DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
LICENSING HEALTH FACILITIES OR AGENCIES

Filed with the Secretary of State on
These rules take effect 7 days after filing with the Secretary of State.

(By authority conferred on the department of licensing and regulatory affairs by sections 20115, 20131, 20132, 20141, 20171, 21419, 21521, 21523, 21561, 21562, 21563, 21615, 21741, and 21795 of 1978 PA 368 as amended, MCL 333.20115, 333.20131, 333.20132, 333.20141, 333.20171, 333.21419, 333.21521, 333.21523, 333.21561, 333.21562, 333.21563, 333.21615, 333.21741, and 333.21795 and Executive Reorganization Order Nos. 1994-1, 1996-1, 1997-4, 2003-1, 2009-20, 2011-4 and 2015-1 being MCL 333.26322, 330.3101, 333.26324, 445.2011, 333.26366, 445.2030 and 400.227 of Michigan Compiled Laws)

R 325.45101, R 325.45103, R 325.45105, R 325.45107, R 325.45109, R 325.45121, R 325.45123, R 325.45125, R 325.45127, R 325.45129, R 325.45131, R 325.45133, R 325.45135, R 325.45137, R 325.45139, R 325.45141, R 325.45143, R 325.45145, R 325.45147, R 325.45149, R 325.45151, R 325.45153, R 325.45155, R 325.45157, R 325.45159, R 325.45161, R 325.45163, R 325.45165, R 325.45167, R 325.45169, R 325.45171, R 325.45173, R 325.45175, R 325.45177, R 325.45179, R 325.45181, R 325.45183, R 325.45185, R 325.45187, R 325.45191, R 325.45193, R 325.45195, R 325.45197, R 325.45199, R 325.45201, R 325.45203, R 325.45205, R 325.45207, R 325.45209, R 325.45211, R 325.45213, R 325.45221, R 325.45223, R 325.45225, R 325.45227, R 325.45229, R 325.45231, R 325.45233, R 325.45235, R 325.45241, R 325.45243, R 325.45245, R 325.45247, R 325.45249, R 325.45251, R 325.45253, R 325.45271, R 325.45281, R 325.45283, R 325.45285, R 325.45287, R 325.45289, R 325.45291, R 325.45293, R 325.45301, R 325.45303, R 325.45305, R 325.45307, R 325.45309, R 325.45311, R 325.45313, R 325.45315, R 325.45317, R 325.45319, R 325.45321, R 325.45323, R 325.45325, R 325.45327, R 325.45329, R 325.45331, R 325.45333, R 325.45335, R 325.45337, R 325.45339, R 325.45341, R 325.45343, R 325.45345, R 325.45347, R 325.45349, R 325.45351, R 325.45353, R 325.45355, R 325.45357, R 325.45359, R 325.45361, R 325.45363, R 325.45371, R 325.45373, R 325.45375, R 325.45377, R 325.45379, R 325.45381, R 325.45383, R 325.34385, R 325.45387, R 325.45389, R 325.45391, R 325.45393, R 325.45393, R 325.45395, R 325.45397, R 325.45399, R 325.45401, R 325.45403, R 325.45405, R 325.45407, R 325.45409, R 325.45411, R 325.45413, R 325.45415, R 325.45417, R 325.45419, R 325.45421, R 325.45423, R 325.45425, and R 325.45427 are added to the Michigan Administrative Code as follows:

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LICENSING HEALTH FACILITIES OR AGENCIES
PART 1 – PART 10

## PART 1: GENERAL PROVISIONS

R 325.45101 Applicability.

Rule 101. These rules are applicable to the licensing of all the following:

(a) Freestanding surgical outpatient facility.

(b) Hospice agency.

(c) Hospice residence.

(d) Hospital.

(e) Nursing home.

R 325.45103 Definitions; A to F.

Rule 103. (1) As used in these rules:

(a) “Anesthesia” means a state of loss of feeling or sensation and is normally used to denote the loss of sensation to pain purposely induced using a specific gas or drug to permit the performance of surgery or other painful procedure.

(b) "Anesthesiologist" means a physician who specializes in the field of anesthesiology and who may or may not be a diplomate of his or her specialty board.

(c) "Anesthetic" means a drug, gas, or other agent used to abolish the sensation of pain. There are 3 classifications as follows:

(i) "General anesthetic" means an anesthetic agent that produces a temporary loss of consciousness by the administration of a gas; oral, intramuscular, and intravenous drugs; or a combination of these methods.

(ii) "Local anesthetic" means a drug whose action is limited to an area of the body around the site of its application.

(iii) "Spinal," "epidural," or "caudal" anesthetic means the injection of an appropriate local type of anesthetic into the spinal canal, epidural area, to produce a local loss of sensitivity to the body areas at and below the sensory nerve distribution at the level of injection.

(d) "Anesthetist" means a person who is qualified to administer anesthetic.

(e) “Applicant” means a person applying to the department for a health facility or agency license.

(f) “Attending physician” means that term as defined in section 20102 (4) of the code, MCL 333.20102 (4).

(g) “Authorized representative” means that term as defined in section 20102 (5) of the code, MCL 333.20102 (5).

(h) “Bereavement services” means emotional, psychosocial, and spiritual support services provided to the family before and after the death of the patient to assist the family in coping with issues related to grief, loss, and adjustment.

(i) “Building change” means any alteration to the existing building involving a change in the interior configuration or intended use, including any alterations to the mechanical, electrical or plumbing systems. This term does not include routine maintenance of these systems or replacement with comparable equipment that does not alter the current physical structure.

(j) “Business day” means a day other than a Saturday, Sunday, or any legal holiday.

(k) “Change of ownership” means the transfer of a health facility or agency from 1 owner to another.

(l) "Code" means the public health code, 1978 PA 368, MCL 333.1101 to 333.25211.

(m) "Complainant" means a person other than the department who files a complaint about a licensee, certificate holder, or permittee regulated by the department.

(n) "Correction notice" means a notice from the department to a health facility or agency specifying violations of the code or these rules, corrective action to be taken, and the period in which the corrective action is to be completed.

(o) "Department" means the department of licensing and regulatory affairs.

(p) "Director of nursing" means an employee of the health facility or agency who is a registered professional nurse who is designated by the health facility or agency to direct all nursing services. The health facility or agency may assign a different title to this position.

(q) "Discharge" means that term as defined in section 21702 (1) of the code, MCL 333.21701 (1). In addition, as used in these rules, "discharge" means the voluntary or involuntary movement of a patient out of any type of health facility or agency.

(r) "Freestanding surgical outpatient facility" or "FSOF" means a facility as defined in section 20104(7) of the code, MCL 333.20104(7), and includes, but not limited to, a private practice office that performs 120 or more surgical abortions per year and publicly advertises outpatient abortion services. Characteristics of a freestanding surgical outpatient facility include, but are not limited to, patient encounters with a physician, dentist, podiatrist, or other provider primarily for performing surgical procedures or related diagnosis, consultation, observation, and postoperative care, and the owner or operator may make the facility available to other physicians, dentists, podiatrists, or other providers who comprise its professional staff. This term does not include a private office of a physician, dentist, podiatrist, or other health professional whose patients are limited to those of the individual licensed professional maintaining and operating the office or the combined patients of individually licensed professionals practicing together in a legally constituted professional corporation, association, or partnership, and sharing office space. The private office is maintained and operated by the licensed health professional(s) in accordance with usual practice patterns according to the type of practice and patient encounters in the office are for diagnosis and treatment and are not limited primarily to the performance of surgical procedures and related care.

(2) A term defined in the code has the same meaning when used in these rules.

R 325.45105 Definitions; G to L.

Rule 105. As used in these rules:

(a) "Governing body" means any of the following:

(i) The policy making body or director of a health facility or agency that is a governmental entity.

(ii) The board of directors or trustees of a health facility or agency that is a not-for-profit corporation.

(iii) The board of directors of a health facility or agency that is a business corporation.

(iv) The proprietor or owners of a health facility or agency that is a solely owned business or partnership.

(b) "Health facility or agency" means that term as defined in section 20106 of the code, MCL 333.20106, except:

(i) An ambulance operation, aircraft transport operation, nontransport prehospital life support operation, or medical first response service.

(ii) A health maintenance organization.

(iii) A home for the aged.

(c) "Hospice" means that term as defined in section 20106 (4), MCL 333.20106 (4).

(d) "Hospice administrator" means a person who is responsible to the governing body, either directly or through the governing body's chief executive officer, for the administrative operation of a hospice.

(e) "Hospice interdisciplinary care team" means a group composed of, at a minimum, a doctor of medicine or osteopathy, a registered professional nurse, a social worker, and a pastoral or other counselor. One hospice staff member may represent more than 1 of the required disciplines on the hospice interdisciplinary care team for which the individual is qualified to practice and is licensed if required.

(f) "Hospice patient" means an individual in the terminal stage of illness who has an anticipated life expectancy of 6 months or less and who has voluntarily requested admission and been accepted into a hospice.

(g) "Hospice residence" means that term as defined in section 21401 (1) (b) of the code, MCL 333.21401 (1) (b).

(h) "Hospice staff" means the individuals who work for the hospice, including volunteers.

(i) "Hospital" means that term as defined in section 20106 (5) of the code, MCL 333.20106 (5).

(j) "Hospital long-term care unit" means that term as defined in section 20106 (6) of the code, MCL 333.20106 (6).

(k) "Involuntary discharge" means that term as defined in section 21702 (3) of the code, MCL 333.21702 (3).

(l) "License" means that term as defined in section 20108 (2) of the code, MCL 333.20108 (2).

(m) "License record" means any of the following documents:

(i) An application for a license.

(ii) A copy of the license.

(iii) Copies of reports of surveys and investigations made by or for the department.

(iv) Responses of the applicant or licensee to the department.

(v) Memoranda or other written communications with the licensee pertaining to the granting or denial of a license.

(n) "Licensed bed capacity" means the authorized and licensed bed complement of a health facility as shown on or included within its license.

(o) "Licensed practical nurse" means an individual who is licensed to practice nursing as a licensed practical nurse pursuant to part 172 of the code, MCL 333.17201 to MCL 333.17242.

(p) "Licensee" means that term as defined in section 20108 (3) of the code, MCL 333.20108 (3).

(q) "Long-term acute care hospital" means a specialty care hospital designed for patients with serious medical conditions that require intense, special treatment for an extended period.

Rule 107. As used in these rules:

(a) "Medical audit" means review of the medical record to assure all the following:

(i) Adequate documentation of clinical information.

(ii) Continuity and coordination of patient care.

(iii) The quality of medical and other health care services provided.

(b) "Nursing care facility" means any of the following types of health facilities as they are defined in section 20106 of the code, MCL 333.20106:

(i) County medical care facility.

(ii) Hospital long-term care unit.

(iii) Nursing home.

(c) "Nursing home" means that term as defined in section 20109 (1) of the code, MCL 333.20109 (1).

(d) "Nurse practitioner" means a registered professional nurse who has been granted a specialty certification under section 17210 of the code, MCL 333.17210, in the health profession specialty field of nurse practitioner.

(e) "Ownership" or "ownership interest" means the ownership or control of 5% or more of the equity in the capital of, or stock in, or interest in the profits of a health facility or agency.

(f) "Patient" means that term as defined in section 21703 (1) of the code, MCL 333.21703 (1). In addition, "patient" means an individual who is admitted to any type of health facility or agency.

(g) "Patient/family unit" means a hospice patient and the hospice patient's relatives and/or other individuals with significant personal ties who are designated by the hospice patient and the relative or individual by agreement.

(h) "Patient room" means a room used to house licensed patient beds. Patient room does not include rooms used for observation, preoperative or postoperative care.

(i) "Patient's representative" or "resident's representative" means that term as defined in section 21703 (2) of the code, MCL 333.21703 (2).

(j) "Physician" means an individual licensed to engage in the practice of medicine or the practice of osteopathic medicine and surgery under part 170 or 175 of the code, MCL 333.17001 to 333.17088 or MCL 333.17501 to 333.17556.

(k) "Physician's assistant" means an individual licensed to engage in practice as a physician's assistant under part 170 of the code, MCL 333.17001 to 333.17084.

(l) "Registered professional nurse" means an individual who is licensed to practice nursing pursuant to part 172 of the code, MCL 333.17201 to 333.17242.

(m) "Resident" means that term as defined in section 21703 (4) of the code, MCL 333.21703 (4). In addition, "resident" means an individual who resides in a residential health care facility.

(n) "Residential health care facility" means a category of facilities in which long term health services are provided, including but not limited to a nursing care facility or hospice residence.

R 325.45109 Definitions; S to Z.

Rule 109. As used in these rules:

(a) "Surgery" means the treatment of human beings by a physician, using 1 or more of the following procedures:

(i) Cutting into any part of the body by surgical scalpel, electro-cautery, or other means for diagnosis or the removal or repair of diseased or damaged tissue, organs, tumors, or foreign bodies.

(ii) Reduction of fractures or dislocations of a bone, joint, or bony structure.

(iii) Repair of malformations or body defects resulting from injury, birth defects, or other causes that require cutting and manipulation or suture.

(iv) Instrumentation of the uterine cavity, including the procedure commonly known as dilatation and curettage, for diagnostic or therapeutic purposes.

(v) Any instrumentation of or injection of any substance into the uterine cavity of a woman for terminating a pregnancy.

(vi) Human sterilization procedures.

(vii) Endoscopic procedures.

(b) "Transfer" means that term as defined in section 21703 (5) of the code, MCL 21703 (5). In addition, "transfer" means the movement of a patient from one health facility or agency to another health facility or agency.

(c) "Utilization review" means retrospective, concurrent, or prospective review of the provision and utilization of health care service by providers and recipients in terms of cost, effectiveness, efficiency and quality.

## PART 2: LICENSING

R 325.45121 Application; application review process; licensure.

Rule 121. (1) As authorized in Article 17 of the code, MCL 333.20101 to 333.22260, an application for initial licensure or licensure change, including change in ownership, bed capacity, bed designation, location, and business name, shall be made on the most recent applicable form authorized and provided by the department.

(2) An application is not deemed complete by the department until all the following are received:

(a) Completed application form and required attachments.

(b) Application or licensing fee as applicable.

(c) Applicable certificate of need approval.

(d) Applicable occupancy transmittal for the physical space.

(3) The department shall conduct a pre-licensure survey within 6 months of an application for initiation being deemed complete.

(4) Upon determination of compliance with Article 17 of the code, MCL 333.20101 to 333.22260, and these rules, the department shall issue a license that identifies all the following:

(a) Name of the licensee person or entity.

(b) Business name of the health facility or agency.

(c) Physical address of the health facility or agency.

(d) Type of health facility or agency.

(e) Licensed bed capacity, if applicable.

(5) The licensee shall post the license in a conspicuous public area of the health facility or agency.

(6) A new license shall be issued by the department prior to the transfer of a license to a different owner of a health facility or agency through a change of ownership application or from one physical location to another physical location through an application to relocate the health facility or agency, after approval by the department.

R 325.45123 License renewal process.

Rule 123. (1) The renewal of a license shall be completed through an electronic web-based system authorized and provided by the department.

(2) A license is renewed and valid only upon electronic payment of the applicable renewal fee.

(3) A license must be renewed before August 1 of each calendar year, unless otherwise specified on the license.

(4) The department may require changes or corrections to a license prior to renewal.

(5) Failure to renew the license for 30 days after the expiration date will require the licensee to initiate a new health facility or agency, including completing a new application for licensure and payment of the application and licensing fees. The licensee shall cease providing services until a new license is issued.

R 325.45125 Survey process; reporting requirements.

Rule 125. (1) A pre-licensure survey shall be scheduled and announced.

(2) All other licensure surveys and complaint investigations shall be unannounced.

(3) A licensure survey or complaint investigation may be conducted by the department during any hours of operation of the licensed health facility or agency.

(4) An applicant or licensee shall provide access to the health facility or agency and documents that are required to be maintained for the department to determine compliance with applicable statutory and regulatory requirements during a licensure survey or complaint investigation. The department shall determine lack of access or cooperation as evidence of noncompliance.

(5) The licensee shall provide any reports necessary for the department to carry out its duties under the code and participate in any data collection network established and administered by the department or its designee. The data may include, but is not limited to, availability of services, hours of operation, and demographic, diagnostic, morbidity, and mortality information, as well as the volume of care provided to patients from all payor sources. The licensee shall provide the required data on an individual basis for each licensed site, in a format and media designated by the department. The department may elect to verify the data through on-site review of appropriate records.

R 325.45127 Waiver from licensure survey and evaluation.

Rule 127. (1) The department shall provide and make publicly available a procedure for when a licensee may be eligible for a waiver from licensure survey and evaluation. The procedure will include maintaining a list of approved accrediting bodies for health facilities or agencies.

(2) On or before October 1 of each year, the department shall publish a list of health facilities and agencies to be visited for a state licensure survey and evaluation in the next calendar year.

(3) Providers who maintain accreditation from an approved accrediting agency may request a waiver from state licensure survey. Eligible licensees may request a waiver on or before November 1 of each year. A waiver request shall be submitted on a form authorized by the department.

(4) On or before January 1 of the survey year, the department will provide in writing an approval or denial of the waiver to the licensee.

(5) Denial of a waiver request is not subject to an appeal and will result in an unannounced onsite state licensure survey and evaluation during the survey year.

(6) An approved waiver does not prohibit the department from conducting an onsite state licensure survey and evaluation at any point in the future to protect the health, safety, and welfare of individuals receiving care and services in or from a health facility or agency.

Rule 325.45129 Licensed bed capacity.

Rule 129 (1) A licensee shall maintain the approved physical space to support the number of beds listed on the license in compliance with Article 17 of the code, MCL 333.20101 to 333.22260, and these rules.

(2) The department may reduce the licensee's bed capacity if the licensee cannot demonstrate compliance with subrule (1) within 48 hours, unless the licensee has an approved building program agreement with the department in accordance with section 20144 of the code, MCL 333.20144.

## PART 3: ADMINISTRATION

### SUBPART A: OWNERSHIP, GOVERNANCE AND COMPLIANCE

R 325.45131 Ownership.

Rule 131. Ownership, whether by the individual desiring to establish, conduct, or maintain a licensed health facility or agency, or by the authorized representative of an individual, co-partnership, corporation, or association desiring to establish, conduct, or maintain a health facility or agency, shall be disclosed to the department upon initial licensure application.

R 325.45133 Governing body.

Rule 133. (1) A licensee shall have an organized governing body that assumes full legal authority and responsibility for the management of the facility, the provision of all services, its fiscal operations, and continuous quality assessment and performance improvements.

(2) In the absence of an organized governing body, the owner, operator, or person legally responsible for the overall conduct and operation of the health facility or agency shall carry out the functions of the governing body.

(3) The governing body is responsible for the establishment of policies and procedures for the management, operation, and evaluation of the health facility or agency. These policies

and procedures shall be reviewed annually by the governing body, owner, or operator and shall be revised as appropriate. Dates of reviews and revisions shall be a matter of record in the health facility or agency.

(4) The governing body shall meet according to its bylaws, but at least once a year, to carry out its legal obligations and shall keep a written record of its actions.

R 325.45135 Compliance; local; state; federal; law; rule; regulation; standard.

Rule 135. (1) The applicant or licensee shall comply with applicable local, state, and federal laws, rules, regulations and standards.

(2) The department may request, during the review of an application or during a licensure survey or complaint investigation, documentation demonstrating local, state, and federal compliance.

(3) The department may only cite this rule when the local, state, or federal authority that has jurisdiction over the specific law, rule, regulation, or standard has found the applicant or licensee to be non-compliant, in writing, and there is a need to protect the health, safety, and welfare of individuals receiving care and services in or from the health facility or agency.

R 325.45137 Fiscal audit.

Rule 137. (1) The department may request recent financial documents including:

(a) Invoices.

(b) Purchase orders.

(c) Order confirmations.

(d) Receipts.

(e) Other non-proprietary financial documents maintained in the normal course of business and that demonstrate the provision of care and services.

(2) A request for financial documents in subrule (1) shall be made only when the department requires these documents to evaluate the delivery of care and services in limited circumstances for state licensing purposes including bankruptcies, a state licensing survey that has clearly identified a lack of resources to support the care and services needed, and other limited circumstances of a like nature.

(3) The department must notify an applicant or licensee of information relied upon in issuing a decision. If the department relies on information other than that submitted by the applicant or licensee, the department must cite the information it relied upon in its decision.

(4) This rule does not limit the department's authority to consider other available financial information from other governmental entities.

## SUBPART B: POLICIES AND PROCEDURES

R 325.45139 Admission; policy; procedure.

Rule 139. (1) A health facility or agency shall have a written admission policy and procedure that is provided to the patient, or any other person or agency responsible for that patient, at the time of admission. The admission policy and procedure shall be provided to any person upon request.

(2) An admitting diagnosis shall be recorded promptly on each patient.
(3) At the time of admission of a patient, a physician shall be designated to be responsible for the medical care of the patient.

R 325.45141 Discharge; transfer; policy; procedure; planning.
Rule 141. (1) A health facility or agency shall have a written discharge policy and procedure that is provided to the patient, or any other person or agency responsible for that patient, at the time of admission. The discharge policy and procedure shall be provided to any person upon request.
(2) A health facility or agency shall have a written transfer policy and procedure that is provided to the patient, or any other person or agency responsible for that patient at the time of admission. The transfer policy and procedure shall be provided to any person upon request.
(3) In addition to (2) a nursing care facility shall have a written involuntary transfer policy and procedure in compliance with R 325.45375.
(4) Discharge or transfer planning shall be provided for each patient in conjunction with patient care planning.

R 325.45143 Patient death.
Rule 143. (1) Upon a patient's death, a health facility or agency shall immediately notify the patient's physician of record and, if applicable, the patient's next of kin, legal guardian, or designated representative.
(2) A signed record of this notification, including the names of the persons notified and the time notification was made, shall be recorded in the patient's record.

SUBPART C: INFECTION PREVENTION AND CONTROL

R 325.45145 Infection prevention and control program.
R 145. The applicant or licensee shall have an infection prevention and control program and allocate sufficient resources to provide all the following:
(a) A qualified health care professional shall be designated in writing to be responsible for the program. The designee shall have completed training in the principles and methods of infection control and maintain qualification through ongoing education and training. Ongoing education and training may be demonstrated by any one of the following:
(i) Certification in infection control (CIC)
(ii) Completion of infection control courses.
(iii) Participation in meetings organized by recognized professional societies.
(b) A designated, multi-disciplinary infection control team to collect, analyze, and report data.
(c) Authority and procedures to conduct outbreak investigations.
(d) Implementing basic measures for infection prevention.
(e) Prioritize infection control program needs and design infection control program initiatives accordingly.

(f) Ongoing evaluation and revision of the infection prevention and control program.

R 325.45147 Infection prevention and control policies and procedures.

Rule 147. (1) An applicant or licensee shall maintain written, evidence-based infection prevention and control policies and procedures that are appropriate for the services provided. These policies and procedures shall be available by either electronic or written format. These policies and procedures shall represent the complexity of the healthcare provided and the characteristics of the patient population served.

(2) The policies and procedures for standard precautions shall include but are not limited to all the following:

(a) Hand hygiene.

(b) Use of personal protective equipment.

(c) Respiratory hygiene and cough etiquette.

(d) Safe injection practices.

(e) Safe handling of potentially contaminated equipment or surfaces in the patient environment, which for hospice agencies includes a private residence.

(3) The policies and procedures for transmission-based precautions shall include, but are not limited to, all the following:

(a) Contact precautions.

(b) Droplet precautions.

(c) Airborne precautions.

(d) Multi-route transmission-based precautions.

(4) The policies and procedures for a sanitary and functional environment shall include, but are not limited to, all the following:

(a) Safe air handling systems in areas requiring special ventilation.

(b) Safe water and water treatment systems.

(c) Safe food sanitation where food preparation, storage, and eating areas are provided.

(d) Cleaning and disinfecting environmental surfaces, floors and furniture.

(e) Cleaning and disinfecting toys and other shared items when provided.

(f) Disposal of regulated and non-regulated medical and non-medical waste.

(g) Screening for and management of patients infested with ectoparasites.

(h) With the exception of a hospice patient's private residence, single use disposable hand towels shall be used for hand hygiene. The use of a common-use hand towel is prohibited.

R 325.45149 Ongoing surveillance and prevention program; communicable disease reporting.

Rule 149. The applicant or licensee shall provide and maintain an ongoing surveillance and prevention program that includes, but not limited to, all the following:

(a) An active surveillance program for infection detection through ongoing data collection and analysis that includes patients and personnel, including on-site contract workers who have direct access to or contact with active patient care areas.

(b) Communicable disease reporting in compliance with section 5111 of the code, MCL 333.5111 and the communicable and related diseases rules, R 325.171 to R 325.199.

(c) An ongoing program to prevent, control, and investigate healthcare associated infections.

(d) Implementation of healthcare associated infections risk mitigation including but not limited all the following:

(i) Monitoring personnel hand hygiene.

(ii) Monitoring infections caused by organisms that are multidrug-resistant.

(iii) Monitoring device-associated infections including but not limited to the following types of medical devices if provided in the facility:

(A) Catheter-associated urinary tract infections.

(B) Central line-associated bloodstream infections.

(C) Ventilator-associated events.

(iv) Monitoring antibiotic use.

(v) Monitoring safe practices for injecting medication, saline, or other infusates.

(vi) Monitoring use of disinfectants and germicides in accordance with manufacturers' instructions.

(vii) Monitoring use of medical equipment, including air filtration equipment, ultra-violet lights, and other equipment used to control the spread of infectious agents in accordance with manufacturers' recommendations.

(viii) Monitoring sterilization and disinfection practices and reporting failures.

(ix) Monitoring cleaning procedures used in patient care areas.

(x) Monitoring surgical services, if provided, for all the following:

(A) Appropriate use of antibiotic prophylaxis to prevent surgical site infection, such as protocol to assure that antibiotic prophylaxis to prevent surgical site infection for procedures is administered at the appropriate time, done with an appropriate antibiotic, and discontinued appropriately after surgery.

(B) Aseptic technique practices are used in surgery, including sterilization or high-level disinfection of instruments, as appropriate.

(C) Skin antisepsis methods.

R 325.45151 Personnel; communicable disease screening; immunization; mitigation.

Rule 151. An applicant or licensee shall adopt written policies and procedures to assure that all the following communicable disease prevention measures are implemented:

(a) Evaluation of the immunization status of personnel for vaccine preventable diseases as designated in the healthcare personnel vaccination recommendations, 2017 edition, published by the Immunization Action Coalition (IAC). These recommendations are adopted by reference. They are available free of charge at http://www.immunize.org/catg.d/p2017.pdf.

(b) Identification of the authority and circumstances under which the licensee screens personnel for infections likely to cause spread of communicable disease or other risks to exposed patients and personnel.

(c) Identification of the authority and circumstances under which the licensee restricts personnel who are infectious from providing direct patient care or from entry into the health facility or agency, as recommended by the Centers for Disease Prevention and Control (CDC) in the its guideline for infection control in health care personnel, 1998; published in the American Journal of Infection Control; v. 23, no. 3, p. 289-354. This guideline is

adopted by reference and is available free of charge at https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/index.html.

(d) Screening employees upon hire for communicable disease, including tuberculosis (TB).

(e) TB testing of employees shall include the 2-step TB skin test (TST) or a single blood assay for *Mycobacterium Tuberculosis* (BAMT) blood test upon hire, unless proof of a negative test within the last 12 months is documented and provided on hire. A documented negative TST result anytime within the previous 12 months should be considered the first step of the baseline two-step TST. The need for and frequency of routine TB testing shall be determined by a risk assessment as described in CDC Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005, Appendices B and C. MMWR 2005; 54 (No. RR-17). These guidelines are adopted by reference and are available free of charge at https://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf . For low risk settings, additional TB screenings are not necessary unless an exposure to TB disease occurs.

R 325.45153 Infection control education and training.

Rule 153. (1) The licensee shall maintain an ongoing program of education and training on methods to prevent or reduce the transmission of infectious agents for all personnel upon hire and at ongoing intervals as applicable, including: employees, on-site contract workers, medical providers, students, medical residents, and volunteers.

(2) The licensee shall document compliance with initial and ongoing training for personnel in methods of infection prevention and control.

(3) The licensee shall maintain an ongoing program of education for patients and visitors on methods to prevent or reduce the transmission of infectious agents.

R 325.45155 Emergency preparedness planning; infection control.

Rule 155. The applicant or licensee shall identify its infection control role in emergency preparedness. This role includes surveillance and coordination as required by law with federal, state, and local emergency preparedness entities and health authorities. Surveillance shall address communicable and emerging disease threats and outbreaks.

R 325.45157 Infection prevention and control program; quality assurance and performance improvement.

Rule 157. (1) The applicant or licensee shall document how its infection prevention and control program is integrated into its quality assurance and performance improvement program. Documentation shall include but is not limited to both of the following:

(a) Actions taken in response to data analysis to improve infection control performance and patient outcomes.

(b) Infection prevention activities, including the measures selected for monitoring, data collection, analytical methods, actions taken, and outcomes.

(2) Infection prevention and control and quality assurance and performance improvement activities shall be continuous and ongoing based on surveillance data results.

(3) Monitoring may include follow-up with patients after discharge, to gather evidence of whether the patient has developed an infection associated with their stay with the licensee.

R XXX.45159 Employee; health; communicable disease.

Rule 159. (1) The licensee shall assure that an employee is free from communicable disease. A health facility or agency shall maintain employee files containing baseline screening for communicable diseases or immunizations, and records of illness and accidents occurring on duty.

(2) Employees, contract personnel, students, volunteers, and other persons who have direct physical contact with patients or food while providing care or services in the facility may participate only when free of signs of infection.

## SUBPART D: EMERGENCY PREPAREDNESS

R 325.45161 Emergency preparedness program.

Rule 161. The applicant or licensee shall have an all-hazard emergency preparedness program to meet the health and safety needs of its patient population and personnel. The emergency preparedness program shall provide guidance on how to respond to emergency situations that could impact the operation of the health facility or agency, such as natural or man-made disasters. The emergency preparedness program shall include all the following components:

(a) A risk assessment.

(b) A written emergency response plan.

(c) Written policies and procedures that support the successful execution of the emergency response plan.

(d) A written communication plan.

(e) A written training and testing plan.

R 325.45163 Risk assessment.

Rule 163. (1) The applicant or licensee shall conduct a risk assessment or use a risk assessment conducted by its municipal or county emergency management agency. If an emergency management agency's risk assessment is used, the applicant or licensee shall maintain a copy of it and is required to work with the agency that developed it to ensure that the facility's emergency response plan is in alignment. The risk assessment shall be used to assist the facility or agency to address the needs of its patient population, identify essential services and vendors to provide support during an actual emergency, and identify alternate service providers and vendors to assure continuity of operations.

(2) The risk assessment shall be available to the department upon request.

R 325.45165 Emergency response plan.

Rule 165. (1) The applicant or licensee shall have a written emergency response plan. The plan shall be based on the risk assessment.

(2) The emergency response plan shall address capacities and capabilities critical for a response to and recovery from the types of emergencies likely to impact the health facility or agency that could result in any of the following:

(a) Equipment and power failures.

(b) Interruptions in communications including cyber-attacks.

(c) Loss of all or a portion of a physical facility.

(d) Extraordinary staffing shortages.

(e) Interruptions in the normal supply of essentials such as food and water, medications, or medical supplies including medical gases.

(3) The administrator of the health facility or agency shall review, update, and approve the emergency response plan annually.

(4) The emergency response plan shall be available to the department upon request.

R 325.45167 Policies and procedures for emergency preparedness.

Rule 167. (1) The applicant or licensee shall have written policies and procedures for emergency preparedness and recovery that are based on the risk assessment.

(2) The policies and procedures shall address, but are not limited to, the following subjects:

(a) Subsistence needs of patients, if applicable.

(b) Evacuation.

(c) Shelter in place.

(d) Tracking patients and personnel.

(e) Patient transfer agreements for continuity of care.

(f) Preservation and transfer of medical records.

(g) Continuity of operations and recovery.

(3) The policies and procedures shall be available to the department upon request.

R 325.45169 Communication plan.

Rule 169. (1) As part of its emergency preparedness program, the applicant or licensee shall have a written communication plan. The communication plan shall include but is not limited to notification of:

(a) Local emergency response agencies.

(b) Personnel.

(c) Patients.

(d) Patient's guardian, family, or other persons designated by the patient.

(e) Patient's attending physician.

(f) Utility maintenance and repair vendors.

(g) Information management support.

(h) Other essential suppliers and vendors.

(i) The department.

(2) The communication plan shall include a provision for the transfer of patients and their medical records to a receiving health facility or agency.

(3) The communication plan shall be available to the department upon request.

R 325.45171 Training and testing program.

Rule 171. (1) The applicant or licensee shall develop and implement an emergency preparedness training and testing program. The training and testing program shall include initial emergency response training for new and existing personnel, as well as annual refresher trainings.

(2) Each year the licensee shall exercise its emergency response plan at least twice. This requirement may be fulfilled by participating in one or more community-based exercises, facility-based exercises, or by activating its emergency plan in response to one or more actual incidents. One of the 2 exercises may be a paper-based table-top exercise.

(3) The training and testing program plan, exercise manual, and after-action reports shall be retained for a minimum of 4 years or according to the licensee's records retention schedule, whichever is longer; and they shall be available to the department upon request.

## SUBPART E: MEDICAL AUDIT AND UTILIZATION REVIEW

R 325.45173 Medical Audit.

Rule 173. An applicant or licensee shall have a plan that provides for medical audits.

R 325.45175 Medical review; quality of care.

Rule 175. (1) The governing body of a hospital shall adopt a policy and procedure to assure that care and services provided are regularly and frequently reviewed by an appropriate medical staff committee to achieve and maintain high quality.

(2) In other health facilities or agencies, comparable arrangements shall be made, which are acceptable to the medical director, for impartial medical surveillance and review of the quality of care and services provided.

R 325.45177 Utilization Review.

Rule 177. An applicant or licensee shall have in effect a utilization review plan that provides for a risk-based sampling review of healthcare services furnished to patients by the health facility or agency and by members of its medical staff.

## SUBPART F: QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM

R 325.45179 Quality assessment and performance improvement program.

Rule 179. The governing body of the health facility or agency is responsible for creating a safe environment where patients receive quality healthcare services. The governing body shall have direct oversight and accountability for the quality assessment and performance improvement program, including the responsibility for adopting written policies and procedures that govern all operations and taking actions to ensure that these policies and procedures are implemented. The governing body shall ensure the quality assessment and performance improvement program is defined, implemented and maintained, and that it:

(a) Addresses identified priorities.
(b) Evaluates improvements for effectiveness.
(c) Specifies data collection methods, frequency, and detail.
(d) Establishes an expectation for patient safety.
(e) Allocates staff, time, information systems, and training to implement the quality assessment and performance improvement program.
(f) Is evaluated and revised on a periodic basis in accordance with the applicable subject matter.

R 325.45181 Quality assessment and performance improvement program; monitor quality; ongoing program; measurable improvements.
Rule 181. (1) Quality assessment and performance improvement programs shall monitor quality in all areas of operations that may adversely affect patient care or core services, demonstrate measurable improvements in patient health or palliative outcomes, and improve patient safety.
(2) A quality assessment and performance improvement program shall:
(a) Be data driven.
(b) Identify problems.
(c) Reduce medical errors.
(d) Improve patient safety.
(e) Evaluate systems and processes.
(f) Be ongoing.
(3) The selection and prioritization of quality assessment and performance improvement program activities shall be based on the complexity and scope of services provided and shall focus on high risk, high volume, problem prone areas, and new services provided.
(4) Data collected shall be used to:
(a) Monitor effectiveness and safety of services.
(b) Monitor quality of care.
(c) Act to make improvements.

R 325.45183 Performance improvement initiatives; indicators.
Rule 183. Quality assessment and performance improvement programs shall establish performance improvement initiatives that focus on high risk, high volume, and problem-prone areas. At least one performance improvement project shall be conducted each year.

R 325.45185 Documentation; evidence; program activities; data usage.
Rule 185. A health facility or agency shall maintain documentation and demonstrate evidence of an ongoing quality assessment and performance improvement program that shall include both of the following:
(a) Methods and reports demonstrating systematic identification, reporting, investigation, analysis, and prevention of adverse events.
(b) Documentation demonstrating the development, implementation, and evaluation of corrective actions resulting from quality assessment and performance improvement activities.

## SUBPART G: CLOSURE

R 325.45187 Proposed closure of a health facility or agency; notification; closure plan; patient referral package.

Rule 187. (1) At least 30 days prior to the proposed closure date, the licensee shall notify the department in writing and identify all the following:

(a) The name and address of the health facility or agency.

(b) The proposed closure date.

(c) The patient census at the time of notification.

(d) The name, title, telephone number, and email address of the individual who is designated by the governing body to serve as the contact person for the closure process.

(2) The licensee shall submit a closure plan to the department. The licensee shall not initiate any closure activity until the department reviews and approves the closure plan. If the department disapproves a closure plan, the licensee will have the opportunity to correct and resubmit the plan for additional review.

(3) The closure plan shall include all the following as applicable to the services offered:

(a) A timeline and system to discontinue admissions.

(b) A method to ensure adequate staffing throughout the closure process.

(c) Provisions for the maintenance, storage and safekeeping of patient records and, if applicable, by including the name of the organization, the address, and the contact information where medical records will be stored, pursuant to sections 20175 and 20175a of the code, MCL 333.20175 and 333.20175a.

(d) Provisions for notifying all affected state, federal, and local governmental authorities of the proposed closure.

(e) The voluntary surrendering of any license and federal certification, including any de-licensure or transfer of licensed beds.

(f) The disposition of onsite drugs, biologicals, chemicals, and radioactive materials.

(g) Appropriate methods for labeling, safekeeping, and transferring patients' belongings during relocation.

(h) A method to identify a new health facility or agency or other appropriate location for each patient that includes all the following:

(i) Assessment of patient needs.

(ii) Determination regarding availability of bed space in local health facilities or agencies.

(iii) Provision of information to patients and families about other health facilities or agencies.

(iv) Evaluation of patient and family needs concerning geographic location, public transportation, and type of health facility or agency.

(4) The licensee shall prepare and deliver a referral package, in a secure manner, to each patient and individuals designated by the patient, and to a receiving facility, if applicable. The referral package shall include but is not limited to all the following:

(a) A current patient assessment, medical evaluation, and care plan.

(b) Medication and treatment records.

(c) Discharge summary, if the patient is being discharged.

(5) The department may modify, at its discretion, requirements and timeframes set forth in this rule upon a showing of good cause and solely for the purposes of an involuntary or

emergency closure. The department shall not modify any provision that will affect the safety and welfare of patients.

## PART 4: HUMAN RESOURCES

### SUBPART A: ADMINISTRATOR

R 325.45191 Owner; governing body; administrator.

Rule 191. (1) The owner or governing body of a freestanding surgical outpatient facility or a hospital may designate a qualified administrator, who may be the authorized representative, and delegate to the administrator the responsibility for the day-to-day operation in compliance with licensing requirements and such additional policies or regulations as the owner or governing body may adopt.

(2) The owner or governing body of a hospice agency or hospice residence shall designate a qualified administrator. The administrator shall be a hospice employee and possess education and experience required by the hospice owner or governing body.

(3) The owner or governing body of a nursing home shall designate a nursing home administrator who is licensed pursuant to part 173 of the code, MCL 333.17301 to 333.17319. The owner or governing body of a nursing home shall delegate to the nursing home administrator the responsibility for operating the nursing home in accordance with policies established by the owner or governing body.

(4) If a licensed nursing home administrator is also licensed as a registered professional nurse, and the nursing home has less than 50 licensed nursing home or long-term care beds, then the nursing home administrator may also serve as the director of nursing.

(5) As used in this rule, "nursing home" does not include a hospital long-term care unit.

R 325.45193 Administrator; responsibility.

Rule 193. (1) The health facility or agency administrator, including a nursing home administrator, shall direct all activities and ensure implementation of policies and procedures regarding all services provided by employees, contract staff, or volunteers.

(2) The administrator shall implement administrative policies and procedures that include personnel policies applicable to all staff.

(3) The administrator is responsible for regulatory compliance.

(4) The administrator shall designate, in writing, a qualified individual to carry out the responsibilities and duties of the administrator in the administrator's absence.

(5) The administrator shall make immediately available to the department the health facility or agency's written administrative policies and procedures, which shall include, at a minimum, all the following:

(a) Admission policies; and, if the health facility or agency is a nursing care facility, a copy of the contract form used by the nursing care facility when admitting patients.

(b) Governing body bylaws or equivalent, if any.

(c) Personnel policies and job descriptions.

(d) Transfer agreements.

(e) Contracts with providers of health care and services.

(f) Disaster and emergency plans.
(g) A list of approved abbreviations used in the policies and procedures.

## SUBPART B: MEDICAL DIRECTOR

R 325.45195 Owner; governing body; medical director.
Rule 195. (1) The owner or governing body of the health facility or agency shall designate a physician to serve as the medical director. With the approval of the owner or governing body, the medical director may delegate this role to another qualified physician as needed to assure continuous medical direction for the health facility or agency.
(2) With the exception of a nursing home, the medical director, if qualified, may also be the administrator responsible for the medical direction and administration of the health facility or agency.

R 45197 Attending physician; standing order; verbal order.
Rule 197. (1) Treatment rendered to a patient shall be in accordance with the specific or standing written orders of the attending physician. Standing orders shall be reproduced in the patient's clinical record and shall be signed by the attending physician according to the policy of the health facility or agency.
(2) Telephone or other verbal orders from the physician shall be recorded on the patient's clinical record by the registered professional nurse or licensed practical nurse in charge and shall be signed by that individual. Telephone or other verbal orders shall be countersigned by the physician according to the policy of the health facility or agency.

## SUBPART C: STAFFING REQUIREMENTS

R 325.45199 Nurse; qualification.
Rule 199. (1) Nursing care in a health facility or agency shall be under the direction of a registered professional nurse.
(2) In a freestanding surgical outpatient facility or hospital that provides surgical services, a registered professional nurse shall be on duty who possesses the skills and experience necessary to supply or supervise all nursing care needs of patients in preparation for and during the surgical procedure and the recovery period until discharge by the responsible physician.
(3) A licensed practical nurse who is trained and experienced, and working under appropriate supervision and direction, may be used to complement the registered professional nursing staff to perform duties within the scope of his or her competence and restrictions of the individual’s license.

R 325.45201 Director of nursing.

Rule 201. (1) A health facility or agency shall employ a director of nursing. The director of nursing shall be a registered professional nurse with relevant experience in the services provided by the health facility or agency.

(2) The director of nursing shall be responsible for all the following:

(a) The development and maintenance of nursing service objectives, standards of nursing practice, nursing policies and procedures, and written job descriptions for each level of personnel.

(b) Methods for coordinating nursing services with other patient services.

(c) Recommending the number and levels of nursing personnel to be employed.

(d) Nursing staff development.

(e) Scheduling nursing personnel to ensure that patients are seen daily or in accordance with the patient's plan of care.

R 325.45203 Charge nurse.

Rule 203. (1) A registered professional nurse or licensed practical nurse shall be the charge nurse on each shift and shall be responsible for the immediate direction and supervision of nursing care provided to patients.

(2) The charge nurse shall be accountable always to the director of nursing or the director of nursing's designee.

(3) The charge nurse assigns responsibility to personnel for the direct nursing care of specific patients during each shift based on staff qualifications, size and physical layout of the facility, characteristics of the patient load, and the emotional, social, and nursing care needs of patients.

(4) In health care facilities with less than 30 beds, the director of nursing may serve as charge nurse on a shift when present for the full shift.

R 325.45205 Nursing personnel.

Rule 205. (1) Nursing personnel shall have immediately available evidence of a valid and current license pursuant to part 172 of the code, MCL 333.17201 to 333.17242.

(2) At all times during each shift, the health facility or agency shall meet the minimum staffing requirements specified in the code. For the purposes of determining compliance with nursing personnel-to-patient ratios specified in the code or these rules, a member of the nursing staff who works less than 2 continuous hours shall be counted as part of a full-time equivalent personnel only if such member was scheduled to work more than 2 continuous hours.

R 325.45207 Independently licensed health professional.

Rule 207. A qualified individual who is independently licensed to practice a health profession in the state of Michigan pursuant to Article 15 of the code, MCL 333.16101 to 333.18838, may be employed to provide services in a health facility or agency that are within the scope of practice of the health profession for which the individual is licensed.

R 325.45209 Ancillary personnel.

Rule 209. Ancillary personnel participating in patient care who are adequately trained and working under appropriate direction or supervision may be employed to assist within the areas of their competence in the conduct of the work of the facility.

R 325.45211 Employee records and work schedules.

Rule 211. (1) A health facility or agency shall maintain a record for each employee that shall include all the following:

(a) Name, address, telephone number, and social security number.

(b) License or registration number, if applicable.

(c) Summary of experience and education.

(d) Beginning date of employment and position for which employed.

(e) References, if obtained.

(f) Results of baseline screening for communicable diseases.

(g) For former employees, the date employment ceased and the reasons therefor.

(2) A daily work schedule for employees shall be prepared in writing and shall be maintained to show the number and type of personnel on duty in the health facility or agency for the previous 3 months.

(3) A time record for each employee shall be maintained for not less than 2 years.

R 325.45213 Credentialing qualifications; records.

Rule 213. A health facility or agency shall maintain a credentialing policy and procedures as well as associated records for medical and allied health professionals, including but not limited to the educational training and experience of each individual granted privileges.

## PART 5: PATIENT AND ADMINISTRATIVE RECORDS

R 325.45221 Patient record; required information.

Rule 221. (1) The health facility or agency shall keep and maintain a record for each patient that is in compliance with sections 20175 and 20175a of the code, MCL 333.20175 and 333.20175a.

(2) The patient record shall include, as a minimum, all the following:

(a) Patient identification, including name, address, and birthdate.

(b) Admission date.

(c) Information submitted by a referral source, if any.

(d) Admitting diagnosis.

(e) Medical history and physical examination.

(f) Clinical diagnostic test findings.

(g) Physician orders.

(h) Physician progress notes.

(i) Nurse notes.

(j) Medication and treatment records.

(k) Notes and observations by other personnel providing care.

(l) Final diagnosis, including pathological findings if any.
(m) Record of discharge, transfer or death.
(n) Patient emergency contact information including, but not limited to, guardian and durable power of attorney contact information.
(o) Consent forms as required and appropriate.

R 325.45223 Surgical patient record; required information; informed consent.
Rule 223. (1) In addition to R 325.45221, a freestanding surgical outpatient facility and a hospital shall keep and maintain in the surgical patient record all the following:
(a) Name of the surgeon.
(b) Name of the anesthesiologist or anesthetist, if other than the surgeon.
(c) Details of the preoperative study and diagnosis.
(d) Nurse notes, including but not limited to both of the following:
(i) Preoperative and postoperative vital signs.
(ii) Other relevant observations postoperatively with such frequency as to document the patient's stabilized condition at the time of discharge.
(e) Product name and dosage of any sedative and anesthetic used.
(f) Method of anesthesia and any pertinent information concerning results or reactions.
(g) Operation and treatment notes and consultations. Written consultation reports shall be signed by the consultant.
(h) The postoperative diagnosis, including pathological findings.
(i) Social or social service information relevant to the case.
(j) Surgeon's operative note including all the following:
(i) Name of each procedure performed.
(ii) Duration of procedure and any unusual problems or occurrences encountered.
(iii) Surgeon's description of gross appearance of any tissues removed.
(k) Physician's progress notes and discharge note.
(l) Summary of instructions given for follow-up observation and care.
(m) Identification of the physician who discharges the patient.
(2) The facility shall obtain informed consent from a patient, or the responsible relative or guardian in the case of an unemancipated minor, before the performance of a surgical procedure and shall maintain the signed written consent form(s) in the patient's record.
(3) A facility that performs pregnancy terminations shall require that informed consent be obtained in compliance with sections 17015 and 17015a of the code, MCL 333.17015 and MCL 333.17015a. In the case of an unemancipated minor, informed consent shall also be obtained in compliance with the parental rights restoration act,1990 PA 211, MCL 722.901 to MCL 722.909.

R 325.45225 Hospice patient record; additional requirement.
Rule 225. In addition to R 325.45221, a hospice agency or residence shall keep and maintain in the patient record the individual's terminal prognosis in compliance with section 21417 of the code, MCL 333.21417.

R 325.45227 Nursing care facility; patient record; additional requirements.

Rule 227. In addition to R 325.45221, a nursing care facility shall keep and maintain in the patient record both of the following:

(a) Clinical history and physical examination performed by the physician within 5 days before or on admission, including a physician's treatment plan.

(b) Clinical records of discharged patients completed within 30 days following discharge.

R 325.45229 Administrative record.

Rule 229. (1) The health facility or agency shall maintain administrative records that include all the following:

(a) Records of admissions and discharges.

(b) Daily census records.

(c) Transfer records.

(d) Incident and accident records.

(e) Drug receipt and disposition records for scheduled controlled substances under 21 C.F.R. sections 1308.11 to 1308.15 (2018). Except for hospice services provided in the patient's private residence and a pharmacy dispenses the patient's medications to the patient or the patient's representative, counts for scheduled controlled substances, including but not limited to opioid counts, shall be conducted simultaneously by two nurses at the time of shift change. Scheduled drug receipt and disposition records shall be maintained for 3 months.

R 325.45231 Nursing care facility; administrative record; patient register.

Rule 231. A nursing care facility shall maintain a current register or file of patients that includes all the following:

(a) Patient's name, age, sex, and home address.

(b) Name, address and telephone number of the person designated by the patient to receive medical updates.

(c) Name, address, and telephone number of person or agency responsible for patient's maintenance and care in the nursing care facility.

(d) Date of admission.

(e) Date of discharge and place to which patient was discharged, if applicable.

R 325.45233 Patient and administrative records; storage.

Rule 233. (1) Patient and administrative records shall be preserved and readily available to assure necessary access by appropriate health care staff to deliver needed care.

(2) Records shall be secured to assure confidentiality and protect them from access by unauthorized persons and maintained in accordance with section 20175 of the code, MCL 333.20175.

R 325.45235 Patient and administrative records; survey and review by department; confidentiality.

Rule 235. (1) Patient and administrative records shall be available for survey and review of content at any time by authorized members of the department.

(2) Records shall be maintained as confidential documents with the following exceptions:
(i) Information required under these rules.
(ii) Information required by law.
(iii) Information authorized for disclosure by written release of the patient or the patient's representative.

## PART 6: CARE AND SERVICES

R 325.45241 Medical staff rules, regulations, policies.
Rule 241. (1) In a hospital-owned and operated facility, the medical staff rules, regulations, and policies adopted by the hospital for such care shall prevail.
(2) In a nonhospital-owned and operated facility, comparable written medical staff rules, regulations, and policies shall be developed and adopted by the medical staff.

R 325.45243 Medical consultation; surgical procedure.
Rule 243. Consultation and assistance in any needed medical specialty field shall be readily available and used as indicated before and, when necessary, following a surgical procedure. If there is any doubt concerning the patient's medical status, appropriate consultation shall be required, and written reports of the consultants' findings and recommendations shall be entered in the patient's clinical record. A facility shall maintain a current record of the identities of consultants serving the facility.

R 325.45245 Laboratory services.
Rule 245. (1) A health facility or agency shall provide directly, or through contract, laboratory services. These services shall be offered on a regular schedule based on the hours of operations. The laboratory staff shall be trained, qualified, and competent for the services being offered. The health facility or agency shall maintain documentation demonstrating the staff's training, qualifications, and competencies.
(2) Laboratory testing performed shall be appropriate to the patient needs and treatment and recorded in the patient record.
(3) Any laboratory error shall be immediately reported to the appropriate licensed health care professional as soon as possible and recorded in the patient's record. Any corrective action shall be initiated promptly and recorded in the patient record.

R 325.45247 Radiological and imaging services.
Rule 247. (1) A health facility or agency shall provide directly, or through contract, radiological and imaging services.
(2) These services shall be offered on a regular schedule based on the hours of operations.
(3) The staff responsible shall be trained, qualified, and competent for the services being offered. The facility or agency shall maintain documentation demonstrating the staff's training, qualifications, and competencies.

(4) A health facility or agency shall be responsible for maintaining all equipment related to this service in accordance with manufacturer guidelines.

(5) These services performed shall be appropriate to the patient needs and treatment and recorded in the patient record. Testing shall be provided on a written or verbal order of a licensed health professional authorized to do so under article 15 of the code, MCL 333.16101 to 333.18838 and the individual's scope of practice. A verbal order must be immediately recorded in the patient record that includes the name of the person making the verbal order, the name of the person taking the verbal order, the specifics of the order, the method the verbal order was received, and the time and date.

(6) Any testing or machine error or patient reaction shall be immediately reported to the appropriate licensed health care professional as soon as possible and recorded in the patient's record. Any corrective action shall be initiated promptly and recorded in the patient record

R 325.45249 Pharmacy services.

Rule 249. (1) A health facility or agency shall provide directly, or through contract, pharmacy services.

(2) These services shall be offered on a regular schedule based on the hours of operations.

(3) The staff responsible shall be trained, qualified, and competent for the services being offered. The facility or agency shall maintain documentation demonstrating the staff's training, qualifications, and competencies.

(4) A health facility or agency shall be responsible for maintaining all equipment related to this service in accordance with manufacturer guidelines.

(5) These services offered shall be appropriate to the patient needs and treatment and recorded in the patient record. Medication and other pharmaceutical services shall be provided on a written or verbal order of a licensed health professional authorized to do so under article 15 of the code, MCL 333.16101 to 333.18838 and the individual's scope of practice. A verbal order must be immediately recorded in the patient record that includes the name of the person making the verbal order, the name of the person taking the verbal order, the specifics of the order, the method the verbal order was received, and the time and date.

(6) All medications and other pharmaceutical products shall be properly labeled and identified with pertinent information such as use, storage, expiration, and other necessary information for the proper administration to protect the health and welfare of the patient.

(7) Any medication error or drug reaction shall be immediately reported to the appropriate licensed health care professional as soon as possible and recorded in the patient's record. Any corrective action shall be initiated promptly and recorded in the patient record.

R 325.45251 Dietary services.

Rule 251. A health facility or agency that offers dietary services shall:

(a) Provide information to each patient on the dietary services offered, the meal service menu, and instructions for ordering regular meal services, including special orders for dietary and other personal restrictions.

(b) Meet all the dietary and nutritional needs of the patient in accordance with the patient record and physician or other health professional orders.

(c) Record all dietary services ordered, delivered and consumed by the patient as well as any changes or restrictions in dietary services due to patient's request or change in the nutritional needs of the patient.

(d) Offer dietary education and interventions to the patient regarding appropriate nutritional intake in accordance with that patient's condition and treatment plan. Dietary counseling shall be provided by a qualified individual.

R 325.45253 Transportation services.

Rule 253. (1) An inpatient or residential health facility shall arrange and provide for appropriate transportation services if diagnostic, medical, or other services are necessary and not available onsite.

(2) A freestanding surgical outpatient facility shall have adequate transportation services immediately available or have protocols established for accessing 911 emergency transportation services for patients requiring transfer to a hospital.

(3) A freestanding surgical outpatient facility shall be located not more than 30 minutes normal travel time from the hospital that the facility has a written emergency admission arrangement. When indicated, a qualified health professional from the facility shall accompany the patient to provide emergency care on the way to the hospital.

## PART 7: RIGHTS AND RESPONSIBILITIES

R 325.45271 Patient rights and responsibilities; policies and procedures.

Rule 271. (1) A health facility or agency shall develop, adopt, implement, post, and distribute written policies and procedures to protect the rights and responsibilities of patients as provided in sections 20201, 20202 and 20203 of the code, MCL 333.20201, 333.20202 and 333.20203.

(2) Before a patient's admission, and if requested after admission, policies and procedures related to rights and responsibilities shall be made available to all the following:

(a) The patient.

(b) The patient's guardian.

(c) The patient's representative.

(3) Information transmitted to a patient, or to the person legally responsible for the patient, shall be in a manner that he or she can reasonably be expected to understand.

## PART 8: COMPLAINTS, INVESTIGATIONS, AND HEARINGS

### SUBPART A: COMPLAINTS AND INVESTIGATIONS

R 325.45281 Complaint.

Rule 281. (1) A complaint filed with the department under Article 17 of the code, MCL 333.20101 to MCL 333.22260, and these rules shall be limited to allegations that the health facility or agency did not comply with a state law or rule.

(2) The complainant must provide enough information to identify the specific health facility or agency where the alleged conduct took place. Such information includes, but is not limited to, the name and address of the health facility or agency.

(3) A complaint may be filed anonymously.

R 325.45283 Complaint filed with health facility or agency; policy and procedure for initiation, investigation, and resolution.

Rule 283. (1) The governing body of a health facility or agency shall adopt written policies and procedures for the initiation, investigation, and resolution of complaints. The policies and procedures shall be provided to each person at the time of admission and upon request. The policies and procedures shall contain, at a minimum, all the following:

(a) A statement that a person may complain to the health facility or agency, the department, or both; and, the person need not cite a specific violation of law or rule.

(b) Contact information necessary to file a complaint with the department.

(c) A process for filing a complaint with the health facility or agency of potential violations of law or rule, including a process to assist a complainant with writing a complaint when an oral complaint is not resolved to the complainant's satisfaction.

(d) If the oral complaint is resolved to the complainant's satisfaction, investigation activities may be discontinued.

(e) If a standard complaint form is used, a copy of the form must be provided to each person at the time of admission and upon request.

(f) The name, title, location, and contact information of the individual who is responsible for receiving complaints and conducting complaint investigations for the health facility or agency, as well as the process for communicating with that individual.

(g) A requirement that complaint investigations be started within 24 hours of receipt of a complaint or discovery of an allegation, whichever occurs first, that alleges serious injury, serious harm, impairment, or death, and all other complaint investigations must be started within 72 hours.

(h) A requirement that complaint investigations be completed within 10 business days of receipt of the complaint or discovery of the allegation(s), whichever one occurs first. If the investigation is not completed within 10 business days, the health facility or agency must document the reason for delay and its anticipated completion date.

(i) A requirement that the health facility or agency shall deliver to the complainant, within 15 business days of receipt of the complaint or discovery of the allegation(s), whichever one occurs first, the written results of the investigation or a written status report indicating when the written results of the investigation may be expected. The written results shall inform the complainant that the complainant may file a complaint with the department. This subdivision does not apply when a complaint is filed anonymously.

(j) A comment on a health facility or agency's patient satisfaction survey or other method of gathering feedback does not constitute a complaint.

(2) The health facility or agency shall maintain for 3 years any complaints filed under its complaint procedure, and all complaint investigation reports and correspondence delivered to each complainant. Such records must be available to the department upon request.

R 325.45285 Complaint filed with department; procedure.

Rule 285. (1) When a person files a complaint with the department pursuant to section 20176 or 21799a of the code, MCL 333.20176 or 333.21799a, it must be filed within 12 months of the violation. If it is not filed within 12 months of the violation, the department may investigate the complaint if the complainant shows good cause for the delay in filing the complaint.

(2) A complaint shall be submitted using the department's hotline or in writing using the US Postal Service, E-mail, online form, FAX, or other method provided for on the department's website, www.michigan.gov/lara.

(3) The complaint must be limited to matters involving an alleged violation of an applicable law or rule affecting the complainant or, in the case of a public interest group, affecting the public or a portion thereof.

(4) The department shall receive, evaluate, and, if warranted, investigate a filed complaint. The department shall not investigate a complaint that, as alleged, does not violate a law or rule regulated by the department. The department shall send a letter of acknowledgement to each complainant upon evaluation of the complaint, except when a complaint is submitted anonymously.

(5) The department shall notify the health facility or agency of the nature of the complaint no earlier than the initial visit to the health facility or agency to investigate the complaint.

(6) The department shall provide the complainant with the written findings of the complaint investigation, or instructions for how to obtain the written findings, no later than 30 days after the conclusion of the complaint process.

(7) The department shall inform the complainant of the department's actions if the health facility or agency does not correct areas of noncompliance, when applicable. This subrule does not apply when a complaint is filed anonymously.

(8) A complaint filed with the department about a federally certified health facility or agency shall be triaged and the subsequent survey or investigation shall be conducted pursuant to the state agreement with the U.S. Secretary of Health and Human Services under section 1864 of the Social Security Act, 42 USC 1395aa.

(9) A complaint filed with the department about a state licensed-only health facility or agency shall be triaged and the subsequent survey or investigation shall be conducted pursuant to Article 17 of the code, MCL 333.20101 to 333.22260, and these rules.

R 325.45287 Investigations.

Rule 287. (1) An employee assigned by the department may investigate a health facility or agency for complaint investigation and enforcement of state or federal law or rule.

(2) Investigations pursuant to these rules may include, but are not limited to:

(a) Inspection of a health facility or agency and observation of its operation.

(b) Inspection of records, patient medical records, videos, and other documents maintained by a health facility or agency.

(c) Acquisition of other information, unless the department is prohibited from acquiring the information due to a specific statute or court ruling, from any person who may have information bearing on the applicant's or licensee's compliance or ability to comply with the requirements for licensure.

(3) To perform the duties listed in (2), an employee assigned by the department may copy records or documents or use pictures, audio recordings, video recordings, and other acceptable technology in a manner authorized for use by the department. These materials shall be maintained and protected by the department in accordance with state and federal laws and regulation, including privacy laws.

(4) The department shall provide a health facility or agency with its written findings no later than 30 days after the conclusion of the regulatory activity described in (1) of this rule.

## SUBPART B: HEARING

R 325.45289 Applicability.

Rule 289. (1) The procedures set forth in this subpart apply to the hearings and penalties related to violations under sections 20165, 20166, 20168, 21799b (2), and 21799c of the code, MCL 333.20165, 333.20166, 333.20168, 333.21799b (2), and 333.21799c.

(2) Unless otherwise provided by Article 17 of the code, MCL 333.20101 to 333.22260, or these rules, the procedures for a hearing shall comply with sections 71 to 92 of the administrative procedures act, 1969 PA 306, MCL 24.271 to 24.292, and Part 1 of the Michigan administrative hearing system administrative hearing rules, R 792.10101 to R 792.10137.

R 325.45291 Correction notice; opportunity to show compliance.

Rule 291. (1) Before commencing hearing proceedings for denial, limitation, suspension, or revocation of a license pursuant to section 20165 and 20166 of the code, MCL 333.20165 and 333.20166, the department shall give notice to the applicant or licensee, by certified mail or personal service, of the facts or conduct that warrant the intended action and shall provide the applicant or licensee with an opportunity to show compliance at a compliance conference. The notice of a compliance conference shall state the date, time, and location of the conference. If the licensee is unable to demonstrate, to the satisfaction of the department at the compliance conference, compliance with all lawful requirements for a license, the department may proceed with a hearing. This subrule does not apply to notices issued under sections 20162, 20168, 21799a (9), 21799b (2), or 21799c of the code, MCL 333.20162, 333.20168, 333.21799a (9), 333.21799b (2), or 333.21799c, or section 63 of 1969 PA 306, MCL 24.263.

(2) When the department issues a correction notice to a nursing home under the provisions of section 21799b of the code, MCL 333.21799b, the correction notice shall conform to the requirements of that section. The department will have a hearing officer present to conduct a hearing, within 72 hours after the licensee receives the notice, at the time and place specified with the correction notice. The licensee may waive the opportunity for the hearing. Failure to raise objections to the correction notice on or before the scheduled hearing, or failure to appear at the hearing, shall be deemed an admission of the matters asserted in the correction notice. If the respondent fails to make an appearance or to timely contest the notice, the correction notice shall be final. The licensee may notify the department that it believes it has complied with the correction notice and may request verification of compliance from the department in accord with section 21799b (3) of the code, MCL 333.21799b (3).

R 325.45293 Discovery and depositions.

Rule 293. (1) The same rights to discovery and depositions provided in the Michigan court rules for civil procedure shall apply to hearings commenced and conducted under section 20165 and 20166 of the code, MCL 333.20165 and 333.20166. The presiding officer shall rule on all motions relative to depositions and discovery.

(2) Discovery depositions and motions for discovery shall not be allowed by the presiding officer if they are likely to interfere with the efficient and timely conduct of the hearing, unless substantial prejudice would result.

(3) The presiding officer may administer oaths and issue subpoenas upon request of a party or the party's representative.

## PART 9: ENVIRONMENT OF CARE FOR HEALTH FACILITIES

### SUBPART A: PHYSICAL PLANT

R 325.45301 Health facility; construction; hazards.

Rule 301. A health facility shall be of safe construction and shall be free from hazards to patients, visitors and staff.

R 325.45303 Construction permit review; guidelines; adoption by reference.

Rule 303. (1) In performing a construction permit review for a health facility, the department shall, at a minimum, apply the following guidelines and standards, which are adopted by reference:

(a) Three guidelines from the Facility Guidelines Institute (FGI):

(i) Guidelines for Design and Construction of Hospitals, 2018 edition.

(ii) Guidelines for Design and Construction of Residential Health, Care, and Support Facilities, 2018 edition.

(iii) Guidelines for Design and Construction of Outpatient Facilities, 2018 edition.

(b) American Society for Heating Refrigerating and Air Conditioning Engineers (ASHRAE) Standards 170 – 2017, Addendum N, Ventilation of Health Care Facilities.

(2) Each of the FGI guidelines cost $200. The ASHRAE standards cost $60.57. All these documents can be purchased at www.madcad.com. These guidelines and standards may be inspected at the offices of the bureau of community and health systems, department of licensing and regulatory affairs.

R 325.45305 Submission of plans and specifications for a construction permit.

Rule 305. (1) To assure compliance with the code and these rules a health facility shall submit to the department for review and approval or disapproval complete plans and specifications for all the following projects:

(a) New buildings.

(b) Additions.

(c) Building change.
(d) Conversion of existing structures for use as a health facility.
(2) A health facility shall not begin construction or renovation until the plans and specifications have been approved by the department and a permit for construction has been issued.
(3) Architectural and engineering plans and specifications that are submitted to the department shall be prepared and sealed by architects and professional engineers licensed to practice in Michigan.

R 325.45307 Existing licensed health facility; exception.
Rule 307. Existing licensed health facilities that are not in compliance with the provisions of these rules may be permitted to continue in use unless the department has determined that such use constitutes a hazard.

R 325.45309 Health facility floor plan.
Rule 309. A health facility shall keep on site a floor plan of the facility with a description of rooms showing size, use, door locations, window area, number of beds, and fixed equipment.

R 325.45311 Exterior; ramps; steps; handrail, light; entrance; access.
Rule 311. Exterior ramps and steps shall have a handrail on both sides. Sufficient light for an exterior ramp or steps shall be provided for the safety of persons using the facility. At least 1 entrance to the health facility shall provide easy access for persons with mobility limitations.

R 325.45313 Interior; illumination; standards.
Rule 313. (1) The applicant or licensee shall comply with the interior illumination standards in Table 1.

**Table 1: Illumination of Health Care Facilities**

The following table is intended to be representative, not inclusive, of all clinical facilities. These measured minimum foot-candle (fc) values shall be provided at 36 inches above the floor or at task locations as applicable and shall account for bulb and fixture depreciation.

One-half of the lighting levels shall be maintained in operating rooms, delivery rooms, trauma rooms and emergency department exam rooms, nursing stations, intensive care rooms, special care nurseries, full term nurseries, angiography labs, interventional radiology rooms, cardiac catheterization labs, resuscitation areas, PACU, patient holding areas, medication preparation and dispensing areas, and work areas within the laboratory, when on emergency power. These levels are not required during the (10 seconds max) transfer to emergency power.

| | |
|---|---|
| **Operating/Delivery/Trauma Rooms[1]**<br>These illumination levels shall be provided within a six-foot perimeter of the table/stretcher with the remainder of the room provided with a minimum of 75 fc. | **150 fc** |
| **Critical Task Areas**<br>Cardiac catheterization labs[1]<br>Angiography[1]<br>Interventional radiology[1]<br>Scrub sinks<br>Central sterile task locations<br>Patient exam/treatment locations<br>Decontamination task locations<br>Pharmacy and laboratory hoods<br>Intensive care bed and bassinet locations[1]<br>LDR/LDRP bed locations[1]<br>PACU/Cardiovascular recovery[1]<br>Procedure rooms<br>Autopsy[1]<br><br>The 75 fc is the minimum for patient examination, resuscitation, or a procedure in the patient vicinity. The patient vicinity is defined as three feet around the sides and head of the patient bed/table. The remainder of these rooms shall be a minimum of 15 fc.<br><br>The 75 fc level is required in some areas for patient emergencies and resuscitation events. It is not intended to require this lighting level during normal procedures, such as cardiac catheterizations.<br><br>[1] Fixed task lighting shall be on emergency power. | **75 fc** |
| **Specialized Task Areas**<br>Food service work counter<br>Medication preparation and dispensing locations<br>Nurse, physician and clinician (paper) charting locations<br>Laboratories<br>Triage areas<br>Hot lab task locations<br>Dialysis patient locations | **50 fc** |
| **Task Areas** | **30 fc** |

| | |
|---|---|
| Patient care bed, stretcher, table, and chair locations (non-exam) | |
| Resident bed locations | |
| Handwashing, water closets, and tub/shower | |
| Staff work counter | |
| Patient and resident day/dining rooms | |
| Patient and resident reading locations | |
| Patient preparation and holding areas | |
| General radiology rooms, MRI, PET, CT, and Lithotripsy | |
| Morgue | |
| | |
| **General Areas** | **15 fc** |
| Corridors | |
| General patient and resident room/location | |
| Clean and soiled utility rooms (see above for counters) | |
| Clinical storage/holding | |
| Locker rooms | |
| Janitor closets | |
| Stairways, elevators, waiting rooms | |

(2) In addition to the interior illumination standards in table 1, a health facility shall provide both of the following:

(a) Night lighting in a toilet room and patient room shall be sufficient to illuminate a footpath from the bed to the toilet room with a minimum of 1 foot-candle at floor level.

(b) Light fixtures shall be equipped with lenses or shields for protection of the lamps or with lamps that will not shatter.

R 325.45315 Patient room.

Rule 315. (1) A room used for patient living or sleeping purposes shall have a minimum total window glass area on the outside walls equal to 10% of the required floor area, and a clear unobstructed window view for a minimum distance of 20 feet from the face of the window measured perpendicular to the window. One additional foot shall be added to the minimum distance of 20 feet for each 2-foot rise above the first story, up to a maximum of 40 feet of required unobstructed space. Forty-five percent of this window glass area shall be openable, unless the room is artificially ventilated.

(2) A 1-bed patient room shall provide a minimum of 120 square feet of clear floor area. A 2-bed room shall provide a minimum of 100 square feet of clear floor area per bed. A room used for bassinets shall provide a minimum area of 40 square feet per bassinet.

(3) A patient room shall have not less than a 3-foot clearance available on both sides and at the foot of each bed. A 2-bed room shall have a minimum of 4 feet of clearance available at the foot of each bed.

(4) A patient room shall be provided with a toilet room opening into the room. A water closet or bathing facility shall have grab bars that shall be anchored to sustain a concentrated load of 250 pounds.

(5) Handwashing facilities shall be provided in each patient room and in each connecting toilet room.

(6) Usable floor space shall not include a toilet room, closet, or vestibule.

(7) A wardrobe or closet shall be provided for the storage of personal clothing. A patient room in a residential facility shall provide a minimum of 5 square feet of floor space per bed for this wardrobe and closet, in addition to other requirements for usable floor space per bed.

(8) A 2-bed room shall provide visual privacy from other patients and visitors. The design for privacy shall not restrict patient access to the entrance, lavatory, toilet room, or wardrobe.

(9) A basement or cellar shall not be used for sleeping or living quarters. A patient room shall have the floor surface at or above grade level along exterior walls with windows.

(10) A patient room shall permit the functional placement of furniture and equipment essential to the patients' comfort and safety.

R 325.45317 Surgical service; examination room; operating or procedure room.

Rule 317. A facility that provides surgical services shall meet all the following requirements:

(a) The facility shall have enough examination rooms to meet the volume of work to be accomplished. Each single-patient examination room shall have a minimum clear floor area of 120 square feet, with a minimum clear dimension of 10 feet, and provide a minimum 3-foot clearance on 3 sides of the table or stretcher.

(b) An examination room shall have a handwash lavatory within the room, which shall be equipped with a gooseneck inlet and wrist, knee, or foot controls.

(c) A change area shall be provided for patients, and provision shall be made for the safe storage of their personal effects.

(d) The facility shall have enough operating or procedure rooms to meet the volume of work to be accomplished.

(i) Each operating room shall have a minimum clear floor area of 400 square feet, with a minimum clear dimension of 20 feet, exclusive of fixed or wall mounted cabinets and built-in shelves.

(ii) Two scrub positions with gooseneck outlets shall be provided near the entrance to each operating room.

(e) Each procedure room shall have a minimum clear floor area of 250 square feet with a minimum dimension of 15 feet, exclusive of fixed or wall mounted cabinets and built-in shelves.

(f) A supply of oxygen and appropriate masks or other means of administration shall be available in each room.

(g) Single-use soap, scrub brushes, and towels shall be utilized in patient care areas.

(h) The operating or procedure room shall contain suitable equipment necessary for the types of procedures to be performed.

(i) Operating rooms and procedure rooms shall be cleaned and disinfected between cases and terminally cleaned daily in accordance with the facility’s policy and procedure.

R 325.45319 Surgical patient observation and recovery areas.

Rule 319. (1) A facility that provides surgical services shall have patient observation and recovery areas in sufficient numbers to accommodate the patient load, with a planned minimum of a 3-hour recovery period and longer when necessary for individual patients. The areas shall be comfortably furnished and adequately equipped for the patient's safe postoperative observation and recovery.

(2) The facility shall provide at least 1 recovery room equipped for use by and observation of patients requiring recumbent care post-surgically. A minimum of one hospital-type bed or stretcher shall be provided for each 10 post-surgical patients to be cared for at any one time.

(3) Single patient rooms shall have a minimum of 100 square feet of usable floor space.

(4) Multiple patient rooms shall have a minimum of 80 square feet of floor space per bed or stretcher.

(5) A recovery room shall be designed to provide a minimum of 3 feet between beds or stretchers and 4 feet of clearance at the foot of the bed or stretcher.

(6) Comfortably furnished congregate rooms equipped with either reclining or lounge-type chairs or cots may be provided for the post-surgical observation of patients who do not need bed or stretcher accommodations. Each congregate-type room shall provide a minimum of 50 square feet of usable floor space for each patient to be accommodated.

(7) A toilet and lavatory shall be provided for each 8 recovery patients at a minimum.

(8) Corridors used for patient entry, egress, and surgical care areas in the facility shall have a minimum width of 6 feet.

R 325.45321 Airborne infection isolation patient room.

Rule 321. (1) A health facility that accepts patients who require airborne infection isolation shall provide 1-bed airborne infection isolation (AII) patient rooms with attached lavatory, water closet, and bathing facility, reserved for the use of the occupant of that room only.

(2) The number of 1-bed AII patient rooms shall be determined by an infection control risk assessment. An AII patient room shall have an area located directly outside or immediately inside the entry door for staff hand washing and gowning and for storage of clean and soiled materials.

R 325.45323 Nursing care facility; long-term acute care hospital; hospice residence; dayroom; dining; activity; space.

Rule 323. (1) A nursing care facility shall provide a minimum of 30 square feet of floor space per bed for dayroom, dining, and activity space. This space shall always be accessible to patients.

(2) A hospice residence and a long-term acute care hospital shall provide a minimum of 15 square feet of floor space per bed for dayroom, dining, and activity space. This space shall always be accessible to patients.

R 325.45325 Residential health care facilities; special requirements.

Rule 325. Residential health care facilities shall meet all the following requirements:

(a) A patient room shall open to a corridor, lobby, or dayroom. Traffic to and from any room shall not be through a sleeping room, kitchen, bathroom, utility room, toilet room, or

service room, except where a utility room, toilet room, or bathroom opens directly off the room or rooms that it serves.

(b) Patient bathing facilities shall be provided at the rate of one bathing fixture for every 20 patients not otherwise served by bathing facilities in patient rooms.

(c) Nursing stations shall be located within 120 feet of each patient room door.

R 325.45327 Doors.

Rule 327. (1) The minimum clear width for door openings in the means of egress from sleeping rooms, diagnostic and treatment rooms, and nursery rooms shall be 41.5 inches.

(2) Door openings to patient toilet rooms and other rooms needing access for wheelchairs shall provide a minimum clear opening of 32 inches.

R 325.45329 Ceiling height.

Rule 329. The minimum ceiling height of rooms and corridors shall be 7 feet 10 inches, with the following exceptions:

(a) Ceilings in storage rooms and toilet rooms shall be not less than 7 feet 6 inches in height.

(b) Ceiling heights in small, normally unoccupied spaces may be reduced below 7 feet 6 inches if approved by the department.

(c) Suspended tracks, rails, and pipes located in the traffic path for patients in beds or on stretchers, including those in inpatient service areas, shall be not less than 7 feet above the floor. Clearances in other areas may be 6 feet 8 inches and applies to the lowest fixed point of ceiling mounted surgical lights, overhead rails/cables in diagnostic and therapeutic radiology rooms, and ceiling/wall mounted televisions under potential footpaths.

R 325.45331 Handrails.

Rule 331. A handrail with ends returned to the wall shall be provided on both sides of a corridor, ramp, or stairway used by patients.

R 325.45333 Lobby; waiting area; public toilet rooms; public drinking water.

Rule 333. (1) A lobby or waiting area for visitors shall be functionally separate from patient care units.

(2) Except as provided in subrule (3) a health facility shall provide one or more public toilet rooms, equipped with a lavatory and water closet, located near waiting and reception areas.

(3) Facilities with a licensed bed capacity of 8 or less may share staff and public toilet facilities.

(4) In new construction or renovations, a source of public drinking water shall be provided.

R 325.45335 Personnel areas.

Rule 335. (1) A health facility shall provide space for reception, waiting, interviewing, administrative, and business office functions.

(2) A health facility shall provide space for admission, interviewing and consultation functions so located as to provide reasonable privacy. This shall include office space with audible privacy and furnishings for a social worker if one is employed and for counselors and outside agency workers, when indicated, to interview and advise patients.

(3) A health facility shall provide locker room space or other security resources for the personal effects of employees. Individual dressing rooms shall be provided for male and female employees when surgical attire is required. A lavatory and water closet shall be located convenient to the break or locker room space.

R 325.45337 Heating, ventilation and air conditioning.

Rule 337. Heating ventilation and air conditioning systems shall be designed, installed, operated and maintained to meet the requirements of the American Society for Heating Refrigerating and Air Conditioning Engineers (ASHRAE) Standards 170 - 2017 Ventilation of Health Care Facilities, Addendum N.

R 325.45339 Electrical equipment; outlets; receptacles.

Rule 339. (1) Electrical equipment shall be maintained in good repair and be properly grounded.

(2) Duplex electrical outlets with a 3-wire system shall be provided in sufficient number and convenient locations to meet the needs of the areas served. A health facility shall provide at least 2 outlets located at the head of each bed.

(3) A patient room shall have at least 1 grounded duplex electrical receptacle located on each side of the head of each bed and 1 duplex receptacle on each other wall.

R 325.45341 Emergency electrical service.

Rule 341. (1) A health facility shall have emergency electrical service permanently installed in the facility to provide: lighting in corridors, exits, operating rooms, procedure rooms, recovery rooms, congregate rooms, nurse stations, telephone switchboard, heating plant controls, and other critical mechanical equipment essential to the safety and welfare of patients, personnel, and visitors.

(2) Emergency electrical service shall be capable of providing a minimum of 72 hours of service and more than 72 hours if required by the facility's emergency preparedness plan. A freestanding surgical outpatient facility may reduce this requirement in accordance with its emergency preparedness plan to evacuate the facility.

(3) In new construction or renovation an emergency generator that has an automatic transfer switch or an alternative source of immediate electrical power acceptable to the department shall be provided for lighting and operation of equipment essential to the safety and welfare of patients, personnel, and visitors.

R 325.45343 Water supply system.

Rule 343. (1) A health facility located in an area served by a public water system shall connect to and use that system.

(2) When a public water system is not available, the location and construction of a well and the operation of a private water system shall comply with the Safe Drinking Water Act, 1976 PA 399, MCL 325.1001 to 325.1023.

(3) The location and construction of a well, and the operation of the system, shall comply with standards approved for public water supplies by the local health department and the Michigan Department of Environmental Quality.

(4) Minimum water pressure available to each plumbing fixture shall exceed 20 pounds per square inch.

(5) The plumbing system shall supply an adequate amount of hot water at all times to meet the needs of each patient and the functional needs of the various service areas. Hot water temperatures at fixture outlets shall be regulated to provide tempered water in the range of 105 to 120 degrees Fahrenheit.

(6) There shall be no cross-connections between water systems that are safe for human consumption and those that are or may become unsafe for human consumption. The entire plumbing system and all plumbing fixtures shall be so designed and maintained that the possibility of back-flow or back-siphonage shall be eliminated.

R 325.45345 Elevator.

Rule 345. An elevator shall be provided where patient care is provided at different floor levels. The cab size of the elevator shall be sufficient to accommodate a stretcher and attendant. An elevator shall have a minimum cab size of 5 feet 8 inches wide by 9 feet deep for acute care facilities and a cab size of 5 feet 0 inches wide by 7 feet 6 inches deep for residential facilities.

## PART B: MAINTENANCE, SANITATION, HOUSEKEEPING

R 325.45347 Medical waste; biohazard; solid waste; sanitary sewage.

Rule 347. (1) A health facility shall comply with the requirements of the Medical Waste Regulatory Act, Part 138 of the code, MCL 333. 13801 to 333.13832.

(2) A health facility shall have a written policy to govern the storage, transportation, and disposal of surgical specimens and other biohazards.

(3) The collection, storage, and disposal of solid wastes, including garbage, refuse, and dressings, shall be accomplished in a manner that will minimize the danger of disease transmission and avoid creating a public nuisance or a breeding place for insects and rodents.

(4) Suitable containers for garbage, refuse, dressings, and other solid wastes shall be provided, emptied at frequent intervals, and maintained in a clean and sanitary condition.

(5) Sanitary sewage shall be discharged into a public sanitary sewage system when a system is available. When a public sanitary sewage system is not available, and a private sanitary sewage disposal system is used, the type, size, construction and alteration of, or major repairs to the system shall be approved by the authority having jurisdiction and the department. The sewage disposal system shall be maintained in a sanitary manner.

R 325.45349 Laundry; linen; ventilation; lavatory; equipment; storage.

Rule 349. (1) A health facility that processes its own linen shall have all the following:

(a) A well-ventilated laundry room of sufficient size to allow functional separation of soiled linen holding, laundry processing, and clean linen folding.

(b) The laundry shall be ventilated to provide directional airflow from clean to soiled areas.

(c) A lavatory for hand washing shall be provided in the laundry processing area.

(d) Laundry equipment shall be rated commercial and be of sufficient capacity to meet the needs of the facility.

(2) The collection, storage, segregation and transfer of clean and soiled linen shall be accomplished in a manner that will minimize the risk of disease transmission.

(3) A separate clean linen storage room shall be provided.

(4) A separate soiled linen storage room shall be provided. When justified by the operational characteristics and special needs of the health care facility, a properly sized and located soiled workroom may serve as a soiled linen holding room.

R 325.45351 Storage.

Rule 351. (1) Space shall be provided sufficient to meet the need for storage of medical equipment, medical supplies, and furniture.

(2) Space shall be provided sufficient to meet the need for segregation of cleaned and used equipment.

(3) A patient toilet room or bathroom shall not be used for storage or housekeeping functions.

(4) A central general storage room shall be provided with space necessary to meet storage needs of the facility.

(5) Space shall be provided for the storage of clean linen. Soiled linen holding shall be separate from storage of clean linen.

(6) Corridors, hallways, passageways, and doorways shall always be kept free from obstruction. A corridor shall not be used for storage to accommodate insufficient space for storage of medical equipment.

(7) A workroom shall be provided for holding trash, medical waste, and soiled linens. The room shall be separate from clean storage.

(8) Dedicated clean storage space shall be provided.

(9) A patient care unit shall have a dedicated area for medication storage, preparation and documentation. The space shall be well lighted and equipped with a lavatory for hand washing, a refrigerator, and locked storage for medication.

(10) A room shall be provided on the premises for equipment and furniture maintenance and repair and storage of maintenance equipment and supplies.

R 325.45353 Kitchen; dietary.

Rule 353. A health facility shall be in compliance with the Food Law, 2000 PA 92, MCL 289.1101 to 289.8111.

R 325.45355 Integrated pest management.

Rule 355. A health facility shall be kept free from insects and vermin utilizing active integrated pest management processes. Insect and vermin control procedures involving the use of insecticides or pesticides shall be carried out in a manner consistent with manufacturers' indications for use and in a manner that protects the health and safety of patients, personnel, and visitors.

R 325.45357 General maintenance; cleaning.

Rule 357. (1) The premises of a health facility shall be maintained in a safe and sanitary condition and in a manner consistent with the public's health and welfare.

(2) Floors, walls, and ceilings shall be covered and finished in a manner that permits maintenance of a sanitary environment.

(3) A storage area for housekeeping items and a janitor's closet shall be provided for the building. A separate dedicated janitor's closet shall be provided with convenient access for the kitchen and dietary areas.

(4) Routine cleaning and disinfection shall be conducted at specified intervals and between uses by different patients.

(5) Routine cleaning and disinfection shall be conducted according to the environmental disinfectant's indication for use.

(6) Patient care equipment and supplies shall be single use disposable or shall be disinfected between patients.

R 325.45359 Sterilization; high-level disinfection.

Rule 359. (1) A health facility that provides sterilization and high-level disinfection shall have sufficient space for both of the following:

(a) The volume of sterilization and high-level disinfection processing to allow orderly work flow for instrument decontamination, instrument cleaning, assembly and packaging, and the number of sterilization units.

(b) Unimpeded staff movement to avoid environmental contamination of supplies.

(2) A health facility shall restrict access to sterile processing and high-level disinfection spaces.

(3) Sterilization and high-level disinfection spaces shall contain work table, counter, handwashing fixture, sterilizer carts, and dedicated space for drying and storage.

## PART C: COMMUNICATION AND SECURITY

R 325.45361 Nurse/staff call system; equipment; telephone.

Rule 361. (1) A nurse call system shall be provided in each facility. This system shall provide call devices of the designated types shown at the locations identified in Table 2.

**TABLE 2**

Location of Nurse Call Devices

Key: ● Required

□ Optional, but must be justified

| **Area Designation** | **Patient Station** | **Patient Bath Station** | **Emergency Signal Station** | **Code Call Station** | **Nurse Master Station** | **Duty Station** | **Notes** |
|---|---|---|---|---|---|---|---|
| **Nursing Units** | | | | | | | |
| Inpatient Bed Location | ● | | ● | □ | | | |
| Patient Water Closets, Showers, and Baths | | ● | | | | | |
| Nurse/Control Station | | | | | ● | | |
| Clean Workroom | | | | | | ● | |
| Clean Supply Room | | | | | | □ | |
| Soiled Workroom | | | | | | ● | |
| Soiled Holding Room | | | | | | □ | |
| Medication Preparation Room | | | | | | ● | |
| Examination/Treatment Room | □ | | ● | | | ● | |
| Nurse Lounge | | | | | | ● | |
| Clean Linen Storage | | | | | | □ | |
| Nourishment Station | | | | | | □ | |
| Equipment Storage Room | | | | | | □ | |
| Multi-Purpose Room | | | | | | □ | |
| | | | | | | | |
| **Other Clinical Areas** | | | | | | | |
| Operating/Delivery Rooms | | | ● | □ | | | |
| Procedure Rooms | | | ● | □ | | | |
| LDR/LDRP | ● | | ● | ● | | | |
| Recovery – Phase 1 | □ | | ● | ● | □ | | |
| Recovery – Phase 2 | ● | | ● | □ | □ | | |
| Emergency Exam/Treatment/Triage | ● | | ● | ● | □ | | 1,2,4 |
| Patient Preparation and Holding Areas | ● | | ● | □ | □ | | 1,2 |
| Critical Care Bed Locations, including NICU | ● | | ● | ● | □ | | 1,2,3,4 |
| Newborn and Special Care Nurseries | | | ● | | □ | | |
| Cardiac Cath/Interventional/Rad/ Angiography | □ | | ● | ● | □ | | |
| MRI, CT, Stress Testing Areas | □ | | ● | ● | | | 2,4 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Outpatient Examination Areas | □ | | | □ | | | |
| Outpatient Waiting and Changing Areas | □ | | | | | | 2 |
| Psychiatric Seclusion Ante/Exam Rooms | | | ● | | □ | | |
| Outpatient Toilet Rooms/Showers/Baths | | □ | | | | | 2 |
| Psychiatric Patient Room | □ | | | | | | 2 |
| | | | | | | | |
| **Notes:** | | | | | | | |
| 1. One device may accommodate both patient station and emergency staff assistance station functionality. | | | | | | | |
| 2. Must activate a visible signal in the corridor at the patient's door, at the nurse/control station and all duty stations. | | | | | | | |
| 3. Provide 2-way voice communication with nurse/control station. | | | | | | | |
| 4. One device may accommodate both emergency staff assistance and code call station functionality. | | | | | | | |
| 5. Patient station not required in NICU. | | | | | | | |

(2) A health facility shall provide a telephone, connected to an outside service line, that is available on patient care units.

R 325.45363 Security system.

Rule 363. A security system shall be provided that meets the following objectives:

(a) To meet the needs of the population served and the services provided.

(b) To provide safe ingress and egress to the health facility.

(c) To restrict access to specific areas, including but not limited to all the following:

(i) Surgical suites.

(ii) Central sterile supply.

(iii) Obstetric unit.

(iv) Pediatric unit.

## PART 10: SPECIAL REQUIREMENTS

## SUBPART A: FREESTANDING SURGICAL OUTPATIENT FACILITY

R 325.45371 Anesthesia.

Rule 371. A qualified anesthesiologist or anesthetist shall be present, when medically indicated, to evaluate and select the most appropriate anesthetic agent to be used and to supervise or administer the anesthetic.

R 325.45373 Surgical procedures; medications.

Rule 373. (1) Only individuals licensed and credentialed to perform surgical procedures within their scope of practice shall be allowed to practice onsite.

(2) A licensed and credentialed physician shall be on site through the postoperative period until the last patient is physically discharged.

(3) Medications, diagnostic procedures, and treatments customarily given or performed by qualified personnel shall be done upon written order of a supervising physician except under either of the following:

(a) Verbal orders of a physician for medications or treatments may be carried out in emergencies with subsequent documentation entered in the patient's record and signed by the physician.

(b) Standing orders for specific tests and pre- and postoperative care may be established in writing by a physician and approved by the governing body.

R 325.45375 Surgical hand-scrub hygiene procedures.

Rule 375. The facility shall have a written policy and procedure, adopted by the medical staff, to provide for adequate surgical hand-scrub throughout the surgical operative and postoperative procedure and in accordance with evidence-based standards.

R 325.45377 Surgical equipment, instruments, supplies and reprocessing.

Rule 377. (1) Surgical equipment, instruments, and supplies shall be maintained in sufficient quantities, stored in a sanitary environment, maintained in accordance with the applicable manufacturer guidelines, and shall adhere to nationally recognized infection prevention and control guidelines as maintained by the department on its website.

(2) Policies and protocols shall be established for onsite or offsite reprocessing of surgical instruments and equipment to include sterilization, high level disinfection, immediate-use steam sterilization, and indicators to capture sterilization or disinfection failures.

(3) The facility shall have adequate dedicated space and the necessary equipment to accommodate the surgical workload and to reprocess surgical instruments and equipment.

(4) Reprocessing shall be performed by trained personnel.

R 325.45379 Food and beverage.

Rule 379. If food and beverage are provided to patients, the facility shall store and serve them in a safe and sanitary manner.

R 325.45381 Counseling and referrals for subsequent care.

Rule 381. (1) For a freestanding surgical outpatient facility that performs 120 or more surgical abortions per year and publicly advertises outpatient abortion services, the facility shall make available and offer appropriate counseling, interpretation, and referral for subsequent indicated care. The facility shall do all the following:

(a) Provide for appropriate counseling and assistance, as needed, through physicians, qualified nurses, social workers, or specially trained and qualified counselors.

(b) Maintain liaisons with and make indicated referrals to community counseling, family planning, or other social and health service agencies to help assure appropriate and adequate subsequent care of the patient.

(c) Provide such counseling or assistance without coercion.

(2) Counselors shall consult with the physician concerning results of counseling and the initiation of any referrals that seem necessary.

(3) An appropriate method for providing information to and receiving information from legitimate referral sources shall be established, including adequate mechanisms for the scheduling and fulfilling of advance appointments requested by a referral source.

R 325.45383 Waiver or modification provisions.

Rule 383. (1) In accordance with section 20115 (4) of the code, MCL 333.20114 (4), for a freestanding surgical outpatient facility that performs 120 or more surgical abortions per year and publicly advertises outpatient abortion services, the department may modify or waive 1 or more of the rules contained in part 9 of these rules.

(2) The licensee may submit to the department a written request for variance.

(3) The variance may remain in effect for as long as the facility continues to comply with the conditions of the variance or may be time-limited.

## SUBPART B: HOSPICE AND HOSPICE RESIDENCE

R 325.45385 General services.

Rule 385. (1) As the needs of the hospice or hospice residence and its patient/family units dictate, the services of qualified personnel, who need not be an employee, shall be made available in all the following disciplines:

(a) Physician services.

(b) Nursing services.

(c) Social work services.

(d) Counseling services, including spiritual, dietary, and bereavement counseling.

(e) Hospice aide services.

(f) Volunteer services.

(g) Therapy services, including physical, occupational, and speech therapy.

(h) Short term inpatient care.

(i) Pharmaceuticals, medical supplies, and durable medical equipment services.

(2) A hospice residence shall provide overnight accommodations for family members.

R 325.45387 Policies and procedures for home or inpatient care and services.

Rule 387. (1) In addition to the policies and procedures required in part 3 of these rules, the hospice administrator shall also develop written policies and procedures for all the following services:

(a) Bereavement services.

(b) Social work services.

(c) Counseling services.

(d) Volunteer services.

(2) The hospice administrator shall review these policies and procedures at least once every 24 months and shall update them as necessary.

R 325.45389 Contractual services.

Rule 389. (1) A hospice shall routinely provide substantially all nursing, social work, and counseling services directly by hospice employees.

(2) A hospice may contract with other health care providers or appropriate parties for nursing, social work and counseling services to supplement hospice employees to meet the needs of patients under extraordinary or other non-routine circumstances.

(3) A hospice may contract with other health care providers or appropriate parties for the provision of physician services and general services other than nursing, social work and counseling services when the hospice does not have sufficient qualified staff or available adequate equipment to render such services directly.

(4) The department may provide an exception to subrules (1), (2) and (3) of this rule for a hospice that meets all the following:

(i) The hospice requests an exception to contract for nursing services due to a shortage of nurses in the geographic area served by the hospice.

(ii) The hospice is in a non-urbanized area.

(iii) The hospice provides evidence to the department that it has made a good faith effort to hire a sufficient number of nurses to provide services.

(5) Contracts for shared services shall be written and shall delineate the authority and responsibility of the contracting parties. Contracts with providers shall maintain the responsibility of the hospice for coordinating and administering the hospice program.

(6) The hospice administrator shall maintain responsibility for coordinating and administering the contracted services of the hospice.

(7) Any and all personnel provided to the hospice under the terms of contracted services shall be licensed or credentialed as required by law.

(8) All contracts shall include financial arrangements and charges, including donated services.

(9) All contracts shall state the availability of service.

(10) A contracted service shall not absolve the hospice from responsibility for the quality, availability, documentation, or overall coordination of patient/family unit care or responsibility for compliance with any federal, state, or local law or rules and regulations.

(11) All contracts shall be reviewed and revised if necessary.

(12) All contracts shall be signed and dated by the hospice administrator or designee and the authorized official of the agency providing the contractual service.

(13) All contracts shall state that the contractor will provide services to the patient in accordance with the patient care plan developed by the hospice.

(14) Employees of an agency providing a contractual service shall not seek or accept reimbursement in addition to that due the agency for the actual service delivered.

(15) All contracts shall prohibit the sharing of fees between a referring agency or individual and the hospice.

R 325.45391 Physician services.

Rule 391. (1) At the time of admission to a hospice and thereafter, a patient shall be under the care of a physician who is responsible for providing or arranging for medical care. This physician may be the attending physician.

(2) The physician providing the medical care to a patient shall be responsible for the direction and quality of medical care rendered to that patient.

(3) The physician shall review the patient's medical history and physical assessment within 15 days prior to or 2 days following the patient's admission to the program.

(4) The physician shall do both of the following:

(a) Validate the prognosis and life expectancy of the patient, pursuant to section 21417 of the code, MCL 333.21417.

(b) Assist in developing the care plan of the patient.

(5) Medical care shall emphasize prevention and control of pain and other distressing symptoms.

(6) All physician orders and the services rendered shall be entered in the medical record.

(7) The hospice shall arrange for the availability of medical services 24 hours a day, 7 days a week.

R 325.45393 Nursing services.

Rule 393. (1) A hospice shall assure that a registered professional nurse completes an initial assessment of the patient’s condition within 48 hours after the election of hospice care, unless sooner as requested by the physician, patient, or patient representative.

(2) A comprehensive assessment of the patient must be completed by the hospice interdisciplinary care team no later than 5 calendar days after the election of hospice care. The comprehensive assessment shall identify the patient’s immediate physical, psychosocial, emotional, and spiritual needs related to the terminal illness.

(3) The patient care plan shall be established by the hospice interdisciplinary care team. The patent care plan shall include problems, interventions, and goals specific to the patient/family unit and all medications, medical equipment, and other pertinent items used by the patient. The patient care plan shall be revised or updated every 15 days or as the needs of the patient/family unit change.

(4) A staff member, as designated in the patient care plan, is responsible for the coordination, implementation, and ongoing review of each plan. The plan shall be recorded and maintained as part of the patient/family unit record.

(5) The patient care plan shall give direction to the care given in meeting the physical, psycho-social, and spiritual needs of the patient/family unit. The plan shall be personalized to meet the individual’s needs and treatment decisions.

(6) Resource materials relating to the administration and untoward effects of medications and treatments used in pain and symptom control shall be readily available to hospice personnel.

R 325.45395 Hospice residence; additional staffing requirements.

Rule 395. (1) In addition to R 325.45199 to R 325.45213, a hospice residence shall also comply with all the following staffing requirements:

(a) Provide 24-hour nursing services for each patient pursuant to the patient's hospice care plan.

(b) Direct and staff nursing services to assure that the nursing needs of patients are met.

(c) Specify patient care responsibilities of nursing and other hospice personnel.

(d) Provide services in accordance with recognized standards of practice.

(2) A hospice residence shall maintain a nursing staff sufficient to provide at least 1 registered professional nurse to each 8 patients on the morning shift; 1 to each 12 patients on the afternoon shift; and 1 to each 15 patients on the nighttime shift. Additional nursing personnel shall be added based upon patient or family needs.

R 325.45397 Bereavement services.

Rule 397. The hospice shall offer a program to provide bereavement services to the family for no less than one year after the death of the patient. The program shall be designed to meet the needs of individuals in their adjustment to experiences associated with death, both before and following the patient's death. A professional educated or otherwise qualified in providing grief or loss services shall supervise the bereavement program.

R 325.45399 Spiritual services.

Rule 399. The hospice shall offer spiritual services to the patient and family. Services will be provided, if accepted, based upon an assessment of spiritual needs in accordance with beliefs and choices, and will be delivered as directed within the plan of care developed by the interdisciplinary care team, which includes a pastoral or other counselor. When identified as beneficial to the patient or family, local clergy and others may be sought to assist with meeting the patient and family needs.

R 325.45401 Volunteer services.

Rule 401. (1) The hospice shall utilize lay or professional volunteer services to promote the availability of care, meet the broadest range of patient/family unit needs, and effect financial economy in the operation of the hospice.

(2) A volunteer services director shall develop and implement a program that meets the operational needs of the program, coordinate orientation and education of volunteers, define the role and responsibilities of volunteers, recruit volunteers, and coordinate the utilization of volunteers with other program directors.

(3) The hospice shall provide each volunteer with the information the volunteer needs to know to protect the patient's and the volunteer's health and safety.

(4) Services provided by volunteers shall be in accord with the written plan of care.

R 325.45403 Social work services.

Rule 403. (1) The hospice shall provide social work services to the patient and family before and following the patient's death.

(2) Social work services shall be available 7 days a week.

(3) Social work services shall provide support to enable an individual to adjust to experiences associated with death.
(4) Social work services shall be delivered consistent with the patient care plan.

R 325.45405 Hospice aide services.
Rule 405. (1) Hospice aide services shall comply with the requirements of 42 C.F.R. 418.76 (2016).
(2) Hospice aide services shall be available directly, or by written agreement, and shall be under the supervision of a registered professional nurse.
(3) The hospice shall have policies and procedures for hospice aide services, approved by the director of nursing, to maintain standards of care.
(4) A registered professional nurse shall make an annual on-site visit to a location where a patient is receiving care to observe and assess each aide while he or she is performing care. This visit shall be documented in the hospice aide's personnel file.

R 325.45407 Pharmaceuticals, medical supplies, and durable medical equipment.
Rule 407. (1) Medical supplies and appliances, durable medical equipment, and drugs and biologicals related to the palliation and management of the terminal illness and related conditions, as identified in the hospice plan of care, shall be provided by the hospice while the patient is under hospice care.
(2) A physician, physician's assistant, or a nurse practitioner shall prescribe drugs for the patient in accordance with the plan of care and state law.
(3) Pharmaceutical services in a hospice residence shall comply with the requirements of 42 C.F.R. §418.106 (2016).
(4) The hospice shall have written policies and procedures for the management and disposal of drugs and biologicals in the patient's home, in compliance with applicable law.
(5) The interdisciplinary care team, as part of the review of the plan of care, shall determine the eligibility of the patient/family unit to safely self-administer drugs and biologicals to the patient in the home.
(6) The hospice shall ensure the patient/family unit receives instruction in the safe use of drugs and biologicals, medical supplies, appliances, and durable medical equipment. The patient/family unit must be able to demonstrate the appropriate use of drugs and biologicals, medical supplies, appliances, and durable medical equipment to the satisfaction of the hospice staff.

## SUBPART C: HOSPITAL

R 325.45409 Applicability.
Rule 409. If inpatient or outpatient surgical services are offered within the hospital, the hospital shall comply with the rules in subpart C.

R 325.45411. Anesthesia.

Rule 411. A qualified anesthesiologist or anesthetist shall be present, when medically indicated, to evaluate and select the most appropriate anesthetic agent to be used and to supervise or administer the anesthetic.

R 325.45413. Surgical procedures; medications.

Rule 413. (1) Only individuals licensed and credentialed to perform surgical procedures within their scope of practice shall be allowed to practice onsite.

(2) A licensed and credentialed physician shall be on site through the postoperative period until the patient's discharge order is signed.

(3) Medications, diagnostic procedures, and treatments customarily given or performed by qualified personnel shall be performed upon written order of a supervising physician, except under either of the following circumstances:

(a) Verbal orders of a physician for medications or treatments may be carried out in emergencies with subsequent documentation entered in the patient's record and signed by the physician.

(b) Standing orders for specific tests and pre- and postoperative care may be established in writing by a physician and approved by the governing body.

R 325.45415 Surgical hand-scrub hygiene procedures.

Rule 415. The hospital shall have a written policy and procedure, adopted by the medical staff, to provide for adequate surgical hand-scrub throughout the surgical operative and postoperative procedure and in accordance with evidence-based standards.

R 325.45417 Surgical equipment, instruments, supplies and reprocessing.

Rule 417. (1) Surgical equipment, instruments, and supplies shall be maintained in sufficient quantities, stored in a sanitary environment, and maintained in accordance with the applicable manufacturer guideline.

(2) Policies and protocols shall be established for onsite or offsite reprocessing of surgical instruments and equipment to include sterilization, high level disinfections, immediate-use steam sterilization, and indicators to capture sterilization or disinfection failures.

(3) The hospital shall have adequate dedicated space and the necessary equipment necessary to accommodate the surgical workload and to reprocess surgical instruments and equipment.

(4) Reprocessing shall be performed by trained personnel.

## SUBPART D: NURSING CARE FACILITY

R 325.45419 Admission and medical examination.

Rule 419. (1) A patient shall only be admitted to a nursing care facility on the order of a physician. The order for admission and immediate care may be accomplished through a

hospital transfer summary signed by a physician, paperwork signed by the patient's physician, or other written form signed by a physician.

(2) An initial medical examination of the patient by the attending physician must be completed within 30 days of the admission date.

(3) Routine medical examinations are required at least every 60 days after the date of the initial medical examination.

(4) Subsequent routine medical examinations may alternate between being completed by the attending physician and a physician assistant or a nurse practitioner at the direction of the attending physician.

(5) The frequency of additional medical examinations of the patient, beyond the initial and routine medical examinations, shall be determined by the attending physician.

R 325.45421 Nursing care services.

Rule 421. (1) Nursing care services shall be based on assessment of the patient through a person-centered approach. Nursing care services shall include, but are not limited to: personal care, communication enhancement, restorative services, and patient treatments.

(2) Personal care shall be provided in accordance with the resident's preferred schedule and meet all the following patient needs:

(a) Hygiene through washing, bathing, oral care, and application of hygiene products.

(b) Grooming through haircare, shaving, and application of cosmetic products.

(c) Mobility through walking and propelling, including transfer assistance and use of ambulation devices, if needed.

(d) Incontinence and perineal care.

(e) Clothing that is clean and appropriate for the season, temperature, and activity, including undergarments and proper footwear.

(f) Nourishment provided through meals and supplementary fluids with the proper consistency and texture.

(3) Communication enhancement methods and tools shall be provided to patients who are nonverbal or have other communication impairments, including obtaining, maintaining, and safeguarding patient sensory items, such as eye glasses, dentures and hearing aids.

(4) If English is not the language of origin and there are communication issues, the language of origin for the patient should be used through interpreters, sign language, or other appropriately acceptable methods.

(5) Restorative services shall focus on maintaining a patient's optimum level in the activities of daily living by providing:

(a) Range of motion exercises.

(b) Positioning and body alignment.

(c) Preventative skin care.

(d) Transfer and ambulation training.

(e) Bowel and bladder training.

(f) Training in activities of daily living, including eating, dressing, personal hygiene, and toilet activities.

(6) Patient treatments shall be modified in accordance with the response or request of the patient consistent with attending physician orders and in consultation with the nursing staff.

(7) The nursing care facility shall have an inventory system for patient clothing and personal items addressing all the following:

(a) Marking and labeling clothing and personal items in a dignified and private manner.

(b) Laundering and ironing of clothing.

(c) Mending clothing, as necessary.

(d) Separately storing each patient's clothing.

(e) A method to add or remove items from the patient's clothing and personal items inventory.

R 325.45423 Activity program.

Rule 423. (1) A nursing care facility shall operate an activities program that meets all the following requirements:

(a) Activities are available based on patient assessments and preferences.

(b) Individual and group activities that encourage mental and cognitive stimulation, physical movements, and social engagement.

(c) Activities are overseen by qualified staff.

(d) Activities are offered 7 days per week.

(e) Necessary equipment and supplies for scheduled activities are provided.

(f) When community-based activities are offered, transportation shall be provided.

(g) A patient's individual care plan may address participation, but participation by a patient is not required.

R 325.45425 Trust fund and surety bond.

Rule 425. (1) A nursing care facility shall have a policy and procedures regarding how it will hold funds or property in trust for patients as a fiduciary when the facility receives money or property belonging or due a patient in accord with section 21767 of the code, MCL 333.21767. The policy and procedure must describe the process for the safeguarding, holding, and management of patients' funds.

(2) The nursing care facility shall provide a summary of the policy and procedures to each individual patient and the patient's designated representative or guardian at the time of admission.

(3) The trust fund policy and procedure shall include all the following:

(a) A statement that a patient is not required to participate in the trust fund.

(b) Assurances that the nursing care facility has no financial interest in the trust fund and that no facility funds will be comingled with patient funds.

(c) A provision that written consent to participate in the trust fund is to be obtained prior to the acceptance of any money from a patient.

(d) Provisions for management of the funds belonging to a patient who is incapable of managing his or her own funds.

(e) A process for assisting the patient or the patient's legal representative in identifying a representative payee, if the patient can participate in the decision, or designating a representative payee for a patient who is not capable of participating in that decision and does not have a legal representative.

(f) Identification of the financial institution where the trust fund will be held.

(g) A requirement to provide a statement, at least quarterly, to each patient participating in the trust fund or upon request of the patient. The statement shall include both of the following:

(i) A beginning and ending balance, and

(ii) An accounting of all deposits, withdrawals, interest accrued, and fees assessed during the statement period.

(h) The fees charged in total to all patients may not exceed the amount of the fees charged by the bank for the maintenance of the account.

(i) Reasonable access for the patient to conduct transactions, including on weekends and holidays.

(j) Criteria to return within 7 business days all or any part of the personal funds of a patient held in the trust fund upon request or upon the patient's transfer, discharge, or death.

(4) Trust fund records shall be kept in accordance with generally accepted accounting principles.

(5) A nursing care facility may keep up to $200.00 of a patient's money in a non-interest-bearing account or a petty cash fund. If the patient provides more than $200.00 within 15 days, the skilled nursing facility shall either return the money in excess of $200.00 to the patient or deposit it in an interest-bearing account. The account may be individual to the patient or pooled with other patients.

(6) For a patient's personal funds that are received and deposited in an account outside the nursing care facility, upon request or upon the transfer or discharge of the patient, the facility shall return all or any part of those funds to the patient, legal guardian, or designated representative within 10 business days.

(7) A nursing care facility shall provide the executor or administrator of a patient's estate with a written accounting of the patient's personal belongings and funds within 10 business days of death. If a deceased patient's estate has no executor or administrator, the nursing care facility shall provide the accounting to the patient's next of kin, the patient's representative, or clerk of the probate court of the county in which the patient died.

(8) Upon the sale or other transfer of ownership of the nursing care facility, the facility shall provide the new owner with a written accounting of all patients' funds being transferred and shall obtain a written receipt for those funds from the new owner. The facility shall also provide each patient, or the patient's representative, a written accounting of any personal funds held by the nursing care facility before any transfer of ownership occurs.

(9) A nursing care facility shall purchase a surety bond for the minimum amount of $2,000.00 and develop a system to ensure the amount of the bond maintained to protect patients' financial assets is equal to or greater than 1.25% of the average trust fund balance as calculated by the average balance of the trust fund for the preceding 12 months. Proof of the current surety bond must be made available at the time of an initial and subsequent state licensing surveys, compliant investigations, or upon request of the department to meet the requirements of section 21721 (2) of the code, MCL 333.21721 (2).

R 325.45427 Involuntary transfer or discharge.

Rule 427. (1) When a nursing care facility provides a patient or the patient's legal guardian with a notice of involuntary transfer or discharge, the facility shall provide a copy of the notice to the department and the state long-term care ombudsman at the time the notice is

issued to the patient or the patient's legal guardian and in accord with submission procedures established by the department.

(2) A hearing request form, as required by section 21773 of the code, MCL 333.21773, shall be a sufficiently completed form provided by the department on its website or any written communication from a patient, the patient's legal guardian, or the patient's designated representative that clearly states a hearing is requested. The hearing request must be timely filed as described in section 21774(1) of the code, MCL 333.21774(1). Upon receipt of a timely filed hearing request form, the department shall make arrangements for the scheduling of a hearing under section 21774 of the code, MCL 333.21774, through the Michigan Administrative Hearing System (MAHS).

(3) After a hearing is concluded under R 325.45289, R 325.45291, and R 325.45293, and only if there was a finding in the hearing decision or order that a permitted basis for transfer or discharge exists under section 21773 of the code, MCL 333.21773, the nursing care facility shall submit to the department a proposed transfer or discharge plan, which shall include all of the following:

(a) Identification of the patient's or other person(s) as identified by the patient that participated in the selection of the new facility or setting.

(b) A statement by the patient's attending physician outlining how the new facility or setting meets the patient's medical and psychosocial needs.

(c) Identification of equipment or services that are needed for continued care of the patient in the new facility or setting and confirmation that those items have been prearranged by the transferring nursing care facility.

(d) Verification that the floor plans, brochures, pictures, and other documents to familiarize the patient with the new facility or setting have been provided to the patient, unless the patient is returning to a setting that the patient is familiar with. The patient may also request to visit the new facility or setting and how the transferring nursing care facility accommodated this request.

(e) Identification of how the patient's clothing and personal items are being moved to the new facility or setting.

(4) The nursing care facility shall not transfer or discharge the patient without department approval in writing of the proposed transfer or discharge plan.