



ADMINISTRATIVE RULES OF MONTANA



37.106.2311 MINIMUM STANDARDS FOR A RESIDENTIAL HOSPICE FACILITY

- (1) A residential hospice facility must meet all of the requirements contained in ARM 37.106.2301 in addition to those contained in this rule.
- (2) A residential hospice facility must be managed directly by a licensed hospice program.
- (3) A residential hospice facility must be staffed with qualified personnel in numbers sufficient to provide required core services and those indicated in each patient's hospice plan of care, including:
 - (a) nursing services;
 - (b) therapies;
 - (c) monitoring of the ongoing medical needs of patients;
 - (d) timely response to emergency situations;
 - (e) volunteer services; and
 - (f) recreational and social activities.
- (4) A residential hospice must assure that individuals providing personal care to residential hospice patients have received, prior to delivering such care, documented training that includes the following elements, or the documented equivalent of such training:
 - (a) hospice philosophy and orientation;
 - (b) basic needs of the frail elderly and/or physically disabled persons;
 - (c) first aid and handling emergencies;
 - (d) basic techniques in observation of patient's mental and physical health;
 - (e) basic personal care procedures, including grooming;
 - (f) methods of making patients comfortable;
 - (g) bowel and bladder care;
 - (h) assisting patient mobility, including transfer (e.g. from bed to wheelchair);
 - (i) techniques in lifting;
 - (j) food and nutrition;
 - (k) basic techniques of identifying and correcting potential safety hazards in the home; and

- (l) health oriented record keeping.
- (5) A residential hospice facility must meet the life-safety requirements set forth in the 2012 NFPA 101 Life Safety Code for residential board and care occupancies.
- (6) In patient areas, a residential hospice must:
 - (a) provide areas that ensure private patient and patient family visiting;
 - (b) provide or arrange for accommodations for family members to remain with the patient overnight;
 - (c) provide accommodations for family privacy after a patient's death;
 - (d) ensure that hospice visiting hours are flexible and that children or pets are not excluded;
 - (e) provide a handicapped accessible telephone for patient use;
 - (f) be equipped with furnishings which are home-like in design and function and contribute to a safe environment; and
 - (g) provide one or more areas for dining, recreation and/or social activities, and refrain from utilizing these areas for corridor traffic.
- (7) In patient bedrooms, a residential hospice must:
 - (a) allow each patient to bring personal items to locate in the patient's bedroom so long as the health and safety of any patient, patient's family members, or hospice staff are not jeopardized;
 - (b) allow no more than two beds per patient room and ensure that each patient bedroom is located at or above ground level, has a window to the outside of the facility, and has a direct entry from the corridor;
 - (c) provide at least 100 square feet in one-bed rooms and 80 square feet per bed in two-bed rooms, exclusive of closets, lockers, wardrobes, alcoves, or vestibules;
 - (d) provide each bedroom with a comfortable, appropriately sized bed for each occupant, equipped with a mattress protected by waterproof material, mattress pad, and comfortable pillow, as well as a comfortable chair and other furniture as appropriate to the decor and patient needs;
 - (e) provide a separate dresser and wardrobe or closet space for each occupant in a bedroom;
 - (f) provide clean, flame-resistant shades or the equivalent for every bedroom window;
 - (g) in each two-bed room, provide either flame-resistant cubicle curtains for each bed or movable flame-resistant screens to provide privacy upon request of a patient; and
 - (h) if the needs of a patient require a call system or communication device to be in place, make it available; otherwise, the hospice may, but is not required to, provide a patient bedroom with a call system or communication device that is connected to an area in the hospice that is consistently staffed.
- (8) A residential hospice must provide the following bathroom and toilet facilities:
 - (a) a toilet and lavatory in each toilet room and at least one toilet for every four patients;

- (b) at least one bathing facility for every 12 patients;
 - (c) grab bars at each toilet, shower, and tub, with a minimum of 1-1/2 inch clearance between the bar and the wall and strength and anchorage sufficient to sustain a concentrated 250-pound load;
 - (d) at least one bathroom and one toilet accessible to individuals with mobility impairments;
 - (e) all doors to resident bathrooms shall open outward or slide into the wall and shall be unlockable from the outside. Dutch doors, bi-folding doors, sliding pocket doors, and other bi-swing doors may be used if they do not impede the bathroom access width and are approved by the department. A shared bathroom with two means of access is also acceptable; and
 - (f) if the needs of a patient require a call system or communication device to be in place in the patient's bathroom, make it available; otherwise, the hospice may, but is not required to, provide a patient bathroom with a call system or communication device that is connected to an area in the hospice that is consistently staffed.
- (9) A residential hospice must do the following for infection control:
- (a) either be equipped to provide an isolation area for patients who have diseases with a high risk of transmission or have in place a method to ensure that such patients are transferred to a health care facility which is adequately equipped to admit such a patient;
 - (b) develop a procedure to monitor the infection control program on a regular basis; and
 - (c) ensure that residents maintain an acceptable level of personal hygiene at all times.
- (10) A residential hospice must meet the following meal service, menu planning, and supervision standards:
- (a) foods must be served in amounts and variety to meet the needs of each hospice patient.
 - (b) the hospice must provide a practical freedom-of-choice diet to patients and assure that patients' favorite foods are included in their diets whenever possible.
 - (c) the food service must establish and maintain standards relative to food sources, refrigeration, refuse handling, pest control, storage, preparation, procuring, serving, and handling that are sufficient to prevent food spoilage and transmission of infectious disease.
 - (d) a staff member trained or experienced in food management must be appointed to:
 - (i) provide diets as indicated on the plan of care for each patient; and
 - (ii) supervise meal preparation and service.
 - (e) if a hospice patient or patient's family wishes to provide meal services for an individual independent of the required food service of the hospice, either on a periodic or continuous basis, the hospice and patient, and patient's family when appropriate, must work out reasonable arrangements so that the hospice staff may plan accordingly.
- (11) In order to provide pharmaceutical services to patients, a residential hospice must:
- (a) develop and maintain a system for the administration and provision of pharmaceutical services that are consistent with the drug therapy needs of the patient as determined by the hospice medical director and patient's primary physician;

- (b) ensure that medications ordered are consistent with the hospice philosophy which focuses on palliation;
 - (c) ensure that all prescription medications are ordered in writing by someone licensed to write prescriptions under Montana state law, dispensed by a licensed pharmacy, received by the patient, the patient's family, or other designated individual(s), and maintained in the hospice;
 - (d) unless the pharmacy provides a unit dose system, ensure that all prescription drugs are labeled with a label that includes:
 - (i) name of pharmacy;
 - (ii) name of patient;
 - (iii) name of prescribing physician;
 - (iv) date prescription filled;
 - (v) prescription number;
 - (vi) name of medication;
 - (vii) directions and dosage;
 - (viii) expiration date; and
 - (ix) quantity dispensed.
 - (e) document all medication administration in the patient's record;
 - (f) ensure that medications are administered only by one of the following individuals:
 - (i) a licensed nurse, physician, or physician assistant;
 - (ii) the patient or patient's family if the physician allows them to do so and an order acknowledging that fact is noted in the hospice care plan; and
 - (iii) anyone authorized to administer medications by 37-8-103, MCA.
 - (g) allow medications to be left at the bedside of a hospice patient when to do so is approved in the hospice plan of care, and, whenever such approval exists, provide for the storage of such medications in a safe and sanitary manner;
 - (h) ensure that medications not stored at the bedside are maintained in locked storage in a central location in the hospice that is near or adjacent to an area for medication preparation and has appropriate refrigeration, a sink for handwashing, and locking cabinets;
 - (i) destroy medications when the label is mutilated or indistinct, the medication is beyond the expiration or shelf life date, or unused portions remain due to discontinuance of use or death or discharge of the patient; and
 - (j) develop and follow written policies and procedures for destruction of legend drugs that include listing the type of drug(s) destroyed and the amount destroyed.
- (12) The department adopts and incorporates by reference the 2012 NFPA 101 Life Safety Code which establishes building construction requirements for residential board and care occupancies. Copies

of the above standards may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MD 02169, or by using their web site, www.nfpa.org.catalogue.

- (13) Respite care may be provided only on an occasional basis for no more than five consecutive days at a time.

Authorizing statute(s): 50-5-103, 50-5-210, MCA

Implementing statute(s): 50-5-210, MCA

History: NEW, 1994 MAR p. 2436, Eff. 8/26/94; AMD, 1995 MAR p. 851, Eff. 5/12/95; TRANS, from DHES, 2002 MAR p. 185; AMD, 2009 MAR p. 351, Eff. 3/27/09; AMD, 2022 MAR p. 1876, Eff. 9/24/22.