Engineers and Architects Regulation Act, Neb. Rev. Stat. §§ 81-3401 to 81-3455. An applicant may construct a project description and/or certification document, or obtain a form from the Department. Construction plans must include the following:
 - ~~a. Project name, description of the project with quantity and floor area information on bed, care, treatment, bathing, toileting, dining, and activity locations, building systems, medical equipment, street address, and contact person;~~~~

- ~~b. Site plan, floor plans, elevations, wall, and building sections, construction details, plumbing and electrical diagrams, and construction component schedules;~~
 - ~~c. Complete list of names, titles, and telephone numbers of other authorities reviewing or inspecting the construction;~~
 - ~~d. Upon Department request, any additional information that may be required for review, such as structural and mechanical calculations, electrical system calculations, and product and equipment information; and~~
 - ~~e. Certification, if any, from a licensed architect or engineer that the schematic plans, construction plans, and any revisions thereof meet the requirements of 175 NAC 9-007;~~
- ~~17. Planned occupancy date;~~
 - ~~18. Copies of zoning approval from the relevant jurisdiction;~~
 - ~~19. Occupancy certificates issued by the State Fire Marshal or delegated authority; and~~
 - ~~20. Required licensure fee specified in 175 NAC 9-004.10.~~

~~9-003.01C Department Responsibilities: The Department will:~~

- ~~1. Review the application for completeness;~~
- ~~2. Provide notification to the applicant of any information needed to complete the application;~~
- ~~3. Confirm, either by Department review or by accepting certification from an architect or engineer, that the schematic plans and, if new construction, the construction plans meet the standards of 175 NAC 9-007;~~
- ~~4. Upon receipt of the requested information, conduct an on-site inspection in accordance with 175 NAC 9-005 prior to the issuance of a hospital license; and~~
- ~~5. Issue or deny a license based on the results of the initial inspection.~~

~~9-003.01D Denial of License: See 175 NAC 9-008.01 and 9-008.02 for grounds and procedures for the Department's denial of an initial license.~~

~~9-003.02 Renewal Licenses~~

~~9-003.02A Licensee Responsibilities: The licensee must submit a written application to the Department. The licensee may construct an application, or obtain an application form from the Department. The application must include:~~

- ~~1. Full name of the hospital to be licensed, street and mailing address, telephone number, and facsimile number, if any;~~
- ~~2. Type of hospital to be licensed;~~
- ~~3. Name of the administrator;~~
- ~~4. Name and address(es) of the hospital or service owner(s);~~
- ~~5. Ownership type;~~
- ~~6. Mailing address(es) for the owner(s);~~
- ~~7. Preferred mailing address for receipt of official notices from the Department;~~

- ~~8. List of names and addresses of all persons in control of the hospital. The list must include all individual owners, partners, limited liability company members, parent companies, if any, and members of boards of directors owning or managing the operations and any other persons with financial interests or investments in the hospital. In the case of publicly held corporations, the individual owners listed must include any stockholders who own 5% or more of the company's stock;~~
- ~~9. Legal name of the individual or business organization (government, corporation, partnership, limited liability company or other type) to whom the license should be issued and a statement that the individual or organization accepts the legal responsibility for compliance with 175 NAC 9;~~
- ~~10. Applicant's federal employer identification number, if an individual;~~
- ~~11. Applicant's social security number if the applicant is an individual. To ensure social security numbers are not part of public records and are used only for administrative purposes, applicants may submit social security numbers in a separate document;~~
- ~~12. Number of beds;~~
- ~~13. Signature(s) of:
 - ~~a. The owner, if the applicant is an individual or partnership;~~
 - ~~b. Two of its members, if the applicant is a limited liability company;~~
 - ~~c. Two of its officers, if the applicant is a corporation; or~~
 - ~~d. The head of the governmental unit having jurisdiction over the hospital to be licensed, if the applicant is a governmental unit;~~~~
- ~~14. Occupancy certificates issued by the State Fire Marshal or delegated authority dated within the 18 months prior to the license expiration date; and~~
- ~~15. Required licensure fee as specified in 175 NAC 9-004.10.~~

~~9-003.02B Department Responsibilities: The Department will:~~

- ~~1. Send a notice of expiration and an application for renewal to the licensee's preferred mailing address not later than 30 days prior to the expiration date. The licensure renewal notice specifies:
 - ~~a. Date of expiration;~~
 - ~~b. Fee for renewal;~~
 - ~~c. License number; and~~
 - ~~d. Name and address of the hospital.~~~~
- ~~2. Issue a renewal when it determines that the licensee has submitted a completed application;~~
- ~~3. Send to each licensee that fails to renew its license a second notice, which is the final notice and specifies that:
 - ~~a. The licensee failed to pay the renewal fee or submit an application or both;~~
 - ~~b. The license has expired;~~~~

- ~~e. The Department will suspend action for 30 days following the date of expiration;~~
- ~~d. Upon receipt of the renewal fee and completed renewal application, the Department will issue the renewal license; and~~
- ~~e. That upon failure to receive the renewal fee and completed renewal application, the license will be lapsed.~~

- ~~4. Place the hospital license on lapsed status for nonpayment of fees if the licensee fails to renew the license. During this time, the hospital may not operate. The license remains in lapsed status until it is reinstated.~~

~~9-003.02C Refusal to Renew: See 175 NAC 9-008.01 and 9-008.02 for grounds and procedures for the Department's refusal to renew a license.~~

~~9-003.03 Reinstatement from Lapsed Status: A hospital requesting reinstatement of its lapsed license must submit to the Department an application for reinstatement and pay the required licensure fee specified in 175 NAC 9-004.10. The application must conform to the requirements specified in 175 NAC 9-003.02.~~

~~9-003.03A The Department will review the application for completeness and will decide if an onsite inspection is needed to determine compliance with the operation, care, treatment, and physical plant requirements of 175 NAC 9-006 and 9-007. The decision is based on the following factors:~~

- ~~1. The length of time that has transpired from the date the license was placed on lapsed status to the date of the reinstatement application; and~~
- ~~2. Whether the hospital has provided care or treatment from the site under a license that is different from the lapsed license.~~

~~9-003.03B When the Department decides that a reinstatement inspection is warranted, it will conduct the inspection in accordance with 175 NAC 9-005.~~

~~9-003.03C When the Department decides that a reinstatement inspection is not warranted, it will reinstate the license.~~

~~9-003.03D Refusal to Reinstatement: See 175 NAC 9-008.01 and 9-008.02 for grounds and procedures for the Department's refusal to reinstate a lapsed license.~~

~~9-004. GENERAL REQUIREMENTS. The following requirements are applicable to all hospital licenses.~~

~~9-004.01 Separate License: An applicant must obtain a separate license for each type of health care facility or health care service that the applicant seeks to operate. All buildings in which care and treatment are provided must comply with 175 NAC 9-006 and if applicable, 175 NAC 9-007. A single license may be issued for:~~

- ~~1. A hospital or service operating in separate buildings or structures on the same premises under one management;~~

- ~~2. An inpatient hospital that provides services on an outpatient basis at multiple locations; or~~
- ~~3. A health clinic operating satellite clinics on an intermittent basis within a portion of the total geographic area served by the health clinic and sharing administration with the clinics.~~

~~9-004.02 Single License Document: The Department may issue one license document that indicates the various types of health care facilities or health care services for which the entity is licensed.~~

~~9-004.03 004.01 EFFECTIVE DATE AND TERM OF LICENSE. Effective Date and Term of License: A hospital license expires annually on December 31 of each year.~~

~~9-004.024 License Not Transferable: LICENSE NOT TRANSFERABLE. A license is issued only for the premises and persons named in the application and is not transferable or assignable. Change of ownership (sale, whether of stock, title, or assets, lease, discontinuance of operations) or change of premises terminates the license. If there is a change of ownership and the hospital remains on the same premises, the inspection in 175 NAC 9-005 is not required. If there is a change of premises, the hospital must pass the inspection specified in 175 NAC 9-005.~~

~~9-004.05 Bed Capacity, Usage, and Location: The licensee must not put into use more beds than the total number of beds for which the hospital is licensed. Changes in the use or location of beds may occur at any time without prior Departmental approval for licensure purposes. A licensee must not locate more patients in a patient room than the capacity for which the room was originally approved.~~

~~9-004.06 Change of Ownership or Premises: The licensee must notify the Department in writing ten days before a hospital is sold, leased, discontinued, or moved to new premises.~~

~~9-004.07 Notification: An applicant or licensee must notify the Department in writing by electronic mail, facsimile, or postal service:~~

- ~~1. At the time of license renewal, of any change in the use or location of beds;~~
- ~~2. At least 30 working days prior to the date it wishes to increase the number of beds for which the hospital is licensed;~~
- ~~3. To request a single license document;~~
- ~~4. To request simultaneous facility or service licensure inspections for all types of licensure held or sought;~~
- ~~5. If new construction is planned, submit construction plans for Department approval prior to any new construction affecting patient care and treatment areas of the hospital. The Department may accept certification from an architect or engineer in lieu of Department review;~~
- ~~6. Within 24 hours of any patient death that occurred due to suicide, a violent act, or the patient's leaving the facility without staff knowledge when departure presented a threat to the safety of the patient or others;~~
- ~~7. Within 24 hours if a facility has reason to believe that a patient death was due to abuse or neglect by staff;~~

- ~~8. Within 24 hours of any facility fire requiring fire department response; or~~
- ~~9. Within 24 hours of an accident or natural disaster resulting in damage to the physical plant and having a direct or immediate adverse effect on the health, safety, and security of patients. This must include a description of the well-being of the facility's patients and the steps being taken to assure patient safety, well-being, and continuity of care and treatment. The notification may be made by telephone if the accident or natural disaster has affected the facility's capacity to communicate.~~

~~9-004.08 Information Available to Public: The licensee must make available for public inspection upon request licenses, license record information, and inspection reports. This information may be displayed on the licensed premises.~~

~~9-004.09 Deemed Compliance~~

~~9-004.09A Accreditation or Certification: The Department may deem an applicant or licensee in compliance with 175 NAC 9-006 based on its accreditation or certification as a hospital by the:~~

- ~~1. Joint Commission on Accreditation of Healthcare Organizations;~~
- ~~2. American Osteopathic Association;~~
- ~~3. Commission on Accreditation of Rehabilitation Facilities; or~~
- ~~4. Medicare or Medicaid certification program.~~

~~9-004.09A1 The applicant or licensee must request the Department to deem its facility in compliance with 175 NAC 9-006 based on accreditation or certification. The request must be:~~

- ~~1. Made in writing;~~
- ~~2. Submitted within 30 days of receipt of a report granting accreditation or certification; and~~
- ~~3. Accompanied by a copy of the accreditation or certification report.~~

~~9-004.09A2 Upon receipt of the request, the Department will deem the facility in compliance with 175 NAC 9-006 and will provide written notification of the decision to the facility within ten working days of receipt of the request.~~

~~9-004.09A3 The Department will exclude a facility that has been deemed in compliance with 175 NAC 9-006 from the random selection of up to 25% of facilities for compliance inspections under 175 NAC 9-005.04A. The facility may be selected for a compliance inspection under 175 NAC 9-005.04B.~~

~~9-004.09A4 To maintain deemed compliance, the licensee must maintain the accreditation or certification on which the license was issued. If the accreditation or certification has been sanctioned, modified, terminated, or withdrawn, the licensee must notify the Department within 15 days of receipt of notification of the action. After notifying the Department, the hospital may continue to operate unless the Department determines that the hospital no longer meets the requirements for licensure under the Health Care Facilities Licensure Act. If the Department determines the facility no~~

~~longer qualifies for deemed compliance, the facility is subject to inspections under 175 NAC 9-005.~~

~~9-004.10 004.03 FEES. Fees: The licensee must pay fees for licensure as set forth below: The fees for a hospital license are based on the number of licensed beds plus the number of outpatient surgeries reported in accordance with the Outpatient Surgical Procedures Data Act, Neb. Rev. Stat. § 81-6,114.~~

~~4. 004.03(A) INITIAL AND RENEWAL FEES. Initial and Renewal Licensure fees:~~

~~Following are initial and renewal fees for hospitals:~~

- ~~a. (i) 1 to 50 Beds \$1,750~~
- ~~b. (ii) 51 to 100 Beds \$1,850~~
- ~~c. (iii) 101 or more Beds \$1,950~~

~~d. All hospitals must also pay with their renewal licensure fee an additional fee under the Outpatient Surgical Procedures Data Act, Neb. Rev. Stat. §§ 81-6,111 to 81-6,119, as follows:~~

~~004.03(B) OUTPATIENT SURGICAL FEES. Following are outpatient surgical fees for hospitals:~~

- ~~(1)(i) 500 or fewer outpatient surgeries per year \$275~~
- ~~(2)(ii) 501 to 2,000 outpatient surgeries per year \$350~~
- ~~(3)(iii) More than 2,000 outpatient surgeries per year \$425~~

~~2. Duplicate license: \$10~~

~~3. Refunds for denied applications:~~

- ~~a. If the Department did not perform an inspection, the license fee is refunded except for an administrative fee of \$25;~~
- ~~b. If the Department performed an inspection, the fee is not refunded.~~

~~004.04 FEES. The fees for a rural emergency hospital license are based on the following plus the number of outpatient surgeries reported in accordance with the Outpatient Surgical Procedures Data Act, Neb. Rev. Stat. § 81-6,114.~~

~~004.04(A) INITIAL LICENSURE FEE.~~

- ~~(i) Initial Licensure Fee \$650~~

~~004.04(B) RENEWAL LICENSURE FEES.~~

- ~~(i) 1 to 50 unduplicated patient admissions in the past year \$650~~
- ~~(ii) 51 to 200 unduplicated patient admissions in the past year \$850~~
- ~~(iii) 201 or more unduplicated patient admissions in the past year \$950~~

~~004.04(C) OUTPATIENT SURGICAL FEES. Following are outpatient surgical fees for hospitals:~~

- ~~(i) 500 or fewer outpatient surgeries per year \$275~~
- ~~(ii) 501 to 2,000 outpatient surgeries per year \$350~~
- ~~(iii) More than 2,000 outpatient surgeries per year \$425~~

~~9-005. INSPECTIONS: Inspection requirements for licensed hospitals are outlined in the Health Care Facility Licensure Act and 175 NAC 1. To determine compliance with operational, care, treatment, and physical plant standards, the Department inspects the hospital prior to and following licensure. The Department determines compliance through on-site inspections, review of schematic and construction plans, and reports of qualified inspectors.~~

~~9-005.01 Initial Inspection: The Department will conduct an announced initial on-site inspection to determine compliance with 175 NAC 9-006 and 9-007. The inspection will occur within 30 working days, or later if requested by the applicant, of receipt of a completed application for an initial license. The Department will provide a copy of the inspection report to the hospital within ten working days after completion of an inspection.~~

~~9-005.02 Results of Initial Inspection~~

~~9-005.02A When the Department finds that the applicant fully complies with the requirements of 175 NAC 9-006 and 9-007, the Department will issue a license.~~

~~9-005.02B When the Department finds that the applicant had complied substantially but has failed to comply fully with the requirements of 175 NAC 9-006 and 9-007 and the failure(s) would not pose an imminent danger of death or physical harm to hospital patients, the Department may issue a provisional license. The provisional license:~~

- ~~1. Is valid for up to one year; and~~
- ~~2. Is not renewable.~~

~~9-005.02C When the Department finds the applicant has one or more violations that create no imminent danger of death or serious physical harm and no direct or immediate adverse relationship to the health, safety, or security of the hospital patients, the Department may send a letter to the hospital requesting a statement of compliance. The letter will include:~~

- ~~1. A description of each violation;~~
- ~~2. A request that the hospital submit a statement of compliance within ten working days; and~~
- ~~3. A notice that the Department may take further steps if the statement of compliance is not submitted.~~

~~9-005.02D The statement of compliance must indicate any steps that have been or will be taken to correct each violation and the estimated time to correct each violation. Based on the statement of compliance, the Department will take one of the following actions:~~

- ~~1. If the hospital submits and implements a statement of compliance that indicates a good faith effort to correct the violations, the Department will issue either a regular license or a provisional license; or~~

- ~~2. If the hospital fails to submit and implement a statement of compliance that indicates a good faith effort to correct the violations, the Department may deny the license.~~

~~9-005.02E When the Department finds the applicant fails to meet the requirements of 175 NAC 9-006 and 9-007 and the failure(s) would create an imminent danger of death or serious physical harm, the Department will deny the license.~~

~~9-005.03 Physical Plant Inspections: The Department will conduct inspections for conformity with construction plans and compliance with 175 NAC 9-007 at new facilities or new construction prior to use or occupancy.~~

~~9-005.03A On-site progress inspections of the physical plant by qualified inspectors for conformity to construction documents and compliance with code requirements may occur at any time after construction has begun and prior to the concealment of essential components.~~

~~9-005.03B The Department will conduct an on-site final inspection of the physical plant prior to use or occupancy. In lieu of an on-site final inspection by the Department, the Department may accept a certification from a licensed architect or engineer that the physical plant meets the requirements of the Health Care Facility Licensure Act and 175~~

~~NAC 9, and that the hospital is complete and ready for occupancy in accordance with Department approved plans. The architect or engineer may construct a certification form or obtain a certification form from the Department.~~

~~9-005.03B1 The certification must state:~~

- ~~1. Name of the architect or engineer;~~
- ~~2. Name of the professional entity with which he or she is affiliated, if any;~~
- ~~3. Address and telephone number;~~
- ~~4. Type of license held, the state in which it is held, and the license number;~~
- ~~5. Name and location of the facility;~~
- ~~6. Name(s) of the owner(s) of the facility;~~
- ~~7. New construction had the building structure and plumbing rough-in inspected by a qualified inspector prior to the time these would be concealed and preclude observation;~~
- ~~8. All new construction, care and treatment room sizes, bedroom sizes, handrails, grab bars, hardware, building systems, protective shielding, privacy curtains, appropriate room finishes, and other safety equipment are completed in accordance with approved construction plans; and~~
- ~~9. The facility is furnished, cleaned, and equipped for the care and treatment to be performed in compliance with 175 NAC 9-007, and approved for use and occupancy.~~

~~9-005.03B2 The certification must have attached to it:~~

- ~~1. Copies of documents from other authorities having jurisdiction verifying that the facility meets the codes specified in 175 NAC 9-007.03A, and is approved for use and occupancy;~~
- ~~2. Copies of certifications and documentation from equipment and building system installers verifying that all equipment and systems installed are operating and approved for use and occupancy; and~~
- ~~3. Schematic floor plans documenting actual room numbers and titles, bed locations, capacity, and life safety information.~~

~~9-005.04 Compliance Inspections: The Department may, following the initial licensure of a hospital, conduct an unannounced onsite inspection at any time as it deems necessary to determine compliance with 175 NAC 9-006 and 9-007. The inspection may occur based on random selection or focused selection.~~

~~9-005.04A Random Selection: Each year the Department may inspect up to 25% of the hospitals based on a random selection of licensed hospitals.~~

~~9-005.04B Focused Selection: The Department may inspect a hospital when the Department is informed of one or more of the following:~~

- ~~1. An occurrence resulting in patient death or serious physical harm;~~
- ~~2. An occurrence resulting in imminent danger to or the possibility of death or serious physical harm to patients;~~
- ~~3. An accident or natural disaster resulting in damage to the physical plant and having a direct or immediate adverse effect on the health, safety, and security of patients;~~
- ~~4. The passage of five years without an inspection;~~
- ~~5. A complaint alleging violation of the Health Care Facility Licensure Act or 175 NAC 9;~~
- ~~6. Complaints that, because of their number, frequency, or type, raise concerns about the maintenance, operation, or management of the hospital;~~
- ~~7. Financial instability of the licensee or of the licensee's parent company;~~
- ~~8. Outbreaks or recurrent incidents of physical health problems such as dehydration, pressure sores, or other illnesses;~~
- ~~9. Change of services, management or ownership;~~
- ~~10. Change of status of accreditation or certification on which licensure is based as provided in 175 NAC 9-004.09; or~~
- ~~11. Any other event that raises concerns about the maintenance, operation, or management of the hospital.~~

~~9-005.05 Results of Compliance Inspections~~

~~9-005.05A When the inspection reveals violations that create imminent danger of death or serious physical harm or have a direct or immediate adverse effect on the health, safety, or security of hospital patients, the Department will review the inspection findings within 20 working days after the inspection. If the evidence from the inspection supports the findings, the Department will impose discipline in accordance with 175 NAC 9-008.03.~~

~~9-005.05B~~ When the inspection reveals one or more violations that create no imminent danger of death or serious physical harm and no direct or immediate adverse effect on the health, safety, or security of hospital patients, the Department may request a statement of compliance from the hospital. The statement of compliance must indicate any steps that have been or will be taken to correct each violation and the estimated time to correct each violation. Based on the statement of compliance, the Department will take one of the following actions:

- ~~1.~~ If the hospital submits and implements a statement of compliance that indicates a good faith effort to correct the violations, the Department will not take any disciplinary action against the license; or
- ~~2.~~ If the hospital fails to submit and implement a statement of compliance, the Department will initiate disciplinary action against the hospital license, in accordance with 175 NAC 9-008.

~~9-005.06~~ Re-Inspections

~~9-005.06A~~ The Department may conduct re-inspections to determine if a hospital fully complies with the requirements of 175 NAC 9-006 and 9-007. Re-inspection occurs:

- ~~1.~~ After the Department has issued a provisional license;
- ~~2.~~ Before a provisional license is converted to a regular license;
- ~~3.~~ Before a disciplinary action is modified or terminated; or
- ~~4.~~ After the Department receives a statement of compliance for cited violations.

~~9-005.06B~~ Following a re-inspection, the Department may:

- ~~1.~~ Convert a provisional license to a regular license;
- ~~2.~~ Affirm that the provisional license is to remain effective;
- ~~3.~~ Modify a disciplinary action in accordance with 175 NAC 9-008.02; or
- ~~4.~~ Grant full reinstatement of the license.

~~9-006. STANDARDS OF OPERATION, CARE AND TREATMENT: 175 NAC 9-006.01 through 006.08 and 9-006.14 apply to the following hospitals: general acute, critical access, long-term care, psychiatric or mental and rehabilitation unless specified otherwise. Each hospital must organize, manage and administer resources to promote the attainment of its objectives and purposes, and in a manner consistent with its size, resources, and particular needs to ensure each patient receives the necessary service, care, and treatment. The major organizational divisions in each hospital must include a governing authority, an administration and a medical staff. In addition, the basic organization, responsibility and operation of each hospital must be described in a set of governing instruments which will vary with the form of organization but which must include a constitution or articles of incorporation, bylaws and medical staff bylaws. The governing instruments must describe the makeup of the governing authority, the terms of office and method of election or appointment and removal of governing authority members and officers, and the responsibilities of governing authority members, officers and standing committees. Each hospital is to be organized, managed, and administered by the licensee to ensure each patient receiving services at the facility receives necessary care and treatment in a safe manner, and in accordance with current standards of practice, the Health Care Facility Licensure Act, 175 NAC~~

1, and this chapter. Each hospital offsite location and mobile unit must meet the standards except where specified otherwise.

~~9-006.01. Governing Authority: LICENSEE RESPONSIBILITY. The responsibilities of the licensee include: Each hospital must have a governing authority that oversees and establishes the policy direction for the hospital. The governing authority meets at regular, stated intervals and at other times necessary for proper operation of the hospital and keeps written minutes of its meetings and actions.~~

~~9-006.01A The governing authority responsibilities include:~~

- ~~1. Monitoring policies to assure appropriate administration and management of the facility;~~
- ~~2. Maintaining the hospital's compliance with all applicable state statutes and relevant rules and regulations;~~
- ~~3. Ensuring the quality of all services, care and treatment provided to patients whether those services, care or treatment are furnished by hospital staff or through contract with the hospital;~~
- ~~4. Designating an administrator who is responsible for the day to day management of the hospital;~~
- ~~5. Defining the duties and responsibilities of the administrator in writing;~~
- ~~6. Notifying the Department in writing within five working days when a vacancy in the administrator position occurs, including who will be responsible for the position until another administrator is appointed;~~
- ~~7. Notifying the Department in writing within five working days when the administrator vacancy is filled indicating effective date and name of person appointed administrator;~~
- ~~8. Determining which categories of practitioners are eligible candidates for appointment to the medical staff;~~
- ~~9. Ensuring that under no circumstances is the accordance of medical staff membership or clinical privileges in the hospital dependent solely upon certification, fellowship or membership in a specialty body or society although Board certification can be one permissible criterion;~~
- ~~10. Appointment and reappointment of medical staff members and delineating their clinical privileges, according to the procedures for credentials review established by the medical staff and approved by the governing authority;~~
- ~~11. In collaboration with the medical staff, establishing criteria for membership on the medical staff or clinical privileges;~~

- ~~12. Rendering within a fixed period of time the final decision regarding medical staff recommendations for denial of staff appointments and reappointments, as well as for the denial, limitation, suspension or revocation of privileges. There must be a mechanism provided in the medical staff bylaws, rules and regulations for review of decisions, including the right to be heard when requested by the practitioner;~~
- ~~13. Ensuring the medical staff is accountable to the governing authority for the quality of medical care and treatment;~~
- ~~14. Ensuring a medical staff committee and a utilization review committee are formed and operated for the purpose of reviewing the medical and hospital care provided and the use of hospital resources to assist individual physicians, administrators and nurses in maintaining and providing a high standard of medical and hospital care and promoting the efficient use of the hospital;~~
- ~~15. Ensuring that any person engaged in work in or about the hospital and having any information or knowledge relating to the medical and hospital care provided or the efficient use of the hospital facilities, provides all related facts and information to the hospital medical staff committee or utilization review committee upon request by the committee(s). Such facts and information include, for example, medical records, quality assurance records, pharmacy records, observations or personal knowledge, and other similar information and documents related to the care and treatment provided by the hospital and the efficient use of its facilities.~~
- ~~16. Periodically reviewing reports and recommendations regarding all Quality Assurance/Performance Improvement activities and Medical Staff and Utilization Review Committee reports. Reports must be utilized to implement programs and policies to maintain and improve the quality of patient care and treatment;~~
- ~~17. Establishing a means for liaison and communication between the governing authority, the medical staff and administration and promote effective communication and coordination of services among the various hospital departments, administration and the medical staff;~~
- ~~18. Approving the organization, bylaws, rules and regulations, and policies and procedures of the medical staff and the departments in the hospital;~~
- ~~19. Establishing visitation policies which are in the best interest of patients, including, but not limited to, protection from communicable diseases, protection from exposure to deleterious substances and hazardous equipment and assurance of health and safety of patients; and~~
- ~~20. Determining if emergency medical technician intermediates or emergency medical technician-paramedics may perform activities within their scope of practice as either an employee or volunteer within the hospital.~~

- (A) Implementing policies and procedures to govern the total operation and maintenance of the facility;
- (B) Maintaining hospital compliance with all applicable state and federal statutes, codes, Rules, and regulations;
- (C) Ensuring the quality of all services, care and treatment provided a patient whether those services, care or treatment are furnished by hospital staff or through contract with an outside entity;
- (D) Designating an administrator in writing who is responsible for the day to day management of the hospital;
 - (i) Defining the duties and responsibilities of the administrator in writing;
 - (ii) Notifying the Department in writing within 5 working days if:
 - (1) A vacancy in the administrator position occurs including the name of who is responsible for the position until another administrator is appointed; and
 - (2) A vacancy in the administrator position is filled including the effective date and name of person appointed to that position;
- (E) Determining which categories of practitioners are eligible candidates for appointment to the medical staff;
- (F) Ensuring that medical staff membership or clinical privileges in the hospital does not depend solely upon certification, fellowship or membership in a specialty body or society although board certification can be one permissible criterion;
- (G) Appointing and reappointing medical staff members and delineating clinical privileges, according to credential review procedures established by the medical staff and approved by the governing authority;
- (H) Establishing criteria for membership on the medical staff or clinical privileges, in collaboration with the medical staff;
 - (i) Making final decisions regarding medical staff recommendations for denial of appointments and reappointments, and for the denial limitation, suspension or revocation of privileges, ensuring the practitioner has a right to be heard upon request;
- (J) Ensuring the medical staff is accountable to the licensee for the quality of medical care and treatment provided;
- (K) Ensuring a medical staff committee and a utilization review committee are formed and operated for the purpose of reviewing care and treatment provided to provide a high standard of medical care and promote the efficient use of the hospital;
- (L) Ensuring that any person working at and having any information or knowledge relating to the medical and hospital care provided or the efficient use of the hospital facilities, provides all related facts and information to the hospital medical staff committee or utilization review committee upon request by the committee or committees;
- (M) Reviewing reports and making recommendations regarding all Quality Assurance Performance Improvement, Medical Staff, and Utilization Review Committee activities. Ensuring these reports are utilized to implement programs and policies to maintain and improve the quality of patient care and treatment;
- (N) Establishing and promoting effective communication and coordination between the governing authority, the medical staff, administration, and the hospital departments;
- (O) Approving the organization, bylaws, rules, and regulations, and policies and procedures of the medical staff and departments in the hospital; and

(P) Establishing visitation policies which are in the best interest of patients to ensure their health and safety, and provide protection from communicable diseases, exposure to dangerous substances, and hazardous equipment.

006.02 GOVERNING AUTHORITY RECORDKEEPING. If a licensee has a governing authority, it must hold regularly scheduled meetings and minutes of the meetings must be retained for a minimum of 7 years.

~~9-006.04B3. ADMINISTRATION. Administration:~~ The administrator is ~~responsible for~~ to plan planning, organizing organize, and direct directing the day to day operations of the hospital. The administrator ~~must report and be~~ is directly responsible to the licensee and the governing authority, if any, in all matters related to the maintenance, operation, and management of the ~~hospital facility~~. The administrator's responsibilities include:

- ~~1-(A)~~ Being on the premises a sufficient number of hours to permit ensure adequate attention to the management of the hospital;
- ~~2-(B)~~ Providing for the protection of patients' health, safety, and well-being;
- ~~3-(C)~~ Maintaining staff appropriate to meet patient needs; Ensuring staffing in numbers and qualifications to meet patient care and treatment, and operation needs;
- ~~4-(D)~~ Designating a substitute, who is responsible and accountable for management of the facility, to act in the absence of the administrator; in writing, to act in their absence as needed;
- ~~5-(E)~~ Developing procedures which require the reporting of any evidence of abuse, neglect, or exploitation of any patient served by the hospital in accordance with Neb. Rev. Stat. § 28-732 of the Adult Protective Services Act or in the case of a child, in accordance with Neb. Rev. Stat. § 28-711; Being available during all hours of facility operation; and
- ~~6-(F)~~ Ensuring an investigation is completed on suspected abuse, neglect or exploitation and that steps are taken to prevent and protect patients. the completion, maintenance, and submission of reports and records as required by federal or state statute, regulation, and the Department.

006.04 ADMINISTRATIVE RECORDS. Accurate and complete administrative records of each facility's operation, including an annual report that summarized the scope and volume of services provided by the facility must be maintained and kept for a minimum of 7 years.

006.05 PERMANENT PATIENT INDEX. A permanent patient index must be maintained that includes:

- (A) Name and identification numbers of each patient;
- (B) Dates of admission and discharge;
- (C) Name of admitting physician or health care practitioner; and
- (D) Location to which patient was discharged.

006.06 CONSUMER SATISFACTION. A written process to measure consumer satisfaction with the services being provided by the facility must be established, implemented, and revised as necessary.

006.07 OFF-CAMPUS, SATELLITE LOCATIONS AND MOBILE UNITS. All off-campus, satellite locations or mobile units are to be approved by the Department and listed on the license prior to patient care and treatment being provided at a location.

006.08 MOBILE UNITS. Each mobile unit must have a designated location schedule available to the public at all times, identifying where the unit will be located so that unannounced inspections can occur as required in 175 NAC 1.

~~9-006.02~~ 006.09 Medical Staff: MEDICAL STAFF. Each hospital ~~must is to~~ have a medical staff that ~~operates under medical staff bylaws approved by the governing authority. Two or more hospitals may share a single medical staff, provided that all medical staff functions are completed for each hospital. The medical staff must be is~~ organized ~~and functions~~ in a manner and must function in a manner consistent with the size, needs, and resources of the hospital and of the medical staff facility. The medical staff responsibilities are:

- (A) Participating in the Quality Assurance Performance Improvement meetings;
- (B) Abiding by hospital and medical staff policies;
- (C) Establishing a disciplinary process for violation of a policy;
- (D) Reviewing the background, experience, training, and credentials of applicants for initial medical staff membership; and
- (E) Recommending criteria and procedures for appointment and reappointment, and to delineate clinical privileging to ensure the provision of quality patient care and treatment.

~~9-006.02A~~ Medical Staff Responsibilities: The medical staff must be responsible to the governing authority for the quality of medical care and treatment provided in the hospital and must:

- ~~1. Participate in a Quality Assurance/Performance Improvement program to determine the status of patient care and treatment;~~
- ~~2. Abide by hospital and medical staff policies;~~
- ~~3. Establish a disciplinary process for infraction of the policies;~~
- ~~4. Recommend criteria and procedures for appointment and reappointment to the medical staff and for delineating clinical privileging to facilitate the provision of quality patient care and treatment; and~~
- ~~5. Determine the supervision of and training for emergency medical technician-intermediates or emergency medical technician-paramedics.~~

~~9-006.02B~~006.09(i) MEDICAL STAFF APPOINTMENT. Medical—Staff Appointment: Membership on the medical staff ~~must will~~ be limited to those disciplines specified in the medical staff bylaws, rules and regulations or other similar governance document. Criteria for appointment and reappointment must include, ~~at a minimum,~~ continuing licensure or authority to practice in Nebraska. ~~The medical staff must:~~

- ~~1. Initially review the background, experience, training and credentials of applicants for medical staff membership;~~
- ~~2. Make recommendations to the governing authority with regard to membership and category of memberships; and~~

~~3.—Make recommendations to the governing authority regarding reappointment to the medical staff.~~

~~9-006.02G006.09(ii) CLINICAL PRIVILEGES. Clinical Privileges:~~ The medical staff ~~must is to~~ establish a written process for the delineation of clinical privileges. ~~The scope of privileges to be delineated must be stated with sufficient clarity to indicate the nature and extent of privileges. The process must include, but is not limited to: which includes:~~

- ~~(1): The disciplines and the procedures/tasks~~ Each discipline and the procedures or tasks for which medical staff in that discipline must be privileged to perform;
- ~~(2): The process by which application for clinical privileges is made and reviewed;~~ A process for the review of clinical privilege requests, including a competency component;
- ~~(3): The A~~ process for notification of clinical privilege decisions; and
- ~~(4): The A~~ process for appealing decisions to deny, limit, or otherwise modify privileges.

~~9-006.02D 006.09(iii) MEDICAL STAFF BYLAWS. Medical Staff Bylaws:~~ The medical staff must recommend and adhere to the medical staff bylaws ~~to carry out its responsibilities, subject to adoption by the governing authority.~~ Medical staff bylaws must include, ~~but are not limited to,~~ the following:

- ~~(1):~~ A description of how the medical staff is organized;
- ~~(2):~~ The time frame for medical staff meetings and the rules for conducting business;
- ~~(3):~~ Methods for evaluating clinical practice in the hospital;
- ~~(4):~~ Criteria and procedures for membership and clinical privileges;
- ~~(5):~~ The procedure for medical staff adoption and amendment of medical staff bylaws; and
- ~~(6):~~ Provision for establishing a utilization review committee.

~~9-006.03006.10 STAFFING. Staff Requirements:~~ Each hospital A licensee must maintain a sufficient number of staff with the ~~qualifications, training and skills necessary to meet patient needs. The hospital must be staffed 24 hours per day. The rotation of staff and the determination of when specifically licensed, registered or certified staff must be present in the hospital must be determined according to operational and patient care needs.~~ required experience, orientation, training, and competency necessary to meet the care and treatment needs of patients and the operational needs of the hospital. Each hospital must be staffed 24 hours per day. All staff are to wear visible identification to identify them to patients or their designee by name and title. A written job description is to be on file outlining the minimum qualifications and job duties for each position. Any unlicensed staff who assist in the provision of care and treatment provided to patients, must be supervised by a health care professional. Staff cannot provide care or treatment that is outside the scope of practice permitted by the credential held by the individual.

~~9-006.03A Employment Eligibility:~~ Each hospital must ensure and maintain evidence of the following:

9-006.03A1 Staff Credentials: Each hospital must verify:

- ~~1. The current active licensure, registration, certification or other credentials in accordance with applicable state law, prior to staff assuming job responsibilities and must have procedures for verifying that the current status is maintained; and~~
- ~~2. That an emergency medical technician intermediate or an emergency medical technician-paramedic providing service in the hospital is employed by or serving as a volunteer member of an emergency medical service licensed by the Department.~~

~~006.11 STAFF CREDENTIALS. Staff credentials are to be verified prior to staff assuming assigned job duties, and the licensee must maintain evidence that such status is checked and maintained throughout the entire time of employment.~~

~~9-006.03A2 Health Status: Each hospital must establish and implement policies and procedures related to the health status of staff to prevent the transmission of disease to patients.~~

~~9-006.03A2a Each hospital must ensure a health history screening is completed for each staff prior to assuming job responsibilities and must require staff to have a physical examination when the results of the health history screening indicate the examination is necessary.~~

~~006.12 STAFF HEALTH STATUS. A health history screening for all staff must be completed prior to staff assuming job duties. A licensee must make sure staff health status is maintained in a manner to prevent the potential transmission of disease to patients, visitors, and other staff.~~

~~9-006.03A3 Criminal Background and Registry Checks: Each hospital must complete and maintain documentation of pre-employment criminal background and registry checks on each unlicensed direct care staff member.~~

~~006.13 CRIMINAL BACK GROUND AND REGISTRY CHECKS. Criminal background and registry checks must be completed on any staff members who have direct and unsupervised access to or who provide care and treatment to patients at the facility. These checks must be completed prior to the staff having unsupervised contact with any patients at the facility. Documentation of such checks is to be maintained for as long as the staff member is employed at the facility.~~

~~9-006.03A3a006.13(A) CRIMINAL BACKGROUND CHECKS. Criminal Background Checks: The hospital must complete a A criminal background check must be completed through a governmental law enforcement agency or a private entity that maintains criminal background information.~~

~~9-006.03A3b006.13(B) REGISTRY CHECKS. Registry Checks: The hospital must check for adverse findings with each of the following registries: A check for adverse findings must include these Nebraska registries and similar registries in states where the individual has resided in the past 10 years:~~

- ~~1.(i) Nurse Aide Registry;~~
- ~~2.(ii) Adult Protective Services Central Registry;~~
- ~~3.(iii) Central Register of Child Protection Cases; and~~
- ~~4.(iv) Nebraska State Patrol Sex Offender Registry.~~

~~9-006.03A3c The hospital must:~~

- ~~1. Determine how to use the criminal background and registry information, except for the Nurse Aide Registry, in making hiring decisions;~~
- ~~2. Decide whether employment can begin prior to receiving the criminal background and registry information; and~~
- ~~3. Document any decision to hire a person with a criminal background or adverse registry findings, except for the Nurse Aide Registry. The documentation must include the basis for the decision and how it will not pose a threat to patient safety or patient property.~~

~~9-006.03A3d The hospital must not employ a person with an adverse finding on the Nurse Aide Registry regarding patient abuse, neglect, or misappropriation of patient property.~~

006.13(C) USE OF CRIMINAL BACKGROUND AND REGISTRY INFORMATION. Written policies and procedures are to be implemented and revised as necessary related to the use of information obtained through pre-employment criminal background and registry checks. These are to include the following:

- (i) Staff with adverse findings on the registries regarding abuse, neglect or misappropriation must not be employed at the facility;
- (ii) How information will be used in making hiring decisions;
- (iii) Whether employment can begin prior to receiving the results of the checks, how the safety or property of patients will be safeguarded until the results are available; what happens if the results have adverse findings; and
- (iv) How to maintain documentation of this information.

~~9-006.03B Training: Each hospital must ensure staff receive training in order to perform assigned job responsibilities.~~

006.14 STAFF TRAINING. Staff must receive initial and ongoing training and demonstrate competency before being assigned to independently perform job duties and assigned tasks. Training must be provided by a person qualified by education, experience, and knowledge in the subject area provided. The facility is to maintain the following documentation in each staff member's personnel file:

- (A) Date and time training was provided;
- (B) Summary of the information provided to staff;
- (C) Instructor name;
- (E) Staff sign in documentation; and
- (F) Results of competency or other testing completed as a result of each training.

~~9-006.03B1006.15 STAFF ORIENTATION. Orientation: Each hospital must provide and maintain evidence of an orientation program for all new staff and, as needed, for existing staff who are given new assignments. The orientation program must include an explanation of the: An orientation program must be provided for all new staff and for existing staff who are given new assignments. Documentation of this training must be maintained in each staff member's personnel file. The initial orientation program is to include the following:~~

- ~~1.(A)~~ Job duties and responsibilities;
- ~~2.(B)~~ ~~Hospital's~~ The facility sanitation and infection control programs;
- ~~3.(C)~~ Organizational structure ~~within the hospital~~;
- ~~4.(D)~~ Patient rights;
- ~~5.(E)~~ Patient care policies and procedures;
- ~~6.(F)~~ Personnel policies and procedures;
- ~~7.(G)~~ Emergency preparedness and disaster procedures;
- ~~8.(H)~~ Disaster preparedness plan; ~~and~~
- ~~9.(I)~~ Reporting requirements for abuse, neglect ~~or~~ and exploitation in accordance with the Adult Protective Services Act, Neb. Rev. Stat. § 28-372, or in the case of a child in accordance with Neb. Rev. Stat. § 28-711, and with ~~hospital~~ facility policies and procedures; ~~and~~
- (J) The facility hand hygiene program.

~~9-006.03B1a—Each hospital that approves emergency medical technician-intermediates and emergency medical technician-paramedics to provide service as either an employee or a volunteer must provide orientation to registered nurses, physicians, and physician assistants involved in the supervision of emergency medical technician-intermediates and emergency medical technician-paramedics. The orientation must include:~~

- ~~1.—Information regarding the scope of practice of an emergency medical technician-intermediate or emergency medical technician-paramedic; and~~
- ~~2.—Supervision requirements, as determined by the medical staff of the hospital, for emergency medical technician-intermediates and emergency medical technician-paramedics, to perform activities within their scope of practice as defined in 172 NAC 11, Regulations Governing Out-of-Hospital Emergency Care Providers, Section 11-006.~~

~~9-006.03B2 Ongoing Training: Each hospital must provide and maintain evidence of ongoing/continuous inservices or continuing education for staff. A record must be maintained including date, topics and participants.~~

~~9-006.03C Employment Record: Each hospital must maintain a current employment record for each staff person. The record must contain, at a minimum, information on orientation, inservices, credentialing and health history screening.~~

~~9-006.04006.16 PATIENT RIGHTS. Patient Rights: Each hospital must protect and promote each patient's rights. This includes the establishment and implementation of written policies~~

~~and procedures, which include, but are not limited to, the following rights. Each patient is to be afforded the opportunity to exercise his or her rights. Documentation that all patients or designee, when appropriate, have been informed of their rights in a manner and format they can understand must be kept in the medical record for each patient. Each patient must have~~ has the right to:

- ~~1-(A)~~ Respectful, ~~and~~ safe care given by ~~trained and~~ competent ~~personnel staff~~;
- ~~2-(B)~~ Be informed of ~~patient their~~ rights during ~~the~~ admission ~~process~~ in a manner and format they can understand;
- ~~3-~~ ~~Be informed in advance about care and treatment and of any change~~;
- ~~4-(C)~~ Participate in the development and implementation of a plan of care and any changes to that plan;
- ~~5-(D)~~ Make informed decisions regarding care and treatment options and ~~to receive be~~ provided with information necessary to ~~make~~ assist in making those decisions;
- ~~6-(E)~~ ~~Refuse treatment and to be informed of the medical consequences of refusing treatment~~ Be informed of the possible consequences of refusing care and treatment, to freely make a choice, and to be free from retaliation from the facility and staff for choosing to refuse care and treatment options;
- ~~7-(F)~~ Formulate advance directives and to have the ~~hospital facility~~ comply with the directives unless the ~~hospital notifies the patient of the inability to do so~~ facility notified the patient or designee in writing they are unable to comply and the reasons the facility is unable to comply;
- ~~8-(G)~~ Personal privacy and confidentiality of their medical records;
- ~~9-(H)~~ ~~Be free~~ Freedom from abuse, neglect, and exploitation;
- ~~10-(I)~~ ~~Access information contained in his/her medical record within a reasonable time frame when requested, subject to limited circumstances where the attending physician determines it would be harmful to disclose the information to the patient for therapeutic reasons~~ View information contained in their own medical record within a reasonable time when requested, excluding limited circumstances where the attending physician determines and documents that disclosure to the patient would be harmful;
- ~~11-(J)~~ ~~Be free from chemical and physical restraints that are not medically necessary~~ Freedom from restraints or seclusion used for staff convenience and not utilized to treat medical conditions;
- ~~12-(K)~~ Receive ~~hospital~~ services without discrimination based upon race, color, religion, gender, national origin, or payer source; ~~however,~~ Hhospitals are not required to provide uncompensated or free care and treatment unless otherwise required by law; ~~and~~
- ~~13-(L)~~ Voice complaints and file grievances without discrimination or reprisal and have those complaints and grievances addressed within a reasonable period of time; ~~and~~
- ~~(M)~~ Receive visitors. The hospital may refuse access to any person for any of the following reasons:
 - ~~(i)~~ The patient refuses to see the visitor;
 - ~~(ii)~~ The presence of the visitor may be injurious to the health and safety of the patient;
 - ~~(iii)~~ The visitor's behavior is unreasonably disruptive to the facility and the behavior is documented by the facility;

- (iv) The presence of the visitor threatens the security of patients, staff, or facility property; or
- (vi) The visitor is restricted by court order, the patient's guardian or legal representative or designee.

~~9-006.04A Grievances: Each hospital must establish and implement a written process that promptly addresses grievances filed by patients or their representatives. The process includes, but is not limited to:~~

- ~~1. A procedure for submission of grievances which is made available to patients or representatives;~~
- ~~2. Time frames and procedures for review of grievances and provision of a response; and~~
- ~~3. How information from grievances and responses are utilized to improve the quality of patient care and treatment.~~

~~9-006.05 Quality Assurance/Performance Improvement: Each hospital must have an effective, hospital-wide quality assurance/performance improvement program to evaluate care and treatment provided to patients. The program, must include, but is not limited to:~~

- ~~1. Establishment of appropriate committees such as a medical staff and utilization review committee for the purpose of reviewing the medical and hospital care as required under Neb. Rev. Stat. § 71-2046 with the power and authority provided under Neb. Rev. Stat. § 71-2047;~~
- ~~2. A written plan of implementation;~~
- ~~3. All services provided including contracted services;~~
- ~~4. The tracking of outpatient surgical procedures that result in unplanned patient admissions to a hospital within 72 hours of a procedure, due to post surgical complications;~~
- ~~5. Evaluation of care and treatment provided both by staff and through contract;~~
- ~~6. Appropriate action to address problems found through the program;~~
- ~~7. Evaluation of the outcome for any action taken; and~~
- ~~8. Reporting to the governing authority.~~

006.17 ABUSE, NEGLECT AND EXPLOITATION. A licensee must address any situation where there is reason to believe that abuse, neglect, or exploitation of a patient has occurred by a staff member, volunteer, family member, visitor, or any other person as provided in the Adult Protective Services Act or Child Protective Services Act.

006.17(A) REPORTING. Any suspected abuse, neglect or exploitation of a patient must be reported to:

- (i) The Adult and Child Abuse and Neglect Hotline via telephone immediately; and
- (ii) Local law enforcement as required by state and federal laws.

006.17(B) INVESTIGATION. Any incident of suspected abuse, neglect, or exploitation of a patient must be thoroughly investigated and a written report of the investigation must be submitted to the Department within 5 working days of the occurrence.

006.17(C) PROTECTION. All patients must be protected throughout the investigation of any suspected abuse, neglect or exploitation. Actions must be implemented as a result of the investigation to ensure patient safety and to prevent the potential for recurrence.

006.18 ADVANCED DIRECTIVES. Each licensee must comply with the requirements of the Health Care Power of Attorney Act and the Rights of the Terminally Ill Act. Patients or designees must be informed in a manner and format they can understand upon admission of the facility policies and procedures, and at the time of any change to the policies and procedures.

~~9-006.06 Patient Care and Treatment: Each hospital must provide the necessary care and treatment within the hospital's ability to meet the needs of patients. Care and treatment provided must meet prevailing professional standards and scope of practice requirements. Each hospital must establish and implement written policies and procedures that encompass care and treatment provided to patients.~~

~~9-006.06A Plan of Care: A plan of care must be established, implemented and kept current to meet the identified needs for each inpatient. The plan of care must be interdisciplinary when appropriate to meet individual needs of patients.~~

~~9-006.06B Administration of Medications: Each hospital must establish and implement policies and procedures to ensure patients receive medications only as legally prescribed by a medical practitioner in accordance with the Five Rights and prevailing professional standards.~~

~~9-006.06B1 Methods of Administration of Medications: When the hospital is responsible for the administration of medications, it must be accomplished by the following methods:~~

~~9-006.06B1a Self-Administration: The hospital must allow patients to self-administer medications, with or without supervision, when assessment determines patient is capable of doing so.~~

~~9-006.06B1b Licensed Health Care Professional: When the hospital utilizes licensed health care professionals for whom medication administration is included in the scope of practice, the hospital must ensure the medications are properly administered in accordance with prevailing professional standards.~~

~~9-006.06B1c Provision of Medication by a Person Other Than a Licensed Health Care Professional: When the hospital utilizes persons other than a licensed health care professional in the provision of medications, the hospital must follow 172 NAC 95 Regulations Governing the Provision of Medications by Medication Aides and Other Unlicensed Persons and 172 NAC 96 Regulations Governing the Medication~~

~~Aide Registry. Each hospital must establish and implement policies and procedures:~~

- ~~1. To ensure that medication aides who provide medications are trained and have demonstrated the minimum competency standards specified in 172 NAC 95-004;~~
- ~~2. To ensure that competency assessments and/or courses for medication aides have been completed in accordance with the provisions of 172 NAC 96-005;~~
- ~~3. That specify how direction and monitoring will occur when the hospital allows medication aides to perform the routine/acceptable activities authorized by 172 NAC 95-005 and as follows:~~
 - ~~a. Provide routine medication; and~~
 - ~~b. Provision of medications by the following routes:~~
 - ~~(1) Oral, which includes any medication given by mouth including sublingual (placing under the tongue) and buccal (placing between the cheek and gum) routes and oral sprays;~~
 - ~~(2) Inhalation, which includes inhalers and nebulizers, including oxygen given by inhalation;~~
 - ~~(3) Topical application of sprays, creams, ointments, and lotions and transdermal patches; and~~
 - ~~(4) Instillation by drops, ointments and sprays into the eyes, ears and nose;~~
- ~~4. That specify how direction and monitoring will occur when the hospital allows medication aides to perform the additional activities authorized by 172 NAC 95-009, which include, but are not limited to:~~
 - ~~a. Provision of PRN medications;~~
 - ~~b. Provision of medications by additional routes, including, but not limited to, gastrostomy tube, rectal and vaginal; and/or~~
 - ~~c. Participation in monitoring;~~
- ~~5. That specify how competency determinations will be made for medication aides to perform routine and additional activities pertaining to medication provision;~~
- ~~6. That specify how written direction will be provided for medication aides to perform the additional activities authorized by 172 NAC 95-009;~~
- ~~7. That specify how records of medication provision by medication aides will be recorded and maintained; and~~
- ~~8. That specify how medication errors made by medication aides and adverse reactions to medications will be reported. The reporting must be:~~
 - ~~a. Made to the identified person responsible for direction and monitoring;~~
 - ~~b. Made immediately upon discovery; and~~
 - ~~c. Documented in patient medical records.~~

~~9-006.06B2~~ Each hospital must establish and implement policies and procedures for reporting any errors in administration or provision of prescribed medications to the prescriber in a timely manner upon discovery and a written report of the error prepared.

~~9-006.06B3~~ Each hospital must establish and implement policies and procedures for reporting any adverse reaction to a medication in a timely manner upon discovery to the prescriber and for documenting the event in the patient's medical record.

~~9-006.06B4~~ Handling of Medications: Each hospital must establish and implement procedures to ensure that patients receive medications as prescribed by a medical practitioner. At a minimum, the following must be evident:

- ~~1.~~ A current policy and procedure manual regarding the handling of drugs in the hospital;
- ~~2.~~ A shift count of all controlled substances at each nursing unit which have been dispensed as multiple-dose floor stock or individual patient prescriptions. Unit-dose systems which do not exceed 24 hours duration may be exempt from this requirement; and
- ~~3.~~ Only authorized personnel designated by hospital policy are allowed access to medications.

~~9-006.06B5~~ Medication Record: Each hospital must maintain records in sufficient detail to assure that patients receive the medications prescribed by a medical practitioner and maintain records to protect medications against theft and loss. Each inpatient must have an individual medication administration record which includes, but is not limited to:

- ~~1.~~ The identification of the patient;
- ~~2.~~ The name of the medication given;
- ~~3.~~ The date, time, dosage, method of administration or provision for each medication, identification of the person who administered or provided the medication and any refusal by the patient; and
- ~~4.~~ The patient's medication allergies and sensitivities.

~~9-006.06C~~ Nutrition: Each hospital must provide for the daily nutritional needs of all patients, including the provision of any diets ordered by a medical practitioner.

~~9-006.06C1~~ A current diet manual acceptable to dietary, nursing and medical staff must be maintained and available for reference.

~~9-006.06C2~~ Education on matters of diet and nutrition must be available to patients when appropriate.

~~9-006.06C3~~ Assessments of the nutritional status of patients must be conducted by a licensed medical nutrition therapist as required by Neb. Rev. Stat. §§ 71-1,286 to 71-1,287 and 172 NAC 61-Regulations Governing the Practice of Medical Nutrition Therapy.

~~9-006.06D Patient Education: Each hospital must establish and implement a process to provide patients and/or their designee appropriate education to assist in understanding the identified condition and the necessary care and treatment.~~

~~006.19 PATIENT EDUCATION RECORD KEEPING REQUIREMENTS. Documentation of all education provided to a patient or their designee is to be retained in each patient's medical record. This information needs to include:~~

- ~~(A) The name of the persons who were provided education and their relationship to the patient;~~
- ~~(B) Information provided; and~~
- ~~(C) The date the education was provided, along with the name and title of the person providing the education.~~

~~9-006.06E 006.20 DISCHARGE PLANNING. Discharge Planning: Each hospital must provide discharge planning to patients who request information or who are identified as likely to suffer adverse health consequences upon discharge if there is not adequate discharge planning. The discharge planning program includes, but is not limited to: Discharge planning must be provided for all patients and his or her designee which is to include:~~

- ~~1.(A) A system for timely evaluation of any discharge planning needs of patients Development of a discharge plan which includes input from the patient or designee;~~
- ~~2.(B) Identification of the staff responsible for the discharge planning program;~~
- ~~3.(C) Development of a discharge plan with the patient or representative when need is identified Education regarding identified diagnoses, treatment provided, medications, and follow up needed in a manner and format the patient or designee can understand;~~
- ~~4.(D) Maintenance of a A complete and accurate list of community-based services, resources, and facilities to which patients can be referred for the patient or designee to choose from to meet their post-hospital care needs; and~~
- ~~5.(E) Arrangement for the initial implementation of a discharge plan including transfer of necessary Any transfer of necessary medical information to facilitate continuity of care upon discharge.~~

~~9-006.07 006.20(i) DISCHARGE PLANNING RECORD KEEPING REQUIREMENTS. Record Keeping Requirements: Each hospital must maintain records and reports in a manner to ensure accuracy and easy retrieval. Documentation of all discharge planning and education provided to a patient or his or her designee must be retained in each patient's medical record. This needs to include:~~

- ~~(1) The name of the persons who were involved in the discharge planning process and their relationship to the patient;~~
- ~~(2) Information provided; and~~
- ~~(3) Date and time the discharge information was provided to the patient or designee along with the name and title of the person providing the education.~~

~~006.21 PERSONAL POSSESSIONS. Patient personal possessions or belongings brought into the facility at the time of admission must be safeguarded. The facility must maintain~~

documentation of patient personal items upon admission and must reconcile them with the patient and or designee upon discharge from the facility.

006.22 PLAN OF CARE. A plan of care is to be established according to each patient's individual needs which must be kept current throughout the hospital stay. The plan of care must include a communication component which encompasses methods and interventions outlining how facility staff need to communicate with the patient and their designee in a manner and method the patient and designee can comprehend. The plan of care may be interdisciplinary when appropriate to meet a patient's needs.

~~9-006.07A—Medical Records:—A medical record must be maintained for every patient, including newborn infants, admitted for care in the hospital or treated in the emergency or outpatient service. Medical records may be created and maintained in written or electronic form, or a combination of both, provided the record meets 175 NAC 9. Medical records must contain sufficient information to clearly identify the patient, to justify the diagnosis and treatment and to document the results accurately.~~

~~9-006.07A1—Content:—Each medical record must contain, when applicable, the following information:~~

- ~~1.— Identification data;~~
- ~~2.— Chief complaint;~~
- ~~3.— Present illness;~~
- ~~4.— History and physical examination;~~
- ~~5.— Admitting diagnosis;~~
- ~~6.— All pathology/laboratory and radiology reports;~~
- ~~7.— Properly executed informed consent forms;~~
- ~~8.— Consultation reports;~~
- ~~9.— Medical practitioner orders;~~
- ~~-10.— Documentation of all care and treatment, medical and surgical;~~
- ~~-11.— Tissue report;~~
- ~~-12.— Progress notes of all disciplines;~~
- ~~-13.— Discharge summary and final diagnosis;~~
- ~~-14.— Autopsy findings; and~~
- ~~-15.— Advance directives, if available.~~

~~9-006.07A2—Medical records must contain entries which are dated, legible, and indelible.—The author of each entry must be identified and authenticated. Authentication must include signature, written initials, or computer entry.~~

~~9-006.07A3—Telephone or verbal orders of authorized individuals are accepted and transcribed by qualified personnel who are identified by title or category in the medical staff bylaws or rules and regulations.—Telephone or verbal orders must be authenticated as soon as is practical by the medical practitioner who is responsible for ordering, providing or evaluating the service furnished.~~

~~9-006.07A4—The hospital must monitor and require medical records be completed within 30 days of discharge of the patient.~~

~~9-006.07A5 Retention: The medical record of each patient must be maintained and preserved, in original, microfilm, electronic or other similar form, for a period of at least ten years following discharge or in the case of minors, the records must be kept until three years after the age of majority has been attained. In cases in which a hospital ceases operation, all medical records of patients must be transferred as directed by the patient or authorized representative to the hospital or other health care facility or health care service to which the patient is transferred. All other medical records that have not reached the required time for destruction must be stored to assure confidentiality and the Department must be notified of the address where stored.~~

~~9-006.07A6 Confidentiality: Medical records must be kept confidential, available only for use by authorized persons or as otherwise permitted by law. Records must be available for examination by authorized representatives of the Department.~~

~~9-006.07A7 Access: Patient information and/or records will be released only with consent of the patient or designee or as permitted by law. When a patient is transferred to another health care facility or service, appropriate information for continuity of care must be sent to the receiving health care facility or service.~~

~~9-006.07A8 Destruction: Medical records may be destroyed only when they are in excess of the retention requirements specified in 175 NAC 9-006.07A5. In order to ensure the patient's right of confidentiality, medical records are destroyed or disposed of by shredding, incineration, electronic deletion, or another equally effective protective measure.~~

~~9-006.07B Other Records/Reports: In addition to patient medical records, each hospital must maintain, when applicable, the following:~~

~~9-006.07B1 A permanent patient index that includes, but is not limited to:~~

- ~~1. Name and identification numbers of each patient;~~
- ~~2. Dates of admission and discharge;~~
- ~~3. Name of admitting physician; and~~
- ~~4. Disposition or place to which patient was discharged/transferred.~~

~~9-006.07B2 Administrative records and reports including governing authority and departmental meeting minutes, staff orientation and inservice records and staff schedules as worked for a minimum of three years, unless longer is required by law.~~

~~9-006.07B3 Records of all reports made regarding abuse, neglect or exploitation as required by Neb. Rev. Stat. §§ 28-372 and 28-711.~~

~~9-006.08 Infection Control: Each hospital must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the prevention, control and investigation of infections and communicable diseases.~~

~~9-006.08A The infection control program must include, but is not limited to:~~

- ~~1. All departments/services of the hospital;~~
- ~~2. The responsible person(s) for the program;~~
- ~~3. A system for identifying, reporting, investigating and controlling infections, communicable diseases, and nosocomial infections of patients and staff;~~
- ~~4. A definition of nosocomial infection;~~
- ~~5. A system for the early detection of infectious outbreaks to contain and prevent further spread of infection;~~
- ~~6. A method of monitoring treatment of infection for appropriateness and for alteration of treatment when necessary;~~
- ~~7. Implementation of corrective action plans; and~~
- ~~8. Mechanism for evaluation of the program.~~

~~9-006.09 General Acute Hospital Requirements: Each general acute hospital must have a duly constituted governing authority and organized medical staff and must provide medical, nursing, surgical, anesthesia, laboratory, diagnostic radiology, pharmacy and dietary services on an inpatient or outpatient basis.~~

~~9-006.09A Medical Services: Medical services must be provided in a manner sufficient to meet the medical needs of patients. Medical services must be given under the direction and supervision of a physician member of the medical staff.~~

~~9-006.09A1 There must be written policies and procedures that govern medical services approved by the medical staff.~~

~~9-006.09A2 There must be a mechanism for a sample review of medical services provided to evaluate the quality of services furnished to both inpatients and outpatients.~~

~~9-006.09B Nursing Services: Each hospital must have an organized nursing department, including a departmental plan of administrative authority with written delineation of responsibilities and duties of each category of nursing personnel in the form of written job descriptions.~~

~~9-006.09B1 Each hospital must have a registered nurse on duty 24 hours a day, seven days a week and registered nursing service available for all patients at all times.~~

~~9-006.09B2 Each hospital must have a person designated as fulltime Director of Nursing, Chief Nursing Executive or other similar title who is a registered nurse having a current license in the State of Nebraska. The Director of Nursing may serve as charge nurse in hospitals of 25 beds or less. A registered nurse must be designated to act as director in the director's absence.~~

~~9-006.09B3 A registered nurse must assign the nursing care of each patient to other nursing personnel in accordance with the patient's needs and the specialized qualifications and competence of the nursing staff available.~~

~~9-006.09B4 A registered nurse must be responsible for supervision and direction of nursing care.~~

~~9-006.09B5 Registered nurses on duty must be sufficient to provide nursing care and supervision in the patient areas.~~

~~9-006.09B6 Nursing care policies and procedures must be in writing and consistent with generally accepted practice.~~

~~9-006.09B7 There must be a continuing planned staff development program for all nursing department personnel. A record must be maintained including date, topic and participants. Specialized training of personnel to permit them to perform particular procedures or render specialized care, whether as part of a training program or as individualized instruction must be documented.~~

~~9-006.09B8 A schedule of nursing department personnel must be maintained for each area, including first initial and last name of staff member, title, and hours of duty. Nursing schedules must be maintained for not less than three years.~~

~~9-006.09B9 Each hospital must establish appropriate policies and procedures for those personnel authorized to receive telephone and verbal diagnostic and therapeutic orders.~~

~~9-006.09B10 There must be sufficient staff by qualifications and numbers on each shift to assist directly and indirectly in the provision of care or treatment to meet patient needs.~~

~~9-006.09C Surgical Services: Each hospital must provide surgical services in a manner sufficient to meet the needs of patients. Surgical services must be under the direction of a qualified physician member of the medical staff who must be responsible for the quality and scope of surgical services. Surgical services must be provided by medical practitioners who are authorized by their scope of practice and who have received privileges that define and describe the scope and conduct of surgical services that can be performed at the hospital.~~

~~9-006.09C1 Written policies and procedures must be established and implemented that define and describe the scope and conduct of surgical services and ensure safe and competent delivery of surgical services to patients. These policies and procedures are approved by the medical staff and include, but are not limited to:~~

- ~~1. Restrictions on access to the surgical suite and recovery room areas;~~
- ~~2. Proper attire in the surgical suite and recovery room areas;~~
- ~~3. Sterilization and disinfection of equipment and supplies;~~
- ~~4. Aseptic surveillance and practice;~~
- ~~5. Maintenance of a roster in the surgical suite which delineates the surgical privileges granted to each medical practitioner;~~
- ~~6. Maintenance of an operating room record log that includes, but is not limited to:
 - ~~a. Name and identification number of each patient;~~
 - ~~b. Date and inclusive time of surgical procedure;~~~~

- ~~c. Surgical procedure(s) performed;~~
- ~~d. Name(s) of surgeons and any assistants;~~
- ~~e. Name of nursing personnel (scrub and circulating);~~
- ~~f. Type of anesthesia; and~~
- ~~g. Name and title of person administering anesthesia.~~

- ~~7. Responsibility for the supervision of the surgical suite and recovery room;~~
- ~~8. Immediate availability of an emergency call system, cardiac monitor, defibrillator, suction and emergency airway supplies;~~
- ~~9. Availability of blood and blood products;~~
- ~~10. Requirement for patient history and physical examination;~~
- ~~11. Requirements for testing and disposal of surgical specimens;~~
- ~~12. Circumstances that require the presence of an assistant during surgery;~~
- ~~13. Procedures for handling infectious cases;~~
- ~~14. Immediate post-surgical care; and~~
- ~~15. Operative report requirements.~~

~~9-006.09C2 Each hospital must, at least annually, provide surgeons performing surgery at the hospital a report as to the number and rates of surgical infections in surgical patients of the surgeons as required by Neb. Rev. Stat. § 71-2083.~~

~~9-006.09C3 Each hospital that provides outpatient surgical services must evaluate patients for proper recovery before discharge. Qualified personnel must remain with the patient until the patient's status is stable and protective reflexes have returned to normal. A patient may be discharged only when a medical practitioner and hospital policies determine it is safe and appropriate to discharge. The hospital must establish medical criteria for discharge which are consistent with prevailing professional standards.~~

~~9-006.09D Anesthesia Services: Each hospital must provide anesthesia services in a manner sufficient to meet the needs of patients. Anesthesia is provided only by qualified individuals who are allowed to administer anesthesia under their scope of practice. This does not prohibit administration of anesthesia by medical or nurse anesthetist students under the supervision of a qualified individual.~~

~~9-006.09D1 Written policies and procedures must be established and implemented to ensure safe and competent delivery of anesthesia services to patients. These policies and procedures must be approved by the medical staff and include, but are not limited to:~~

- ~~1. Equipment maintenance;~~
- ~~2. Safety measures to guard against hazards;~~
- ~~3. Infection control measures; and~~
- ~~4. Pre and post anesthesia evaluations for inpatients and outpatients.~~

~~9-006.09E006.23 LABORATORY SERVICES. Laboratory Services: Each hospital A licensee must provide clinical laboratory services and these services may be available on the premises or through written agreement to meet the needs of patients. All laboratory testing;~~

~~whether provided either directly by the hospital or through agreement, or contract, must which comply with the federal Clinical Laboratory Improvement Amendments of 1988 as amended (CLIA). Laboratory services must be under the direction of a physician, preferably a pathologist. are to include:~~

- ~~(A) Identification of a physician who meets the qualifications for laboratory director, preferably a pathologist;~~
- ~~(B) Necessary laboratory services and testing as determined by the medical staff;~~
- ~~(C) Emergency laboratory services, including urinalysis, complete blood counts, blood typing and cross matching, and other necessary emergency laboratory services and tests as determined by the medical staff;~~
- ~~(D) Receipt and reporting of tissue specimens; and~~
- ~~(E) Which tissue specimens require macroscopic examination and which tissue specimens require both macroscopic and microscopic examination as determined by the medical staff.~~

~~006.23(i) LABORATORY SERVICES RECORD KEEPING. All laboratory testing reports and results must be maintained in the individual patient records to whom they apply.~~

~~006.23(ii) LABORATORY SERVICES PHYSICAL PLANT REQUIREMENTS. A licensee is to have dedicated laboratory areas for sample collection, protection, analyzing, testing and storage.~~

~~9-006.09E1 Each hospital provides or has available necessary laboratory services as determined by the medical staff.~~

~~9-006.09E2 The hospital must have accessible emergency laboratory services including urinalysis, complete blood counts, blood typing and cross matching and other necessary emergency laboratory work as determined by the medical staff.~~

~~9-006.09E3 Provision must be made for proper receipt and reporting of tissue specimens.~~

~~9-006.09E4 The medical staff must determine which tissue specimens require a macroscopic examination and which require both macroscopic and microscopic examinations.~~

~~006.24 NUTRITIONAL SERVICES. Nutritional services must include:~~

- ~~(A) Assessment of a patient's nutritional status by a licensed medical nutrition therapist;~~
- ~~(B) A therapeutic diet order for a patient may be written by the following professions, if approved by the medical staff and credentialed by the licensed hospital, in accordance with state and federal law:
 - ~~(i) Medical Practitioner; or~~
 - ~~(ii) Licensed Medical Nutritional Therapist in accordance with Neb. Rev. Stat. § 38-1813-;~~~~
- ~~(C) Education on diet and nutrition in a language and format the patient or designee can understand;~~
- ~~(D) A sufficient number of qualified and competent dietary and nutritional staff as determined by each individual hospital needs on duty;~~

- (E) Menus to be planned, written, and followed;
- (F) Meals are to be served to patients at appropriate times and intervals; and
- (G) The Nebraska Food Code must be met at all times.

006.24(i) NUTRITIONAL SERVICES PHYSICAL PLANT REQUIREMENTS. If food preparation is provided onsite, a licensee is to have dedicated space and equipment for the preparation, storage, and processing of meals. Food service physical environment must comply with the Nebraska Food Code, except when used exclusively for activities or training purposes.

006.24(ii) DINING AREAS. If provided, dining areas for patients must have an outside wall with windows for natural light and ventilation and must not be in spaces used for sleeping, offices or corridors. Each dining area needs to:

- (1) Be furnished with tables and chairs that accommodate or conform to patient needs;
- (2) Have a floor area of 15 square feet per patient in existing facilities; and
- (3) Allow for group dining at the same time in either separate dining areas, or a single dining area, dining in 2 shifts or dining during open dining hours.

~~9-006.09F Radiology Services: Each hospital must provide radiology services and these services may be available on the premises or through written agreement to meet the needs of patients.~~

~~9-006.09F1 Radiology services must be under the direction of a physician, preferably a radiologist, and must comply with the provisions of Neb. Rev. Stat. §§ 71-3501 to 71-3520, the Radiation Control Act, and the regulations promulgated thereunder.~~

~~9-006.09F2 Personnel performing medical radiography procedures must be licensed in accordance with Neb. Rev. Stat. §§ 71-3515.01 to 71-3515.02 and the regulations promulgated thereunder.~~

~~9-006.09F3 Each hospital must have available emergency radiology services.~~

~~9-006.09F4 All x-ray films must be reviewed and interpreted by a physician. Complete reports of the results of x-ray examinations must be kept on file for not less than five years and a copy must be filed in the patient's medical record.~~

~~9-006.09G006.25 PHARMACY SERVICES. Pharmacy Services: Pharmacy services must be provided to meet the needs of patients directly or through written agreement, and Medications, devices, and any biologicals must be under the supervision of a licensed Nebraska pharmacist licensed in Nebraska or licensed Nebraska physician. The storage, control, handling, compounding, and dispensing of drugs, devices, and biologicals must be in accordance with Neb. Rev. Stat. §§ 71-1,142 to 71-1,147.59 and the regulations promulgated thereunder state and federal law. Any licensee that has a pharmacy or engages in the practice of pharmacy must do so in accordance with the Pharmacy Practice Act. Each licensee must identify a qualified, competent Nebraska licensed pharmacist designated as the pharmacist-in-charge.~~

006.25(A) HOSPITAL PHARMACY QUALITY ASSURANCE REPORT. All hospital pharmacies must complete and submit a Hospital Pharmacy Quality Assurance Report form and annual inventory of controlled substances to the Division of Public Health for review.

006.25(A)(i) DUE DATE. The Hospital Pharmacy Quality Assurance Report and inventory must be submitted no later than May 1 annually.

006.25(A)(ii) PLAN OF CORRECTION. If deficiencies are found in either the Hospital Pharmacy Quality Assurance Report or the inventory the licensee must submit a plan of correction.

~~9-006.09G1~~ ~~Emergency drugs, devices and biologicals as determined by the medical staff must be readily available for use at designated locations when an emergency occurs.~~

~~9-006.09G2~~ ~~Current and accurate records must be kept on the receipt and disposition of all controlled substances.~~

~~9-006.09G3~~ ~~The supply of drugs, devices and biologicals and controlled substances must be protected and restricted to use for legally authorized purposes.~~

~~9-006.09G4~~ ~~Abuses and losses of controlled substances must be reported in accordance with Neb. Rev. Stat. §§ 28-401 to 28-445, the Uniform Controlled Substances Act, and the regulations promulgated thereunder.~~

~~9-006.09G5~~ ~~Drugs, devices and biologicals must be stored in locked areas in accordance with the manufacturer's instructions for temperature, light, humidity or other storage instructions.~~

~~9-006.09G6~~ ~~Drugs, devices and biologicals must be removed from the pharmacy or storage area only by personnel designated in hospital policies and in accordance with state and federal law.~~

~~9-006.09G7~~ ~~The supply of drugs, devices and biologicals must be checked on a regular basis to ensure expired, mislabeled, unlabeled or unusable products are not available for patient use and are disposed of in accordance with hospital policies and state and federal law.~~

~~9-006.09G8~~ ~~Information relating to interactions, contraindications, side effects, toxicology, dosage, indications for use, and routes of administration for drugs, devices and biologicals must be available to staff.~~

006.26 MEDICATIONS, BIOLOGICALS AND DEVICES. Medications, biologicals, and devices may only be provided to patients as legally prescribed by a medical practitioner and administered by a health care professional who has medication administration included in their

scope of practice and may only be dispensed by a Nebraska licensed pharmacist or a Nebraska licensed physician with a dispensing permit. Pharmacy services are to include:

- (A) A current policy and procedure manual regarding the administration and handling of all medications and biologicals in the facility available to all staff at all times;
- (B) A documented count of all controlled substances completed every shift;
- (C) Authorized personnel permitted access to medications and biologicals;
- (D) Written procedures for the self-administration of medication, if applicable;
- (E) Medication error and adverse reaction reporting and documentation;
- (F) Information related to interactions, contraindications, side effects, toxicology, dosage, indications for use, and routes of administration available to staff at all times;
- (G) Emergency medications and biologicals;
- (H) Checking for expired, mislabeled or otherwise unusable medications, devices or biologicals on a regular basis, and method of keeping them from being used for patients;
- (I) Dispensing of medications and biologicals;
- (J) If performed, compounding of medication must be done by personnel trained to compound, in compliance with written procedures for the process of compounding and in accordance with state and federal law;
- (K) The use, storage of, and provision of sample medications and biologicals;
- (L) Recording, reporting, and investigating the abuse or loss of any drugs and biologicals;
- (M) Storage of all drugs, devices, and biologicals in secured areas, and in accordance with the manufacturer's, distributor's, packager's, or dispensing pharmacist's instructions regarding temperature, light, humidity, and other storage instructions;
- (N) Information regarding all drugs, devices, and biologicals administered, provided or dispensed to a patient must be recorded and maintained in the patient's medical record. The record must contain the date of administration or provision; the identification of the person who administered or provided the medication, device or biological to the patient; the patient's medication allergies and sensitivities; any refusal of medication by the patient or the patient's designee; and any time a drug, device, or biological ordered by a medical practitioner has not been provided to the patient in accordance with the medical practitioner's order;
- (O) A complete and accurate record of all medications, devices, and biologicals received, stored, administered, provided, dispensed or disposed of by the hospital must be kept and maintained for a minimum of 7 years; and
- (P) Drugs, devices, and biologicals used as part of a clinical investigation must be maintained in a locked and separate area from all other drugs, devices, and biologicals, and must only be administered in accordance with the clinical study protocol.

~~9-006.09H Dietary Services: Dietary services must be provided directly or through written agreement to meet the general nutritional needs of patients and must be supervised by a registered dietitian. If there is not a full-time registered dietitian, a person must be designated as full-time director of dietary services and is responsible for the daily management of dietary services.~~

~~9-006.09H1 There must be written policies and procedures established and implemented that provide dietary services to meet patient needs.~~

~~9-006.09H2~~ There must be a sufficient number of trained staff to provide dietary services.

~~9-006.09H3~~ Menus must be planned, written and followed to meet the nutritional needs of patients.

~~9-006.09H4~~ Meals must be served to patients at appropriate intervals.

~~9-006.09H5~~ Each hospital stores, prepares, protects, serves and disposes of food in a safe and sanitary manner and in accordance with the Food Code.

~~9-006.09I~~ Emergency Services: Critical Access Hospitals must provide emergency services on a 24-hour basis. General Acute, Long-Term Care, Psychiatric or Mental and Rehabilitation Hospitals are not required to provide emergency services. However, if provided, there must be an easily accessible emergency area which must be equipped and staffed to ensure that ill or injured persons can be promptly assessed and treated or transferred to a hospital capable of providing needed specialized services. Emergency services must be under the direction of a physician member of the medical staff who must be responsible for the quality and scope of emergency services.

~~9-006.09I1~~ Each hospital that provides emergency services must establish and implement written policies and procedures which include, but are not limited to:

- ~~1.~~ Provision for 24-hour per day medical and nursing services by medical staff and registered nurses on duty or on call;
- ~~2.~~ Medical and nursing personnel must be qualified in emergency care to carry out the written emergency procedures and needs anticipated by the hospital;
- ~~3.~~ Emergency drugs, devices, biologicals, equipment and supplies must be available for immediate use in the emergency area for treating life-threatening conditions;
- ~~4.~~ A medical record must be kept for each patient receiving emergency services and must be integrated into the patient's medical record;
- ~~5.~~ An emergency room log that documents:
 - ~~a.~~ Patient name;
 - ~~b.~~ Date, time and method of arrival;
 - ~~c.~~ Physical findings;
 - ~~d.~~ Care and treatment provided;
 - ~~e.~~ Name of treating medical practitioner; and
 - ~~f.~~ Disposition including time; and
- ~~5.~~ Provision of written instructions to patients for care and an oral explanation of those instructions.

~~9-006.09I2~~ Any hospital that ceases to provide emergency services must notify the Department as soon as possible prior to the action.

~~9-006.09J~~ **Critical Care Unit Services:** If a hospital provides critical care unit services, e.g., an intensive care, coronary care, intensive newborn nursery, burn unit, or transplant unit, the unit must be under the direction of a physician member of the medical staff, qualified to direct such services, and who must be responsible for the quality and scope of services.

~~9-006.09J1~~ Each hospital that provides special care unit services must establish and implement written policies and procedures which include, but are not limited to:

- ~~1. The scope and care for patients in each special care unit service;~~
- ~~2. Supervision by a qualified registered nurse;~~
- ~~3. The special equipment, medications and supplies that are to be immediately available in the unit for provision of care and treatment and to carry out the functions of the unit;~~
- ~~4. Qualifications of personnel assigned to provide care in the unit;~~
- ~~5. Medical and nursing staff coverage for the unit; and~~
- ~~6. Admission and discharge criteria.~~

~~9-006.09K~~ **Obstetrical and Newborn Services:** Obstetrical and newborn services, if provided, must be under the direction of a physician member of the medical staff, qualified to direct such services, and who must be responsible for the quality and scope of services.

~~9-006.09K1~~ Each hospital that provides obstetrical and newborn services must establish and implement written policies and procedures which include, but are not limited to:

- ~~1. The scope of and care for patients receiving obstetrical and newborn services;~~
- ~~2. Supervision of nursing care including labor, delivery, and nursery by a qualified registered nurse;~~
- ~~3. The drugs, devices, biologicals, equipment and supplies that are to be immediately available for provision of care;~~
- ~~4. Appropriate attire to be worn during labor and delivery and in the nursery;~~
- ~~5. The flow of hospital staff between the obstetric and newborn units and other patient care areas;~~
- ~~6. The use of oxytocic drugs and administration of anesthetics, sedatives, analgesics and other drugs, devices and biologicals;~~
- ~~7. Care and staff responsibilities during induction or augmentation of labor;~~
- ~~8. The presence of fathers or other support persons during labor and delivery;~~
- ~~9. The method for correct identification of the newborn and mother; and~~
- ~~10. Immediate care of a newborn.~~

~~9-006.09L Pediatric Services: Pediatric services, if provided, must be under the direction of a physician member of the medical staff, qualified to direct the services, and who must be responsible for the quality and scope of services.~~

~~9-006.09L1 Each hospital that provides care and treatment to pediatric patients in a distinct unit must establish and implement written policies and procedures which include, but are not limited to:~~

- ~~1. The scope of and care for pediatric patients;~~
- ~~2. Supervision by a qualified registered nurse;~~
- ~~3. Location of pediatric patients apart from adult patients and newborn infants;~~
- ~~4. Drugs, devices, biologicals, equipment and supplies suitable for use with pediatric patients; and~~
- ~~5. Policies defining conditions under which parents or support persons may stay or "room in" with pediatric patients.~~

~~9-006.09M Rehabilitation Services: Rehabilitation services, if provided, must be under the direction of a qualified individual(s), as determined by the hospital. This individual is responsible for the quality and scope of rehabilitation services.~~

~~9-006.09M1 Each hospital that provides rehabilitation services must establish and implement written policies and procedures which include, but are not limited to:~~

- ~~1. The scope and care of patients receiving rehabilitation services;~~
- ~~2. Supervision by a qualified therapist;~~
- ~~3. Provision of rehabilitation services by qualified personnel who are credentialed in Nebraska, if required, and who act within their scope of practice;~~
- ~~4. Provision of therapy in accordance with medical practitioner orders;~~
- ~~5. Coordination with other services in the hospital;~~
- ~~6. Treatment plan documentation and record keeping requirements; and~~
- ~~7. Equipment maintenance to ensure patient safety.~~

~~9-006.09N Respiratory Care Services: Respiratory care services, if provided, are under the direction of a physician member of the medical staff who is responsible for the quality and scope of respiratory care services.~~

~~9-006.09N1 Each hospital that provides respiratory care services must establish and implement written policies and procedures which include, but are not limited to:~~

- ~~1. The scope and care of patients receiving respiratory care services;~~
- ~~2. Supervision by a qualified respiratory care practitioner;~~
- ~~3. Provision of respiratory care services by qualified personnel as allowed by their scope of practice;~~
- ~~4. Provision of therapy must be provided in accordance with medical practitioner orders;~~
- ~~5. Coordination with other services in the hospital;~~
- ~~6. Treatment plan documentation and record keeping requirements; and~~

~~7. Equipment maintenance to ensure patient safety.~~

~~9-006.090 Social Work Services: Social work services, if provided, must be under the direction of a certified social worker who must be responsible for the quality and scope of social work services.~~

~~9-006.0901 Each hospital that provides social work services must establish and implement written policies and procedures which include, but are not limited to:~~

- ~~1. The scope and care of patients receiving social work services;~~
- ~~2. The assessment of personal and social functioning of patients;~~
- ~~3. Coordination with other services in the hospital;~~
- ~~4. Role in intervention, discharge planning and referral of patients; and~~
- ~~5. Documentation and record keeping requirements.~~

~~9-006.09P Outpatient Services: Outpatient services, if provided, must be under the direction of a qualified individual(s), as determined by the hospital, who must be responsible for the quality and scope of outpatient services.~~

~~9-006.09P1 Each hospital that provides outpatient services in a distinct area on the hospital premises or at another location must establish and implement written policies and procedures which include, but are not limited to:~~

- ~~1. The scope and care of outpatient services;~~
- ~~2. Provision of outpatient services in accordance with medical practitioner orders;~~
- ~~3. The numbers and qualifications of staff necessary to meet patient needs based on the type and volume of services provided;~~
- ~~4. Documentation and record keeping requirements and procedures to integrate the outpatient medical record with existing inpatient records; and~~
- ~~5. Equipment and allocation of space for the provision of outpatient services to ensure safety and privacy to patients.~~

~~9-006.10 Critical Access Hospital: Each critical access hospital must have no more than 25 acute care inpatient beds. The average length of stay for acute care inpatients must not be more than 96 hours, and emergency services must be provided on a 24-hour basis. Critical access hospitals must have formal agreements with at least one hospital and other appropriate providers for services such as patient referral and transfer, communication systems, provision of emergency and nonemergency transportation and backup medical and emergency services. Each critical access hospital must meet the requirements to qualify for a written agreement with the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services or its successor to participate in Medicare as a critical access hospital as defined in 42 CFR 485.601 to 485.641 attached to 175 NAC 9 and incorporated by this reference. In addition to those requirements, each critical access hospital must meet the following:~~

- ~~1. Governing Authority regulations specified in 175 NAC 9-006.01;~~
- ~~2. Medical Staff regulations specified in 175 NAC 9-006.02;~~

- ~~3. Staff Requirement regulations specified in 175 NAC 9-006.03, except that staff are not required to be present in the hospital when there are no patients in the hospital;~~
- ~~4. Patient Rights regulations specified in 175 NAC 9-006.04;~~
- ~~5. Patient Care and Treatment regulations specified in 175 NAC 9-006.06;~~
- ~~6. Record Keeping Requirements specified in 175 NAC 9-006.07;~~
- ~~7. Nursing Services regulations specified in 175 NAC 9-006.09B except that a registered nurse is not required to be on duty 24 hours a day, 7 days a week, if there are no acute patients in the hospital;~~
- ~~8. Emergency services are provided on a 24-hour basis and meet the requirements specified in 175 NAC 9-006.09I;~~
- ~~9. Environmental Services specified in 175 NAC 9-006.14; and~~
- ~~10. Physical Plant requirements specified in 175 NAC 9-007.~~

~~9-006.11 Long Term Care Hospital: Each long term care hospital or distinct part of a hospital that provides the care and services of an intermediate care facility, a nursing facility or a skilled nursing facility must meet all requirements specified in 175 NAC 12 except the administrator is not required to hold a current nursing home administrator's license issued by the State of Nebraska.~~

~~9-006.12 Psychiatric or Mental Hospital: Each psychiatric or mental hospital must meet all requirements specified in 175 NAC 9-006.01 to 9-006.08, 9-006.14 and 9-007. If any of the services in 175 NAC 9-006.09A to 9-006.09P are provided, each hospital must meet the requirements specified in those sections. In addition, each psychiatric or mental hospital must meet the requirements of 42 CFR 482.60 to 482.62 attached to 175 NAC 9 and incorporated by this reference.~~

~~9-006.13 Rehabilitation Hospital: Each rehabilitation hospital must meet all requirements specified in 175 NAC 9-006.01 to 9-006.08, 9-006.14 and 9-007. If any of the services in 175 NAC 9-006.09A to 9-006.09P are provided, each hospital must meet the requirements specified in those sections. In addition, each rehabilitation hospital must meet the following:~~

- ~~1. Direction and supervision of all rehabilitation services by a fulltime physician who is a member of the medical staff and is trained in rehabilitation medicine;~~
- ~~2. Provision of physical therapy, occupational therapy, speech pathology and audiology, social work, psychological and vocational services. These services must be organized and supervised by qualified professional personnel credentialed in Nebraska when required and who have been approved by the Governing Authority;~~
- ~~3. All care and treatment must be provided by qualified staff for the type of services performed in accordance with state law and prevailing professional standards;~~
- ~~4. There must be written policies and procedures established and implemented that govern care and treatment provided to patients to ensure health and safety needs of patients are met;~~
- ~~5. A preadmission screening procedure must be established and implemented to review each prospective patient's condition and medical history to determine whether the patient is likely to benefit significantly from an intensive inpatient hospital program or assessment;~~

- ~~6. There must be a plan of treatment for each inpatient established, implemented, reviewed and revised as needed by a physician in consultation with other professional personnel who provide services to the patient; and~~
- ~~7. There must be a multidisciplinary team approach in the rehabilitation of each inpatient, as documented by periodic clinical entries made in the patient's medical record to note the patient's status in relationship to goal attainment. Team conferences must be held at least every two weeks to determine the appropriateness of treatment.~~

~~9-006.14 Environmental Services: Each hospital must provide a safe, clean and comfortable environment for patients. Every detached building on the same premises used for care and treatment must comply with 175 NAC 9.~~

~~9-006.14A Housekeeping and Maintenance: The hospital must provide the necessary housekeeping and maintenance to protect the health and safety of patients.~~

~~9-006.14A1 The hospital's buildings and grounds must be kept clean, safe and in good repair.~~

~~9-006.14A2 All garbage and rubbish must be disposed of in such a manner as to prevent the attraction of rodents, flies and all other insects and vermin. Garbage must be disposed of in such a manner as to minimize the transmission of infectious diseases and minimize odor.~~

~~9-006.14A3 The hospital must provide and maintain adequate lighting, environmental temperatures and sound levels in all areas that are conducive to the care and treatment provided.~~

~~9-006.14A4 The hospital must maintain and equip the premises to prevent the entrance, harborage or breeding of rodents, flies and all other insects and vermin.~~

~~9-006.14B Equipment, Fixtures and Furnishings: The hospital must provide and maintain all equipment, fixtures and furnishings clean, safe and in good repair.~~

~~9-006.14B1 Common areas and patient areas must be furnished with beds, chairs, sofas, tables and storage that is comfortable and reflective of patient needs.~~

~~9-006.14B2 The hospital must provide equipment adequate to meet the care and treatment needs of patients.~~

~~9-006.14B3 The hospital must establish and implement a process designed for routine and preventative maintenance of equipment and furnishings to ensure that the equipment and furnishings are safe and function to meet the intended use.~~

~~9-006.14C Linens: The hospital must provide each patient with an adequate supply of clean bed, bath and other linens necessary for care and treatment. Linens must be in good repair.~~

~~9-006.14C1—The hospital must establish and implement procedures for the storage and handling of soiled and clean linens.~~

~~9-006.14C2—When the hospital provides laundry services, water temperatures to laundry equipment must exceed 160 degrees Fahrenheit or the laundry may be appropriately sanitized or disinfected by another acceptable method in accordance with manufacturer's instructions.~~

~~9-006.14D—Pets: The hospital must assure any facility owned pet does not negatively affect patients. The hospital must have policies and procedures regarding pets that include:~~

- ~~1.—An annual examination by a licensed veterinarian;~~
- ~~2.—Vaccinations as recommended by the licensed veterinarian that include, at a minimum, current vaccination for rabies for dogs, cats and ferrets;~~
- ~~3.—Provision of pet care necessary to prevent the acquisition and spread of fleas, ticks and other parasites; and~~
- ~~4.—Responsibility for care and supervision of the pet by facility staff.~~

~~9-006.14E—Environmental Safety: The hospital must be responsible for maintaining the environment in a manner that minimizes accidents.~~

~~9-006.14E1—The hospital must maintain the environment to protect the health and safety of patients by keeping surfaces smooth and free of sharp edges, mold or dirt; keeping floors free of objects and slippery or uneven surfaces and keeping the environment free of other conditions which may pose a potential risk.~~

~~9-006.14E2—The hospital must maintain all doors, stairways, passageways, aisles, or other means of exit in a manner that provides safe and adequate access for care and treatment.~~

~~9-006.14E3—The hospital must provide water for bathing and handwashing at safe and comfortable temperatures to protect patients from potential for burns or scalds.~~

~~9-006.14E3a—The hospital must establish and implement policies and procedures to monitor and maintain water temperatures that accommodate patient comfort and preferences, but not to exceed the following temperatures:~~

- ~~1.—Water temperature at patient handwashing fixtures must not exceed 120 degrees Fahrenheit.~~
- ~~2.—Water temperatures at patient bathing and therapy fixtures must not exceed 110 degrees Fahrenheit.~~

~~9-006.14E4—The hospital must establish and implement policies and procedures to ensure hazardous/poisonous materials are properly handled and stored to prevent accidental ingestion, inhalation, or consumption of the hazardous/poisonous materials by patients.~~

~~9-006.14E5~~ The hospital must restrict access to mechanical equipment which may pose a danger to patients.

~~9-006.14F~~ Disaster Preparedness and Management: The hospital must establish and implement disaster preparedness plans and procedures to ensure that patient care and treatment, safety, and well-being are provided and maintained during and following instances of natural (tornado, flood, etc.) or other disasters, disease outbreaks, or other similar situations. Such plans and procedures must address and delineate:

- ~~1.~~ How the hospital will maintain the proper identification of each patient to ensure that care and treatment coincide with the patient's needs;
- ~~2.~~ How the hospital will move patients to points of safety or provide other means of protection when all or part of the building is damaged or uninhabitable due to natural or other disaster.
- ~~3.~~ How the hospital will protect patients during the threat of exposure to the ingestion, absorption, or inhalation of hazardous substances or materials;
- ~~4.~~ How the hospital will provide food, water, medicine, medical supplies, and other necessary items for care and treatment in the event of a natural or other disaster; and
- ~~5.~~ How the hospital will provide for the comfort, safety, and well-being of patients in the event of 24 or more consecutive hours of:
 - ~~a.~~ Electrical or gas outage;
 - ~~b.~~ Heating, cooling, or sewer system failure; or
 - ~~c.~~ Loss or contamination of water supply.

~~9-007. PHYSICAL PLANT STANDARDS:~~ All hospitals must be designed, constructed and Each building must be maintained in a manner that is safe, clean, and functional for the type of care and treatment to be provided. ~~The physical plant standards for facilities, which include support services, care and treatment areas, construction standards, building systems and waivers, are set forth below. All hospital buildings must comply with the Health Care Facility Licensure Act, 175 NAC 1, the Nebraska State Fire Code, 2012 Edition Life Safety Code requirements, and this chapter. Each building must comply with the following physical plant requirements unless otherwise specified:~~

~~9-007.01~~ Support Areas: The hospital may share the following support service areas among detached structures, care and treatment areas, or with other licensed health care facilities.

~~9-007.01A~~ Dietary: If food preparation is provided on site, the hospital must dedicate space and equipment for the preparation of meals. Food service physical environment and equipment must comply with the Food Code, except when used only for training or activity purposes.

~~9-007.01B~~ 007.01 LAUNDRY SERVICES. Laundry: If the hospital provides laundry services, the services may be provided by contract or on-site by the hospital. Laundry service may be provided on-site by the facility or via contract and is to be provided in accordance with current, standards of practice, and in a manner to reduce any risk of cross-contamination or infection.

A separate clean laundry supply storage area that is conveniently located to care and treatment locations is to be provided.

~~9-007.01B1 Contract: If contractual services are used, the hospital must have areas for soiled linen awaiting pickup and separate areas for storage and distribution of clean linen.~~

~~9-007.01B2007.01(A) ON-SITE LAUNDRY. On-Site: If on-site services are provided, the hospital must have areas dedicated to laundry. When on-site laundry services are provided, water temperatures in laundry equipment must exceed 160 degrees Fahrenheit; or the facility must use an acceptable sanitizer or disinfectant in accordance with the manufacturer's instructions.~~

~~9-007.01B2a If personal laundry areas are provided, the areas must be equipped with a washer and dryer for use by patients. In new construction, the hospital must provide a conveniently located sink for soaking and hand washing of laundry.~~

~~9-007.01B2b Hospital laundry area for hospital processed bulk laundry must be divided into separate soiled (sort and washer areas) and clean (drying, folding, and mending areas) rooms. In new facilities a separate soaking and hand washing sink and housekeeping room must be provided in the laundry area.~~

~~9-007.01B2c Separate clean linen supply storage facilities must be conveniently located in each care and treatment location.~~

007.01(B) CONTRACTED LAUNDRY. If contract services are used for laundry, separate dedicated areas for soiled laundry awaiting pickup and for clean laundry are to be provided.

007.01(C) BULK LAUNDRY. In new construction, if bulk laundry is performed, the facility is to have separate soiled areas for sorting and washing and separate clean areas for drying, folding and mending with separate soaking sinks. Hand washing sinks must be located in the laundry area.

007.01(D) LINENS. An adequate supply of clean linens in good repair, with no holes, visibly worn areas, or stains must be maintained for patient use. Storage areas are to be conveniently located near patient care and treatment areas.

~~9-007.01C Diagnostic: If the hospital provides radiology or laboratory services, the services must comply with the following:~~

~~9-007.01C1 Imaging rooms must accommodate the operational and shielding requirements of the equipment installed, condition of the patient, and provide clear floor area adequate for the safety of staff and patients.~~

~~9-007.01C2 Laboratory areas must provide for sample collection and protection, analyzing, testing, and storage. The hospital must handle all potentially contagious~~

~~and hazardous samples in a manner as to minimize transmission of infectious diseases.~~

~~9-007.01D007.02 WASTE PROCESSING. Waste Processing: The hospital must provide areas to collect, contain, process, and dispose of medical and general waste produced within the hospital in such a manner as to prevent the attraction of rodents, flies, and all other insects and vermin, and to minimize the transmission of infectious diseases. Medical and general waste must be handled in accordance with current standards of practice to reduce the risk of cross-contamination or infection. This is to include separate areas to collect, contain, process, and dispose of waste produced within the facility; and keeping all facility areas free of vermin.~~

~~9-007.01E Cosmetology and Barber: When provided, cosmetology and barber services must be in conformance with the Nebraska Cosmetology Act, Neb. Rev. Stat. §§ 71-340 to 71-3,248 and the Barber Act, Neb. Rev. Stat. §§ 71-201 to 71-248.~~

~~9-007.01F007.03 HOUSEKEEPING AND JANITORIAL SERVICES. Housekeeping Room: The hospital must have a room with a service sink and space for storage of supplies and housekeeping equipment. A dedicated room with a service sink and space for storage of supplies, housekeeping, and janitorial equipment must be provided.~~

~~9-007.02 Care and Treatment Areas: The hospital must not share the following care and treatment areas among detached structures or with other facilities operated by another licensee:~~

~~9-007.02A Staff Areas: Facilities that provide nursing services must provide the following support areas for each distinct group of care and treatment patient rooms:~~

~~9-007.02A1 Control Point: The hospital must have an area or areas for charting, and patient records, and call and alarm annunciation systems.~~

~~9-007.02A2007.04 MEDICATION STATION. Medication Station: The hospital A dedicated medication station must have a medication station be provided for the storage and distribution of drugs and routine medications, biologicals, and devices. Distribution may be done from a medicine preparation room or unit, from a self-contained medicine-dispensing unit, or by another system. If used, a medicine preparation room or unit must be under visual control of nursing staff and must contain a work counter, sink, refrigerator, and double-locked storage for controlled substances.~~

~~9-007.02A3007.05 UTILITY AREA. Utility Areas: The hospital must have a A work area is to be provided where clean materials are assembled. The work area must contain a work counter, a handwashing fixture, and storage facilities for clean and sterile supplies. If the area is used only for storage and holding as part of a system for distribution of clean and sterile supply materials, the work counter and handwashing fixtures may be omitted. A hospital must have separate work rooms or holding rooms for soiled materials. A work room for soiled materials must contain a fixture for disposing wastes and a handwashing sink.~~

~~9-007.02B007.06 EQUIPMENT AND SUPPLIES. Equipment and Supplies: Equipment and supplies required for care and treatment must be provided at the facility. The hospital facility must have space to store, services and space to distribute, maintain, clean, and sanitize durable medical instruments, equipment, and supplies out of the path of normal traffic required for the care and treatment performed in the hospital. Durable medical equipment is to be tested and calibrated in accordance with manufacturer's recommendations. The documentation of testing results and calibrations are to be maintained for a minimum of 7 years.~~

~~9-007.02B1 Durable Medical: The hospital must ensure that the durable medical equipment is tested and calibrated in accordance with the manufacturer's recommendations.~~

~~9-007.02B2007.07 STERILE PROCESSING. Sterile Processing: The hospital must have areas for decontamination and sterilizing of durable medical instruments and equipment. If sterile processing is completed onsite, it must be done in accordance with current standards of practice.~~

~~007.08 ENDOSCOPE CLEANING AND REPROCESSING. Cleaning and reprocessing of contaminated endoscopes must be completed in accordance with current standards of practice, in a room dedicated for this function, which is separate from the area where endoscopic procedures are performed.~~

~~9-007.02B2a The hospital must provide separate central sterile processing and waste processing areas.~~

~~9-007.02B2b In new construction and where provided, central processing areas must have separate soiled (sorting and decontamination) and clean (sterilizing and processing) rooms. The hospital must have handwashing sinks in both clean and soiled rooms.~~

~~9-007.02B3 Equipment Storage: The hospital must have space to store equipment, stretchers, wheelchairs, supplies, and linen out of the path of normal traffic.~~

~~007.09 INPATIENT ROOMS. Inpatient rooms are to have sufficient space for sleeping, privacy, furniture, and belongings, and to provide inpatient care and treatment. These rooms must:~~

- ~~(A) Not be located in any garage, storage area, shed or similar detached building;~~
- ~~(B) Not be accessed through a bathroom, food preparation area, laundry or another patient room;~~
- ~~(C) Be located on an outside wall or atrium with a window with a minimum glass size of 8 square feet per patient. The window is to provide an unobstructed view of at least 10 feet;~~
- ~~(D) Contain at least 25 cubic feet of storage volume per patient; and~~
- ~~(E) Have a minimum floor area of 100 square feet for single patient rooms and 80 square feet per bed for multiple patient rooms, with a maximum of 2 beds in new construction; and~~
- ~~(F) Have doors that provide privacy yet not create seclusion or prohibit staff access for routine or emergency care.~~

007.10 TOILET ROOMS. Toilet rooms with hand washing sinks must be provided for patient use. Existing facilities must have a toilet and sink adjoining each bedroom or may have one shared toilet fixture per 4 licensed beds. Doors for toilet and bathing rooms must provide privacy yet not create seclusion or prohibit staff access for routine and emergency care as needed. In new construction, all toileting and bathing rooms used by patients with less than 500 square feet must not have doors that swing solely inward.

~~9-007.02C Surgery:~~ A hospital providing surgical services must have at least one operating or procedure room and the following support areas. In new construction and hospitals with more than two operating rooms, the following support areas and central processing areas must be located in restricted access areas:

- ~~1. Preoperative Patient Area:~~ Preoperative patient area(s) must have sufficient space and equipment to accommodate both ambulatory and non-ambulatory patients. These areas must be under the direct visual control of the nursing staff.
- ~~2. Recovery Area:~~ Recovery area(s) must contain a medication station, handwashing sink, charting area, provisions for bedpan cleaning; and equipment and supply storage space.
- ~~3. Dressing Area:~~ A hospital providing outpatient surgery must have patient dressing and toilet rooms separate from staff gowning areas.
- ~~4. Housekeeping Room:~~ The hospital must have soiled-utility and housekeeping areas exclusively for the surgical suite.

~~9-007.02D Emergency Care:~~ A hospital providing emergency services must have at least one procedure or treatment room. To support the provision of emergency care, the hospital must have the following:

- ~~1. Entrance:~~ A well marked, illuminated covered entrance at grade level for emergency vehicle and pedestrian access;
- ~~2. Waiting Area:~~ Patient and visitor waiting area(s) that are in direct observation of the reception, triage, or control station, with access to a public phone and drinking fountain;
- ~~3. Storage:~~ Storage areas for general medical/surgical emergency supplies, medications and equipment under staff control and out of the path of normal traffic; and
- ~~4. Toilet Room:~~ A patient toilet room with handwashing sink convenient to the procedure or treatment room(s).

~~9-007.02E Rehabilitation:~~ A hospital providing rehabilitation services in a distinct unit must have at least one treatment room or cubicle, an area for specialized treatment and care, handwashing sink(s), storage for equipment and supplies, call system, medication storage and distribution, and areas to allow for patient toileting, dressing, and consultation.

~~9-007.02F Obstetrics: A hospital providing obstetric services in a distinct unit must have at least one patient room, nursery with work area, space and equipment to allow for care and treatment of both mother and infant, handwashing sink, storage for equipment and supplies, call and alarm annunciation systems, medication storage and distribution, and convenient accommodations for patient toileting, dressing, and consultation.~~

~~9-007.02G Psychiatric or Mental Health: A hospital providing psychiatric or mental health services in a distinct unit must provide space and equipment that allows for patient and staff safety. The hospital must provide at least one observation room, separate quiet and noisy activity areas, dining areas, private and group areas for specialized treatment and care, a handwashing sink, storage for equipment and supplies, security systems, and an area for medication storage and distribution. Patient toileting, dressing, holding, and consultation rooms must have durable finishes. In rooms where care and treatment is provided to patients exhibiting violent, aggressive or suicidal behavior, the rooms must have:~~

- ~~1. Tamper resistant air distribution devices, lighting fixtures, sprinkler heads, and safety devices;~~
- ~~2. Ventilation, exhaust, heating and cooling components that are inaccessible to patients;~~
- ~~3. Bedroom, toilet, and bathing room doors that are not lockable or capable of being obstructed from within; and~~
- ~~4. Electrical outlets protected by ground fault interrupting devices.~~

~~9-007.02H In-Patient Hospice Care: A hospital providing in-patient hospice services in a distinct unit must have private patient bedrooms, over night and dining accommodations for family members, private family visiting areas, areas that allow for toileting, bathing, dressing and handwashing, storage for equipment and supplies, call system, medication storage and distribution.~~

~~9-007.02I Alzheimer's, Dementia, and Related Conditions: A hospital providing in-patient services for Alzheimer's, dementia, and related conditions in a distinct unit must have personalized patient bedrooms, activity areas, separate dining areas, features that support patient orientation to their surroundings, areas for specialized treatment and care, handwashing sinks, secured storage for equipment and supplies, call and security systems, and an area for medication storage and distribution.~~

~~9-007.02J Outpatient Areas: Areas for the care and treatment of patients not residing in the hospital must comply with the following:~~

- ~~1. Areas must not interfere with inpatients being served;~~
- ~~2. Furniture and equipment must meet care and treatment needs of outpatients;~~
- ~~3. Toilets, which are easily accessible from all program areas must be provided; and~~
- ~~4. Sufficient inside and outside space to accommodate the full range of program activities and services must be provided.~~

~~9-007.03 Construction Standards: All hospitals must be designed, constructed, and maintained in a manner that is safe, clean, and functional for the type of care and treatment to be provided. The standards for the facilities are set forth below.~~

~~9-007.03A Codes and Guidelines~~

~~9-007.03A1 New Construction: New construction must comply with the following codes and guidelines to provide a safe and accessible environment that is conducive to the care and treatment to be provided:~~

- ~~1. Building: Building Construction Act, Neb. Rev. Stat. §§ 71-6401 to 71-6407;~~
- ~~2. Plumbing: Plumbing Ordinance or Code, Neb. Rev. Stat. § 18-1915;~~
- ~~3. Electrical: State Electrical Act, Neb. Rev. Stat. §§ 81-2101 to 81-2143;~~
- ~~4. Elevators: Nebraska Elevator Code, Neb. Rev. Stat. § 48-418.12 and Department of Labor Regulations, 230 NAC 1;~~
- ~~5. Boiler: Boiler Inspection Act, Neb. Rev. Stat. §§ 48-719 to 48-743;~~
- ~~6. Accessibility: Nebraska Accessibility Requirements, State Fire Marshal Regulations, 156 NAC 1 to 12;~~
- ~~7. Design: Guidelines for Design and Construction of Hospitals and Health Care Facilities, 2001 edition, published by the American Institute of Architects, applicable chapters as follow:
 - ~~a. Chapter 7 General Hospital;~~
 - ~~b. Chapter 10 Rehabilitation Facilities; and~~
 - ~~c. Chapter 11 Psychiatric Hospital.~~~~
- ~~8. Energy: Nebraska Energy Code, Neb. Rev. Stat. §§ 81-1608 to 81-1626, for construction initiated on or after July 1, 2005.~~

~~9-007.03A2 All Facilities: All facilities must comply with the following applicable codes and standards to provide a safe environment:~~

- ~~1. Fire Codes: Nebraska State Fire Code Regulations, State Fire Marshal, 153 NAC 1; and~~
- ~~2. The Food Code, Neb. Rev. Stat. § 81-2,244.01, as published by the Nebraska Department of Agriculture, except for compliance and enforcement provisions.~~

~~9-007.03A3 Existing and New Facilities: Existing and new facilities must comply with the physical plant standards contained in 175 NAC 9-007. The hospital must maintain all building materials and structural components so that total loads imposed do not stress materials and components more than one and one-half times the working stresses allowed in the building code for new buildings of similar structure, purpose, or location.~~

~~9-007.03B Conflicts in Standards: In situations where the referenced codes and guidelines conflict with 175 NAC 9, the adopted rules and regulations of the Department and the Nebraska State Fire Marshal will prevail.~~

~~9-007.03C Interpretations: All dimension, sizes, and quantities noted herein will be determined by rounding fractions to the nearest whole number.~~

~~9-007.03D Floor Area: Floor area is the space with ceilings at least seven feet in height and does not include areas such as enclosed storage, toilets, and bathing rooms, corridors and halls. The space beyond the first two feet of vestibules and alcoves less than five feet in width will not be included in the required floor area. In rooms with sloped ceilings, at least half of the ceiling must be at least seven feet in height with areas less than five feet in height not included in the required floor area.~~

~~9-007.03E Dining Areas: If provided, dining areas for patients must have an outside wall with windows for natural light and ventilation.~~

~~9-007.03E1 Dining areas must be furnished with tables and chairs that accommodate or conform to patient needs.~~

~~9-007.03E2 Dining areas must have a floor area of 15 square feet per patient in existing facilities and 20 square feet per patient in new construction.~~

~~9-007.03E3 Dining areas must allow for group dining at the same time in either separate dining areas or a single dining area, or dining in two shifts, or dining during open dining hours.~~

~~9-007.03E4 Dining areas must not be used for sleeping, offices or corridors.~~

~~007.11 BATHING ROOMS. A bathing room consisting of a tub or shower must be provided adjacent to each bedroom or as a central bathing room on each floor where inpatient rooms are located. Tubs and showers are to be equipped with hand grips or other assistive devices as needed to meet patient needs.~~

~~9-007.03F007.12 ACTIVITY AREAS. Activity Areas: If provided, activity areas must are to have dedicated space for patient socialization and leisure time activities that must not be used for sleeping, offices or as a corridor. The area may be combined with dining areas. The area is to:~~

~~(A) Have furnishings to accommodate group and individual activities;~~

~~(B) Have a floor area of at least 15 square feet per patient; and~~

~~(C) Be available for all patients.~~

~~9-007.03F1 Activity areas must have furnishings to accommodate group and individual activities.~~

~~9-007.03F2 Activity areas must have a floor area of at least 15 square feet per patient residing in bedrooms and may be combined with dining areas.~~

~~9-007.03F3 Activity areas must not be used for sleeping, offices, or as a corridor.~~

~~9-007.03F4 The hospital must make activity areas available to all patients.~~

~~9-007.03G Bathing Rooms: A hospital must provide a bathing room consisting of a tub and/or shower adjacent to each bedroom or provide a central bathing room on each floor~~

~~with patient rooms. Tubs and showers regardless of location must be equipped with hand grips or other assistive devices as needed or desired by the bathing patient.~~

~~9-007.03G1 In new construction a central bathing room must open off the corridor and contain a toilet and sink or have an adjoining toilet room, and not open directly in food preparation or dining area.~~

~~9-007.03G2 Bathing Fixtures: Existing and new facilities must have at least one bathing fixture per 20 licensed beds. New construction must have at least one bathing fixture per 12 licensed beds.~~

~~9-007.03H Toilet Rooms: The hospital must provide toilet rooms with handwashing sinks for patient use.~~

~~9-007.03H1 Existing facilities must have a toilet and sink adjoining each bedroom or shared toilet rooms may provide one fixture per four licensed beds.~~

~~9-007.03H2 New construction and new facilities must have a toilet and sink fixture provided adjoining each patient room.~~

~~9-007.03I Patient Rooms: The hospital must provide patient rooms which allow for sleeping, afford privacy, provide access to furniture and belongings, and accommodate inpatient care and treatment.~~

~~9-007.03I1 Patient Rooms:~~

- ~~1. Must not be located in any garage, storage area, shed or similar detached buildings;~~
- ~~2. Must be a single room located within an apartment, dwelling, or dormitory-like structure;~~
- ~~3. Must not be accessed through a bathroom, food preparation area, laundry or another bedroom;~~
- ~~4. Must be located on an outside wall or atrium with a window with a minimum glass size of 8 square feet per patient. The window must provide an unobstructed view of at least 10 feet;~~
- ~~5. Must contain at least 25 cubic feet of storage volume per patient in dressers, closets or wardrobes; and~~
- ~~6. Which contain multiple beds must allow for an accessible arrangement of furniture, which provides a minimum of three feet between beds.~~

~~9-007.03I2 Existing or New Facility: Patient rooms in existing and new facilities must have at least the following floor areas:~~

- ~~1. Floor areas for single patient rooms must be 100 square feet.~~
- ~~2. Floor areas for multiple bed patient rooms must be 80 square feet per bed with a maximum of 4 beds.~~

~~9-007.03I3 New Construction: Patient rooms in new construction must have at least the following floor areas:~~

- ~~1. Floor areas for single patient rooms must be 120 square feet.~~
- ~~2. Floor areas for multiple bed patient rooms must be 100 square feet per bed with a maximum of 2 beds.~~

~~007.13 CUBICLES. Patient care and treatment cubicles must have a minimum floor area of 60 square feet with at least 3 feet between bedsides and adjacent side walls or curtains.~~

~~007.14 EXAMINATION ROOMS. Each examination room must have a minimum floor area of 80 square feet and a minimum of 3 feet clear dimension around 3 sides of the examination table or chair.~~

~~9-007.03J007.15 ISOLATION ROOMS. Isolation Rooms: The number and type of isolation rooms in a hospital must are to be determined by the hospital and licensee based upon an infection control risk assessment and individual facility needs. Each facility must have at least one room capable of isolating patients which has an adjoining toilet room.~~

~~9-007.03J1 Facilities must make provisions for isolating patients with infectious diseases.~~

~~9-007.03J2 A hospital must have a minimum of one isolation room with an adjoining toilet room.~~

~~9-007.03J3 In new construction, facilities must equip isolation rooms with hand washing and gown changing facilities at the entrance of the room.~~

~~9-007.03K007.16 OBSERVATION AREAS. Observation Areas: If the hospital provides medical observation, extended recovery or behavior intervention methods, the hospital is provided, the licensee must provide one or more appropriately equipped rooms for patients needing requiring close supervision based on the needs of the patient and the care and treatment provided. Each room must is to:~~

- ~~(A) Ensure patient privacy;~~
- ~~(B) Have a system in place for the patient to call or summon for assistance if needed;~~
- ~~(C) Have appropriate temperature control, ventilation, and lighting;~~
- ~~(D) Be void of unsafe wall, ceiling fixtures, and area with sharp edges;~~
- ~~(E) Have a way for staff to observe the patient from outside the room, so that all areas of the room are observable; and~~
- ~~(F) Be equipped to minimize the potential of the patient's escape, injury, suicide or hiding of restricted substances.~~

~~007.16(i) OBSERVATION AREA DOORS. Doors may be used to prevent escape and create seclusion where therapeutically required, such as for emergency protective custody, detoxification and in psychiatric locations.~~

- ~~1. Have appropriate temperature control, ventilation and lighting;~~

- ~~2. Be void of unsafe wall or ceiling fixtures and sharp edges;~~
- ~~3. Have a way to observe the patient, such as an observation window or if necessary, flat wall mirrors so that all areas of the room are observable by staff from outside of the room;~~
- ~~4. Have a way to assure that the door cannot be held closed by the patient in the room which could deny staff immediate access to the room; and~~
- ~~5. Be equipped to minimize the potential of the patient's escape, injury, suicide or hiding of restricted substances.~~

~~9-007.03L Critical Care Rooms: If monitored complex nursing care is provided, the hospital must provide one or more rooms for patients needing the care. Each room must be appropriately located and equipped to promote staff observation of patients. Rooms with a single occupant must have a minimum floor area of no less than 130 square feet. Multiple bed locations must contain at least 110 square feet per bed with a minimum of 4 feet between beds. The room must include provision for life support, medical gas, sleeping, and convenient bathing and toileting facilities.~~

~~9-007.03M Bassinets: Each bassinet must have a minimum floor area of 40 square feet with at least 3 feet between bassinets.~~

~~9-007.03N Cubicles: Patient care and treatment cubicles must have a minimum floor area of 60 square feet with at least 3 feet between bedsides and adjacent side walls.~~

~~9-007.03O Examination Rooms: Each examination room must have a minimum floor area of 80 square feet and a minimum of 3 feet clear dimension around 3 sides of the examination table or chair.~~

~~9-007.03P Treatment Rooms: Treatment room for procedures performed under topical, local, or regional anesthesia without pre-operative sedation must have a minimum floor area of 120 square feet and a minimum of 10 feet clear dimension.~~

~~9-007.03Q Procedure Rooms: Procedure rooms for invasive and minor surgical procedures performed in conjunction with oral, parenteral, or intravenous sedation or under analgesic or dissociative drugs must have a minimum floor area of 200 square feet and a minimum of 14 feet clear dimension.~~

~~9-007.03R Operating Rooms: Operating rooms for major surgical procedures that require general or regional block anesthesia and support of vital bodily functions must have a minimum floor area of 300 square feet and a minimum of 16 feet clear dimension.~~

~~9-007.03S~~007.17 CORRIDORS. Corridors: The hospital Building corridors must be wide enough to allow passage and be equipped as needed ~~by~~ for the patient with safety and assistive devices to minimize injury. All stairways and ramps must have handrails.

~~9-007.03T Doors:~~ The hospital doors must be wide enough to allow passage and be equipped for privacy, safety, and with assistive devices to minimize patient injury.

~~9-007.03T1 All patient room, toilet, and bathing room doors must provide privacy yet not create seclusion or prohibit staff access for routine or emergency care.~~

~~9-007.03T2 In new construction all toilet and bathing rooms used by patients with less than 50 square feet of clear floor area must not have doors that solely swing inward.~~

~~9-007.03T3 Doors may prevent escape and create seclusion where therapeutically required, such as emergency protective custody, detoxification and psychiatric locations.~~

~~9-007.03U007.18 OUTDOOR SPACES. Outdoor Areas:~~ Any outdoor area for patient usage provided by the hospital ~~is to~~ must be equipped and situated to allow for patient safety and abilities.

~~9-007.03V007.19 HANDWASHING SINKS. Handwashing Sinks:~~ The hospital must provide ~~a~~ A handwashing sink equipped with towels and soap dispenser must be provided in close proximity of all examination, treatment, isolation, and procedure rooms; available to every four care and treatment cubicle locations; and ~~a two~~ scrub sinks must be provided near the entrance of each operating room

~~9-007.03W007.20 PRIVACY. Privacy:~~ In multiple bed patient rooms, visual privacy, and window curtains must be provided for each patient. In new facilities and new construction, the curtain layout must totally surround each care and treatment location ~~which will~~ and not restrict access to the entrance to the room, lavatory, toilet, or enclosed storage facilities.

~~9-007.03X007.21 FINISHES. Finishes:~~ ~~A hospital must provide the following special room finishes:~~ Special room finishes must be provided, including:

~~1-(A)~~ 1-(A) Washable room finishes ~~provided~~ in procedure rooms, existing isolation rooms, sterile processing rooms, workroom, laundry, and food-preparation areas must have smooth, non-absorptive surfaces which are not physically affected by routine housekeeping cleaning solutions and methods. Acoustic and lay-in ceilings, if used, must not interfere with infection control. Perforated, ~~tegular,~~ serrated cut, or highly textured tiles ~~are not acceptable~~ cannot be used.

~~2-(B)~~ 2-(B) Scrubbable ~~room~~ finishes ~~provided~~ in all operating rooms and new isolation rooms must have smooth, non-absorptive, non-perforated surfaces that are not physically affected by harsh germicidal cleaning solutions and methods.

~~9-007.04007.22 BUILDING SYSTEMS. Building Systems:~~ ~~Hospitals must have b~~Building systems ~~that are~~ are to be designed, installed and operated in ~~such~~ a manner ~~as~~ to provide for the safety, comfort, and well-being of the patient and must include the following:-

007.22(A) CALL SYSTEMS. Call systems must be operable from procedure, treatment, operating rooms, recovery areas, toilet rooms, and bathing rooms. The system must transmit a receivable signal to on-duty staff which readily notifies staff and identifies the locations where the call was activated. The type of call system utilized must be able to be modified to meet individual patient needs. If patients are unable to activate the call, there

must be a device the patient, designee or staff can utilize to summon other staff for assistance as needed.

007.22(B) ELECTRICAL SYSTEM. An electrical system must have the capacity to maintain the care and treatment services that are provided.

007.23 ESSENTIAL POWER SYSTEM. A licensee must maintain an emergency power system for all essential care and treatment areas, lighting, medical gas systems, nurse call systems, and any area that utilizes general anesthetics or electrical life support systems.

007.23(A) FUEL SOURCE. Electrical support equipment must maintain essential power systems and must have an on-site fuel source. The minimum fuel source capacity must allow for non-interrupted system operations.

~~9-007.04A Water and Sewer Systems: The hospital must have and maintain an accessible, adequate, safe and potable supply of water. Where an authorized public water supply of satisfactory quantity, quality, and pressure is available, the hospital must be connected to it and its supply used exclusively.~~

~~9-007.04A1 The collection, treatment, storage, and distribution potable water system of a hospital that regularly serves 25 or more individuals must be constructed,~~

~~maintained, and operated in accordance with all provisions of the Nebraska Safe Drinking Water Act and Title 179, Regulations Governing Public Water Systems.~~

~~9-007.04A2 The collection, treatment, storage and distribution potable water system of a hospital that serves less than 25 individuals on a regular basis must be maintained and operated as if it were a public water system in accordance with the Regulations Governing Public Water Systems, 179 NAC 2-002, 2-003, and 2-004. The facilities must report to the Department the result of all tests that indicate the water is in violation of the standards set out in 179 NAC 2-002 or 2-003. The facilities must construct all water wells in accordance with 178 NAC 12, Water Well Construction, Pump Installation, and Water Well Decommissioning.~~

~~9-007.04A3 The water distribution system must be protected with anti-siphon devices, and air gaps to prevent potable water system and equipment contamination.~~

~~9-007.04A4 Continuously circulated filtered and treated water systems must be provided as required for the care and treatment equipment used in the hospital.~~

~~9-007.04A5 The hospital must maintain a sanitary and functioning sewage system.~~

~~9-007.04B Hot Water System: The hot water system must have the capacity to provide continuous hot water at temperatures as required by these regulations.~~

~~9-007.04C~~007.24 HEATING AND COOLING SYSTEMS. Heating and Cooling Systems: The hospital A licensee must provide a heating and air conditioning system for the comfort of the patient and capable of to maintaining the temperature in patient care and treatment areas as

~~follows: inpatient room temperatures at a level comfortable for each patient. Floors in operating, procedure, and other locations subject to wet cleaning methods or body fluids must not have openings to the heating or cooling system.~~

~~9-007.04C1 In existing and new facilities the systems must be capable of producing a temperature of at least 70 degrees Fahrenheit during heating conditions and a temperature that does not exceed 85 degrees Fahrenheit during cooling conditions.~~

~~9-007.04C2 In new construction the systems must be capable of producing a temperature of at least 75 degrees Fahrenheit during heating conditions and a temperature that does not exceed 80 degrees Fahrenheit during cooling conditions.~~

~~9-007.04C3 In new construction and new facilities, central air distribution and return systems must have the following percent dust spot rated filters:~~

- ~~1. General areas: 30 +%; and~~
- ~~2. Care, treatment, and treatment processing areas: 90 +%.~~

~~9-007.04C4007.24(A) SURGICAL AREAS HEATING AND COOLING SYSTEM. Surgical areas must have heating and cooling systems that are capable of producing room temperatures at a range between 68 and 73 degrees Fahrenheit and humidity at a range between 30 and 60% relative humidity.~~

~~9-007.04C5007.24(B) AIRFLOW. Airflow must move from clean to soiled locations. In new construction, air movement must be designed to reduce the potential of contamination of clean areas.~~

~~9-007.04C6 Floors in operating, procedure, and other locations subject to wet cleaning methods or body fluids must not have openings to the heating and cooling system.~~

~~9-007.04D Ventilation System: All hospitals must provide exhaust and clean air to prevent the concentrations of contaminants which impair health or cause discomfort to patient and employees.~~

~~9-007.04D1 Existing facilities must have adequate ventilation.~~

~~9-007.04D2 New construction and new facilities must provide a mechanical exhaust ventilation system for windowless toilets, baths, laundry rooms, housekeeping rooms, kitchens and similar rooms at ten air changes per hour.~~

~~9-007.04D3 New construction must provide mechanical ventilation system(s) capable of providing air changes per hour (hereafter ACH) as follows:~~

- ~~1. Care and treatment areas: 5 ACH;~~
- ~~2. Procedure and respiratory isolation areas: 15 ACH; and~~
- ~~3. Operating rooms: 20 ACH.~~

~~9-007.04D4 Hospitals must provide an emergency backup ventilation system(s) or procedures for all patient rooms without operable windows.~~

~~9-007.04E Electrical System: The hospital must have an electrical system that has sufficient capacity to maintain the care and treatment services that are provided and that properly grounds care and treatment areas.~~

~~9-007.04E1 New construction and new facilities must have ground fault circuit interrupters protected outlets in wet areas and within 6 feet of sinks.~~

~~9-007.04E2007.25 ILLUMINATION LEVELS. All facilities must provide mMinimum illumination levels which are measured at 30 inches above the floor in multiple areas in the room must be provided as follows:~~

- ~~1.(A) General purpose areas: 5 foot candles;~~
- ~~2.(B) General corridors: 10 foot candles;~~
- ~~3.(C) Personal care and dining areas: 20 foot candles;~~
- ~~4.(D) Reading and activity areas: 30 foot candles;~~
- ~~5.(E) Food preparation areas: 40 foot candles;~~
- ~~6.(F) Hazardous work surfaces: 50 foot candles;~~
- ~~7.(G) Care and treatment locations: 70 foot candles;~~
- ~~8.(H) Examination task lighting: 100 foot candles;~~
- ~~9.(I) Procedure task lighting: 200 foot candles; and~~
- ~~10.(J) Surgery task lighting: 1000 foot candles; and~~
- ~~11. Reduced night lighting in patient rooms and corridors.~~

~~Light levels are measured at 30 inches above the floor in multiple areas in the room being evaluated and the readings are averaged.~~

~~9-007.04F Essential Power System: Facilities must have an emergency power generator for all care and treatment locations which involve general anesthetics or electrical life support equipment, and in emergency procedure and treatment rooms.~~

~~9-007.04F1 Existing and new facilities must maintain emergency power for essential care and treatment equipment and lighting, medical gas systems, and nurse call systems.~~

~~9-007.04F2 New construction must maintain emergency power for essential care and treatment equipment and lighting, medical gas systems, ventilation and heating systems, and nurse call systems.~~

~~9-007.04F3 Facilities with electrical life support equipment must maintain essential power systems with an on-site fuel source. The minimum fuel source capacity must allow for non-interrupted system operation.~~

~~9-007.04G Call Systems: Call systems must be operable from patient beds (except at psychiatric or mental hospital beds), procedure and operating rooms, and recovery bed and toilet locations. The system must transmit a receivable (visual, audible, tactile, or~~

~~other) signal to on-duty staff which readily notifies and directs the staff to the location where the call was activated.~~

~~9-007.04G1 In new construction the call system must have a dedicated emergency call device which allows activation by a patient from treatment rooms and cubicles, and toilet and bathing fixtures.~~

~~9-007.04G2 In locations where patients are unable to activate the call, a dedicated staff assist or code call device must promptly summon other staff for assistance.~~

~~9-007.04H007.26 MEDICAL GAS SYSTEMS. Medical Gas System: The hospital must safely provide medical gas and vacuum by means of portable equipment or building systems as required by patient receiving for the type of care and treatment provided at the facility must be provided safely. The hospital must identify portable and system components and periodically test and approve all medical gas piping, alarms, valves, and equipment used for patient care and treatment. Documentation of such testing and approval must be retained for a minimum of 7 years. All medical gas systems must comply with the requirements of 153 NAC 1, the Nebraska State Fire Code, and Life Safety Code requirements.~~

~~9-007.04H1 The installation, testing, and certification of nonflammable medical gas, clinical vacuum, and air systems must comply with the requirements of 153 NAC 1, Nebraska State Fire Code Regulations.~~

~~9-007.04H2 The hospital must identify portable and system components, and periodically test and approve all medical gas piping, alarms, valves, and equipment for patient care and treatment. The hospital must document such approvals for review and reference.~~

~~007.27 WATER AND SEWER SYSTEMS. An accessible and safe potable supply of water must be available and maintained. Where an authorized public water supply of satisfactory quality, quantity, and pressure is available, the facility must be connected to it and must use it exclusively. All water distribution systems must be protected with anti-siphon devices and air-gaps to prevent contamination. All licensees must maintain a sanitary and functioning sewage system and the following:~~

- ~~(A) The collection, treatment, storage, and distribution potable water system of a facility that regularly serves 25 or more individuals must be constructed, maintained, and operated in accordance with The Nebraska Safe Drinking Water Act, and its implementing regulations;~~
- ~~(B) The collection, treatment, storage, and distribution potable water system of a facility that regularly serves less than 25 individuals on a regular basis must be maintained and operated as if it were a public water system in accordance with The Nebraska Safe Drinking Water Act, and its implementing regulations; and~~
- ~~(C) Continuously circulated, filtered, and treated water systems must be provided as required for the care and treatment equipment used.~~

~~007.28 VENTILATION SYSTEM. Exhaust and clean air must be provided to prevent the concentrations of contaminants which could impair health or cause discomfort to patients and employees.~~

007.28(A) MECHANICAL EXHAUST VENTILATION. Buildings with new construction must have a mechanical ventilation system which provides minimum air exchanges per hour at the following rates:

- (i) Care and treatment areas, 5 exchanges per hour;
- (ii) Procedure and isolation areas, 15 air exchanges per hour; and
- (iii) Operating rooms, 20 air exchanges per hour.

~~9-007.05—Waivers: The Department may waive any provision of 175 NAC 9 relating to construction or physical plant requirements of a hospital upon proof by the licensee satisfactory to the Department (a) that the waiver would not unduly jeopardize the health, safety, or welfare of the persons residing in or served by the hospital or service, (b) that the provision would create an unreasonable hardship for the hospital or service, and (c) that the waiver would not cause the State of Nebraska to fail to comply with any applicable requirements of Medicare or Medicaid so as to make the state ineligible for the receipt of all funds to which it might otherwise be entitled.~~

~~9-007.05A—Unreasonable Hardship: In evaluating the issue of unreasonable hardship, the Department will consider the following:~~

- ~~1.—The estimated cost of the modification or installation;~~
- ~~2.—The extent and duration of the disruption of the normal use of areas used by persons residing in or served by the hospital or service resulting from construction work;~~
- ~~3.—The estimated period over which the cost would be recovered through reduced insurance premiums and increase reimbursement related to costs;~~
- ~~4.—The availability of financing; and~~
- ~~5.—The remaining useful life of the building.~~

~~9-007.05B—Waiver Terms and Conditions: Any waiver may be granted under the terms and conditions and for such period of time as are applicable and appropriate to the waiver. Terms and conditions and period of waiver include but are not limited to:~~

- ~~1.—Waivers that are granted to meet the special needs of a patient remain in effect as long as required by the patient;~~
- ~~2.—Waivers may be granted for a period of time that ends at the time the conditions of approval no longer exist;~~
- ~~3.—Waivers may be granted to permit a hospital time to come into compliance with the physical plan standards for a period of one year. Upon submission of proof of ongoing progress, the waiver may be continued for an additional year; and~~
- ~~4.—An applicant or licensee must submit a request for waiver of any construction or physical plant requirements set forth in 175 NAC 9. An applicant for a waiver may construct a request for waiver form or obtain a form from the Department.~~

~~9-007.05C—Denial of Waiver: If the Department denies a hospital's request for waiver, the facility may request an administrative hearing as provided in the Administrative Procedure~~

~~Act (APA) and the Department's rules and regulations adopted and promulgated under the APA.~~

~~9-008. OPTIONAL SERVICES AND REQUIREMENTS. DENIAL, REFUSAL TO RENEW, OR DISCIPLINARY ACTION A licensee may choose to provide any of the optional services outlined below. Services must be provided in accordance with current standards of practice and directed by a medical practitioner as determined by the facility unless specified otherwise. If these services are provided, the following are applicable:~~

~~9-008.01 Grounds for Denial, Refusal to Renew, or Disciplinary Action~~

~~9-008.01A The Department may deny or refuse to renew a hospital license for failure to meet the requirements for licensure, including:~~

- ~~1. Failing an inspection specified in 175 NAC 9-005;~~
- ~~2. Having had a license revoked within the two-year period preceding an application; or~~
- ~~3. Any of the grounds specified in 175 NAC 9-008.01B.~~

~~9-008.01B The Department may take disciplinary action against a hospital license for any of the following grounds:~~

- ~~1. Violation of any of the provisions of the Health Care Facility Licensure Act or 175 NAC 9;~~
- ~~2. Committing, permitting, aiding, or abetting the commission of any unlawful act;~~
- ~~3. Conduct or practices detrimental to the health or safety of a hospital patient or employee;~~
- ~~4. A report from an accreditation body or public agency sanctioning, modifying, terminating, or withdrawing the accreditation or certification of the hospital;~~
- ~~5. Failure to allow an agent or employee of the Department of Health and Human Services, the Department of Health and Human Services Finance and Support, or the Department of Health and Human Services Regulation and Licensure access to the hospital for the purposes of inspection, investigation, or other information collection activities necessary to carry out the duties of the Departments;~~
- ~~6. Discrimination or retaliation against a hospital patient or employee who has submitted a complaint or information to the Department of Health and Human Services, the Department of Health and Human Services Finance and Support, or the Department of Health and Human Services Regulation and Licensure;~~
- ~~6. Discrimination or retaliation against a hospital patient or employee who has presented a grievance or information to the office of the state long-term care ombudsman;~~

- ~~9. Failure to allow a state long-term care ombudsman or an ombudsman advocate access to the hospital for the purposes of investigation necessary to carry out the duties of the office of the state long-term care ombudsman as specified in 15 NAC 3;~~
- ~~9. Violation of the Emergency Box Drug Act;~~
- ~~10. Failure to file a report of payment or action taken due to a liability claim or an alleged violation, as required by Neb. Rev. Stat. § 71-168.02;~~
- ~~11. Violation of the Medication Aide Act; or~~
- ~~12. Failure to file a report of suspected abuse or neglect as required by Neb. Rev. Stat. §§ 28-372 and 28-711.~~

~~9-008.02 Procedures for Denial, Refusal to Renew, or Disciplinary Action~~

~~9-008.02A If the Department determines to deny, refuse renewal of, or take disciplinary action against a license, the Department will send a notice to the applicant or licensee, by certified mail to the last address shown on its records. The notice will state the determination, including a specific description of the nature of the violation and the statute or regulation violated, and the type of disciplinary action pending.~~

~~9-008.02B The denial, refusal to renew, or disciplinary action will become final 15 days after the mailing of the notice unless the applicant or licensee, within the 15-day period, makes a written request to the Director for an informal conference or an administrative hearing.~~

~~9-008.02C Informal Conference~~

~~9-008.02C1 At the request of the applicant or licensee, the Department will hold an informal conference within 30 days of the receipt of the request. The conference will be held in person or by other means, at the request of the applicant or licensee.~~

~~If the pending action is based on an inspection, the Department's representative at the conference will not be the individual who did the inspection.~~

~~9-008.02C2 Within 20 working days of the conference, the Department representative will state in writing the specific reasons for affirming, modifying, or dismissing the notice. The representative will send a copy of the statement to the applicant or licensee by certified mail to the last address shown in the Department's records and a copy to the Director.~~

~~9-008.02C3 If the applicant or licensee successfully demonstrates at the informal conference that the deficiencies should not have been cited in the notice, the Department will remove the deficiencies from the notice and rescind any sanction imposed solely as a result of those cited deficiencies.~~

~~9-008.02C4~~ If the applicant or licensee contests the affirmed or modified notice, the applicant or licensee must submit a request for hearing in writing to the Director within five working days after receipt of the statement.

~~9-008.02D~~ Administrative Hearing

~~9-008.02D1~~ When an applicant or a licensee contests the notice and request a hearing, the Department will hold a hearing in accordance with the Administrative Procedure Act (APA) and the Department's rules and regulations adopted and promulgated under the APA. Either party may subpoena witnesses, who must be allowed fees at the rate prescribed by Neb. Rev. Stat. §§ 33-139 and 33-139.01.

~~9-008.02D2~~ On the basis of evidence presented at the hearing, the Director will affirm, modify, or set aside the determination. The Director's decision will:

- ~~1. Be in writing;~~
- ~~2. Be sent by registered or certified mail to the applicant or licensee; and~~
- ~~3. Become final 30 days after mailing unless the applicant or licensee, within the 30-day period, appeals the decision.~~

~~9-008.02D3~~ An applicant or a licensee's appeal of the Director's decision must be in accordance with the APA.

~~9-008.03~~ Types of Disciplinary Action

~~9-008.03A~~ The Department may impose any one or a combination of the following types of disciplinary action against the license:

- ~~1. A fine not to exceed \$10,000 per violation;~~
- ~~2. A prohibition on admissions or re-admissions, a limitation on enrollment, or a prohibition or limitation on the provision of care or treatment;~~
- ~~3. A period of probation not to exceed two years during which the hospital may continue to operate under terms and conditions fixed by the order of probation;~~
- ~~4. A period of suspension not to exceed three years during which the hospital may not operate; and~~
- ~~5. Revocation, which is a permanent termination of the license. The licensee may not apply for a license for a minimum of two years after the effective date of the revocation.~~

~~9-008.03B~~ In determining the type of disciplinary action to impose, the Department will consider:

- ~~1. The gravity of the violation, including the probability that death or serious physical or mental harm will result;~~
- ~~2. The severity of the actual or potential harm;~~

- ~~3.—The extent to which the provisions of applicable statutes, rules, and regulations were violated;~~
- ~~4.—The reasonableness of the diligence exercised by the hospital in identifying or correcting the violation;~~
- ~~5.—Any previous violations committed by the hospital; and~~
- ~~6.—The financial benefit to the hospital of committing or continuing the violation.~~

~~9-008.03C—If the licensee fails to correct a violation or to comply with a particular type of disciplinary action, the Department may take additional disciplinary action as described in 175 NAC 9-008.03A.~~

~~9-008.03D—Temporary Suspension or Temporary Limitation:—If the Department determines that patients of the hospital are in imminent danger of death or serious physical harm, the Director may:~~

- ~~1.—Temporarily suspend or temporarily limit the hospital license, effective when the order is served upon the hospital. If the licensee is not involved in the daily operation of the hospital, the Department will mail a copy of the order to the licensee, or if the licensee is a corporation, to the corporation's registered agent;~~
- ~~2.—Order the immediate removal of patients; or~~
- ~~3.—Order the temporary closure of the hospital pending further action by the Department.~~

~~The Department will simultaneously institute proceedings for revocation, suspension, or limitation of the license, and will conduct an administrative hearing no later than ten days after the date of the temporary suspension or temporary limitation.~~

~~9-008.03D1—The Department will conduct the hearing in accordance with the Administrative Procedure Act (APA) and the Department's rules and regulations adopted and promulgated under the APA. Either party may subpoena witnesses, who must be allowed fees at the rate prescribed by Neb. Rev. Stat. §§ 33-139 and 33-139.01.~~

~~9-008.03D2—If a written request for continuance of the hearing is made by the licensee, the Department will grant a continuance, which may not exceed 30 days.~~

~~9-008.03D3—On the basis of evidence presented at the hearing, the Director will:~~

- ~~1.—Order the revocation, suspension, or limitation of the license, or~~
- ~~2.—Set aside the temporary suspension or temporary limitation.~~

~~If the Director does not reach a decision within 90 days of the date of the temporary suspension or temporary limitation, the temporary suspension or temporary limitation will expire.~~

~~9-008.03D4—Any appeal of the Department's decision after hearing must be in accordance with the APA.~~

~~9-008.04 Reinstatement from Disciplinary Probation or Suspension, and Re-Licensure After Revocation~~

~~9-008.04A Reinstatement at the End of Probation or Suspension~~

~~9-008.04A1 Reinstatement at the End of Probation:~~ A license may be reinstated at the end of probation after the successful completion of an inspection, if the Department determines an inspection is warranted.

~~9-008.04A2 Reinstatement at the End of Suspension:~~ A license may be reinstated at the end of suspension following:

- ~~1. Submission of an application to the Department for renewal that conforms to the requirements of 175 NAC 9-003.02;~~
- ~~2. Payment of the renewal fee as specified in 175 NAC 9-004.10; and~~
- ~~3. Successful completion of an inspection.~~

~~The Department will reinstate the license when it finds, based on an inspection as provided for in 175 NAC 9-005, that the hospital is in compliance with the operation, care, treatment, and physical plant requirements of 175 NAC 9-006 and 9-007.~~

~~9-008.04B Reinstatement Prior to Completion of Probation or Suspension~~

~~9-008.04B1 Reinstatement Prior to the Completion of Probation:~~ A licensee may request reinstatement prior to the completion of probation and must meet the following conditions:

- ~~1. Submit a petition to the Department stating:
 - ~~a. The reasons why the license should be reinstated prior to the probation completion date; and~~
 - ~~b. The corrective action taken to prevent recurrence of the violation(s) that served as the basis of the probation; and~~~~
- ~~2. Successfully complete any inspection the Department determines necessary.~~

~~9-008.04B2 Reinstatement Prior to Completion of Suspension:~~ A licensee may request reinstatement prior to the completion of suspension and must meet the following conditions:

- ~~1. Submit a petition to the Department stating:
 - ~~a. The reasons why the license should be reinstated prior to the suspension completion date; and~~
 - ~~b. The corrective action taken to prevent recurrence of the violation(s) that served as the basis of the suspension;~~~~

- ~~2. Submit a written renewal application to the Department as specified in 175 NAC 9-003.02;~~
- ~~3. Pay the renewal fee as specified in 175 NAC 9-004.10; and~~
- ~~4. Successfully complete an inspection.~~

~~9-008.04B3 The Director will consider the petition submitted and the results of any inspection or investigation conducted by the Department and:~~

- ~~1. Grant full reinstatement of the license;~~
- ~~2. Modify the probation or suspension; or~~
- ~~3. Deny the petition for reinstatement.~~

~~9-008.04B4 The Director's decision is final 30 days after mailing the decision to the licensee unless the licensee requests a hearing within the 30-day period. The requested hearing will be held according to rules and regulations of the Department for administrative hearings in contested cases.~~

~~9-008.04C Re-Licensure After Revocation: A hospital license that has been revoked is not eligible for re-licensure until two years after the date of revocation.~~

~~9-008.04C1 A hospital seeking re-licensure must apply for an initial license and meet the requirements for initial licensure in 175 NAC 9-003.01.~~

~~9-008.04C2 The Department will process the application for re-licensure in the same manner as specified in 175 NAC 9-003.01.~~

008.01 CRITICAL CARE SERVICES. Critical care services such as intensive care, coronary care, intensive newborn nursery, burn unit, transplant center, or wound treatment center are to include:

- (A) Supervision of each unit by a qualified and competent registered nurse;
- (B) Qualifications and competency needed for each person assigned to work in the unit;
- (C) Medical and nursing staffing coverage for each unit; and
- (D) Written admission and discharge criteria for each unit.

008.02 EMERGENCY SERVICES. Emergency services provided must be in compliance with the Emergency Medical Treatment and Labor Act; 42 CFR § 489.24; 42 CFR § 489.20 (l), (m), (q), and (r), on the effective date of this chapter. This service must be provided under the direction of a practitioner who is trained in emergency care and management and is to include:

- (A) 24 hour per day medical and nursing staff coverage, with medical staff and registered nurses on call;
- (B) Personnel qualifications and competency needed to carry out the written emergency procedures and anticipated needs of the hospital; and
- (C) Emergency drugs, devices, biologicals, equipment, and supplies must be on hand and immediately available for use in the emergency area to treat life-threatening conditions.

008.02(i) EMERGENCY SERVICES RECORDKEEPING REQUIREMENTS. An emergency log must be maintained that includes:

- (1) Patient full name and date of birth;
- (2) Date, time, and method of patient's arrival to the Emergency Room;
- (3) Physical findings;
- (4) Name of treating practitioner;
- (5) Disposition, including time, and location patient was discharged to;
- (6) Documentation of assessments and any testing completed; and
- (7) Documentation of any medications, biologicals, or devices provided to the patient.

008.02(ii) NOTIFICATION. If the facility ceases to provide emergency services, the Division of Public Health Licensure Unit needs to be notified in writing as soon as possible.

008.02(iii) EMERGENCY SERVICES PHYSICAL PLANT REQUIREMENTS. Dedicated space for emergency care and treatment must be provided which includes:

- (1) A well-marked, illuminated, covered, and grade level entrance for both emergency vehicle and pedestrian access;
- (2) A waiting area for patients and visitors that is in the direct observation of the reception, triage, or control station;
- (3) Storage areas for general medical and surgical emergency supplies, medications, and equipment which are under staff control and out of the path of normal traffic; and
- (4) A toilet room with hand washing sink that is convenient to treatment or procedure rooms.

008.03 HEMODIALYSIS SERVICES. Hemodialysis services must satisfy all the elements of the Conditions of Coverage as an End-Stage Renal Disease facility 42 CFR § 405.2101, Subpart U, and 42 CFR § 494.62 on the effective date of this chapter and 175 NAC 1.

008.04 OBSTETRICAL AND NEWBORN SERVICES. Obstetrical and newborn services provided are to include:

- (A) Written policies and procedures outlining the care and treatment for prenatal, postnatal, and newborn patients;
- (B) Appropriate attire to be worn during labor, delivery, and in the nursery;
- (C) Staffing, including on call availability;
- (D) Supervision of nursing care provided in labor, delivery, and in the nursery by a qualified registered nurse;
- (E) Written directions outlining the use of oxytocic drugs and the administration of anesthetics, sedatives, analgesics, and any other drugs, devices, and biologicals in accordance with state and federal law;
- (F) The flow of staff between the obstetric and newborn units, and other patient care areas;
- (G) Staff responsibilities during induction or augmentation of labor;
- (H) Visitation and attendance during the birth process;
- (I) Required laboratory testing;
- (J) Written transfer criteria for both mother and newborn;

- (K) Discharge criteria, including written discharge instructions in a manner and format which the mother or their designee can understand;
- (L) Reporting requirements;
- (M) Emergency care, treatment, and equipment needed to be immediately available; and
- (N) Written procedures outlining the identification and safeguarding of the newborn immediately after birth until discharge.

008.04(i) PERMANENT OBSTETRIC ADMISSION AND DISCHARGE PATIENT INDEX.
An index must be maintained that includes:

- (1) Full name and date of birth of the patient;
- (2) The patient identification number assigned by the facility;
- (3) Date and time of admission and discharge;
- (4) Name of admitting physician or certified midwife;
- (5) Type of anesthesia provided;
- (6) Time of birth;
- (7) Gender of newborn; and
- (8) Place to which mother and newborn were discharged or transferred.

008.04(ii) OBSTETRICAL AND NEWBORN PHYSICAL PLANT REQUIREMENTS.
Dedicated space and equipment for the provision of obstetrical and newborn services must be available.

008.05 PEDIATRIC SERVICES. Pediatric services provided is to include:

- (A) Location of pediatric patients must be in an area apart from adult patients and newborn infants;
- (B) Drugs, devices, biologicals, equipment, and supplies suitable for the treatment of pediatric patients;
- (C) Methods to safeguard pediatric patients while they are under care and treatment in the facility; and
- (D) Conditions under which parents may stay or 'room in' with pediatric patients.

008.06 SURGICAL SERVICES. Surgical services is to include:

- (A) Surgical services are provided only by medical practitioners who are privileged at the facility to conduct the specific surgical care and treatment they are privileged to provide;
- (B) Restrictions on access to the surgical suite and recovery room areas;
- (C) Attire worn by staff in the surgical suite and recovery room areas;
- (D) Sterilization and disinfection of equipment and supplies;
- (E) Aseptic surveillance and practice;
- (F) Responsibility for the supervision of the surgical suite and recovery room;
- (G) Immediate availability of an emergency call system, cardiac monitor; defibrillator, suction and emergency airway supplies;
- (H) Availability of blood and blood products;
- (I) The requirement for patient history and physical examination;
- (J) The requirements for testing and disposal of surgical specimens;
- (K) The circumstances that require the presence of an assistant during surgery;
- (L) Discharge criteria;
- (M) Reporting requirements;

- (N) The procedures for handling infectious cases;
- (O) Immediate post-surgical care; and
- (P) Requirements for operative and surgical reports.

008.06(i) SURGICAL SERVICES RECORD KEEPING REQUIREMENTS. A roster must be maintained in the surgical suite which delineates the surgical privileges granted to each medical practitioner; and an up to date operating log must be maintained that includes:

- (1) Full name, date of birth, and identification number of each patient;
- (2) Date, starting and ending times for each surgical procedure;
- (3) Surgical procedure or procedures performed;
- (4) Name of the surgeon and any assistants;
- (5) Name of nursing personnel, both scrub and circulating;
- (6) Type of anesthesia utilized during the procedure; and
- (7) The name and title of the person administering anesthesia.

008.06(ii) SURGICAL SERVICES PHYSICAL PLANT REQUIREMENTS. Dedicated space and equipment for the types of surgical procedures provided by the facility must be available, which includes:

- (1) A preoperative patient area with sufficient space and equipment to accommodate both ambulatory and non-ambulatory patients under the direct visual control of the nursing staff;
- (2) Operating rooms for major surgical procedures that require general or regional block anesthesia and support of vital bodily functions with a minimum floor area of 300 square feet and a minimum of 16 feet of clear dimension;
- (3) Procedure rooms for invasive and minor surgical procedures performed in conjunction with oral, parental, or intravenous sedation or under analgesic or dissociative drugs have a minimum floor area of 200 square feet and a minimum of 14 feet clear dimension;
- (4) Treatment rooms for procedures performed under topical, local, or regional anesthesia without pre-operative sedation have a minimum floor area of 120 square feet and a minimum of 10 feet clear dimension;
- (5) A recovery area containing a medication station, hand washing sink, charting area, and equipment and supply storage space;
- (6) A dressing area must be provided when the hospital provides outpatient surgeries which has patient dressing and toilet rooms separate from staff gowning areas; and
- (7) Housekeeping and soiled utility areas exclusively for the surgical suite.

008.07 ANESTHESIA SERVICES. Anesthesia services is to include:

- (A) Provision of anesthesia by medical or nurse anesthetist students under the supervision and direct oversight of an individual qualified to administer anesthesia in their scope of practice;
- (B) Equipment maintenance;
- (C) Safety measures to guard against hazards;
- (D) Infection control measures; and
- (E) The maintenance, cleaning and use of equipment to ensure patient safety and to minimize the risk of the transmission of infection.

008.08 REHABILITATION SERVICES. Rehabilitation services is to include:

- (A) The scope and care of services provided at the facility;
- (B) Staff qualifications, competency, and credentialing requirements;
- (C) The provision of therapy in accordance with written medical practitioner orders;
- (D) Coordination with other services in the hospital;
- (E) Treatment plan documentation and record keeping requirements; and
- (F) The maintenance, cleaning, and use of therapy equipment, to ensure patient safety and to minimize the risk of the transmission of infection.

008.09 RESPIRATORY CARE SERVICES. Respiratory care services is to include:

- (A) Supervision by a qualified respiratory care practitioner;
- (B) The provision of respiratory care services by qualified personnel, acting within their scope of practice;
- (C) Coordination with other services in the facility;
- (D) Treatment plan documentation and record keeping requirements; and
- (E) Types of equipment needed to provide the scope of care provided in the facility, along with cleaning, maintenance, and calibration requirements.

008.10 OUTPATIENT SERVICES. Outpatient services is to include:

- (A) The provision of outpatient services in accordance with medical practitioner orders;
- (B) Staffing to meet the needs of the patients as determined by the facility;
- (C) Documentation and record keeping requirements to integrate the outpatient medical record with the patient's existing inpatient record, if applicable; and
- (D) Equipment needed to provide the scope of care provided in the facility, along with cleaning, maintenance and calibration requirements.

008.11 ALZHEIMER'S, DEMENTIA, AND RELATED CONDITIONS SERVICES. Licensees that provide inpatient services for patients with these conditions in a distinct unit must ensure personalized patient rooms, activity areas, separate dining areas, and must include features that support patient orientation to their surroundings; areas for specialized treatment and care; hand washing sinks; secured storage for equipment and supplies; call and security systems and an area for medication storage and distribution.

008.12 SOCIAL WORK SERVICES. Social work services provided are to be directed by a ~~master's degree prepared~~ certified social worker. Services must include:

- (A) The scope and care of patients receiving social work services, including the role in intervention, discharge planning and referral for patients;
- (B) Assessment of personal and social functioning of patients;
- (C) Record keeping and retention requirements; and
- (D) Coordination with other services provided to patients in the hospital.

008.13 PSYCHIATRIC OR MENTAL HEALTH SERVICES. Psychiatric or mental health services in a distinct unit are to ensure a therapeutic environment that provides for both patient and staff safety. Patient rooms must have:

- (A) Tamper-resistant air distribution devices, lighting fixtures, sprinkler heads, and safety devices;
- (B) Ventilation, exhaust, heating and cooling components that are inaccessible to patients;

- (C) Bedroom, toilet, and bathing room doors that are not lockable or capable of being obstructed from within; and
- (D) Electrical outlets protected by ground fault interrupting devices.

008.14 IN PATIENT HOSPICE SERVICES. Inpatient hospice services provided in a distinct unit must have private patient rooms, space to accommodate overnight stays, dining, and visiting spaces for family and visitors.

009. SPECIFIC HOSPITAL REQUIREMENTS. Each licensee must choose which type of hospital they wish to operate, with specific requirements as set out in the Health Care Facility Licensure Act and this chapter.

009.01 CRITICAL ACCESS HOSPITAL REQUIREMENTS. A licensee of a critical access hospital must satisfy all of the elements of the Conditions for Participation for Critical Access Hospitals as set out in C.F.R § 485 Subpart F, and C.F.R. § 485.625 on the effective date of this chapter. Critical access hospitals must:

- (A) Have 25 acute inpatient beds or less;
- (B) Ensure the average length of stay for acute inpatients does not exceed 96 hours;
- (C) Provide emergency services on a 24-hour basis;
- (D) Have a formal agreement with at least one licensee of an acute care hospital; and
- (E) Have formal agreements for:
 - (i) Emergency and nonemergency transportation; and
 - (ii) Back up medical and emergency services.

009.02 GENERAL ACUTE HOSPITAL REQUIREMENTS. Each licensee of a general acute hospital must satisfy all the elements of the Conditions of Participation for Hospitals as set out in 42 C.F.R § 482 and 42 C.F.R § 482.15 on the effective date of this chapter.

009.03 LONG-TERM CARE HOSPITAL REQUIREMENTS. Each licensee of a psychiatric or mental hospital must satisfy the Conditions of Participation for Psychiatric Hospitals as set out in 42 C.F.R §§ 482.60 through 482.62, and C.F.R. § 482.15 on the effective date of this chapter.

009.04 PSYCHIATRIC OR MENTAL HOSPITAL REQUIREMENTS. Each licensee of a psychiatric or mental hospital must satisfy the Conditions of Participation for Psychiatric Hospitals as set out in 42 C.F.R § 482.60 through 482.62, and C.F.R. § 482.15 on the effective date of this chapter.

009.05 REHABILITATION HOSPITAL REQUIREMENTS. Each licensee of a rehabilitation hospital must satisfy all the elements of the Conditions of Participation for Hospitals as set out in 42 C.F.R § 482, and C.F.R. § 482.15 on the effective date of this chapter and the following:

- (A) The direction and supervision of all rehabilitation services is provided by a fulltime physician member of the medical staff who is trained in rehabilitation medicine;
- (B) Physical therapy, occupational therapy, speech pathology, and audiology, social work, psychological, and vocational services must be organized and supervised by qualified professional personnel credentialed in Nebraska when required and who have been approved by the licensee;

- (C) A written preadmission screening procedure is implemented to review each prospective patient's condition and medical history to determine whether the patient is likely to benefit significantly from an intensive inpatient rehabilitation program prior to accepting the patient for treatment;
- (D) A plan of treatment for each inpatient is established, implemented, reviewed, and revised as needed by a physician in consultation with other professional personnel who provide services to the patient; and
- (E) There must be a multidisciplinary team approach in the rehabilitation of each inpatient, as documented by periodic clinical entries made in the patient's medical record to note the patient's status in relationship to goal attainment. Team conferences must be held at least every 2 weeks to determine the appropriateness of treatment.

009.06 RURAL EMERGENCY HOSPITAL REQUIREMENTS. A licensee of a rural emergency hospital must satisfy all of the elements of the Conditions for Participation for Rural Emergency Hospitals as set out in C.F.R §§ 485.500 to 485.546 on the effective date of this chapter.

ATTACHMENTS

~~42 CFR 485.601 to 485.641
(Critical Access Hospitals)~~

and

~~42 CFR 482.60 to 482.62
(Psychiatric Hospitals)~~

~~10-1-05 Edition of the
Code of Federal Regulations~~