

NOTICE OF INTENT

**Department of Health
Health Standards Section**

**Hospitals Licensing Standards
(LAC 48:I.Chapters 93-95)**

The Department of Health, Health Standards Section proposes to amend LAC 48:I.Chapters 93-95, and to adopt §9306, §9308, §9575, and §9583 - §9593 as authorized by R.S. 36:254 and R.S. 40:2100-2115. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The Department of Health, Health Standards Section proposes to amend the provisions governing the licensing of hospitals in order to add and update definitions, update existing licensure requirements, and to adopt requirements for issuing statements of deficiency, licensure inactivation due to disasters or emergencies, and mobile unit and burn center services.

Title 48

PUBLIC HEALTH-MEDICAL ASSISTANCE

Part I. General Administration

Subpart 3. Licensing and Certification

Chapter 93. Hospitals

Subchapter A. General Provisions

§9301. Purpose

A. - E.9. ...

F. Free-standing emergency departments (or an entity that holds itself out to the public mainly as a free-standing emergency department) shall not be licensed as a hospital.

G. All registered nurses, licensed practical nurses, and/or certified nurse aides supplied by staffing agencies, shall be provided through licensed nurse staffing agencies.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:2399 (November 2003), amended by the Department of Health, Bureau of Health Services Financing, LR 45:1474 (October 2019), LR 46:1682 (December 2020), LR 49:1220 (July 2023), amended by the Department of Health, Health Standards Section, LR 50:

§9303. Definitions

A. The following definitions of selected terminology are used in connection with Chapter 93 through Chapter 96.

~~Abuse~~—the infliction of physical or mental injury or the causing of the deterioration of an individual by means including, but not limited to, sexual abuse, or exploitation of funds or other things of value to such an extent that his health or mental or emotional well-being is endangered. Injury may include, but is not limited to: physical injury, mental disorientation, or emotional harm, whether it is caused by physical action or verbal statement or any other act or omission classified as abuse by Louisiana law, including, but not limited to, the Louisiana Children’s Code.

~~Accredited~~—the approval by the Joint Commission on Accreditation—a national accreditation program meeting the requirements of Healthcare Organizations, American Osteopathic Association, or Det Norske Veritas and approved by the Centers for Medicare and Medicaid Services (CMS) in accordance with 42 CFR §488.

~~Anesthesiologist~~—a physician, dentist, or osteopath physician, who has successfully licensed by the Louisiana State Board of Medical Examiners to practice medicine in this state

who has completed ~~an approved~~postgraduate residency ~~program~~
training in anesthesiology, ~~or who~~and is ~~a diplomat of~~
~~either~~engaged in the ~~American Board of Anesthesiology or the~~
~~American Osteopathic Board of Anesthesiology, or who was made a~~
~~Fellow~~practice of ~~the American College of Anesthesiology before~~
~~1972~~such specialty.

Authority Having Jurisdiction (AHJ)—an organization,
office, or individual ~~responsible for approving equipment, an~~
~~installation, or a procedure.~~ designated by a state or
government agency to enforce building codes and other
regulations related to construction projects.

Certified Nurse Midwife (CNM)—an advanced practice
registered nurse as defined by R.S. 37:913, or current law.

Certified Registered Nurse Anesthetist—an advanced
practice registered nurse as defined by R.S. 37:913, or current
law.

Cessation of Business—when a hospital is non-
operational and stops providing services to the community, other
than during a time of declared or non-declared emergency.

Chief Executive Officer (CEO)/Administrator—the person
responsible for the operation of the hospital commensurate with
the authority conferred by the governing body.

Clinical Nurse Specialist—an advanced practice
registered nurse as defined by R.S. 37:913, or current law.

Deemed Status—a status applied by CMS to a hospital
that is accredited by a national accreditation program meeting
the requirements of and approved by CMS in accordance with 42
CFR §488.5 or 42 CFR §488.6.

Direct Service Worker—an unlicensed person who provides personal care or other services and support to persons with disabilities or to the elderly to enhance their well-being and which involves face-to-face direct contact with the person.

Emergency Services—services that are usually and customarily available at the respective hospital and that shall be provided immediately to stabilize a medical condition which, if not stabilized, could reasonably be expected to result in the loss of the person's life, serious permanent disfigurement or loss or impairment of the function of a bodily member or organ, or that is necessary to provide for the care of a woman in active labor if the hospital is so equipped and, if the hospital is not so equipped, to provide necessary treatment to allow the woman to travel to a more appropriate facility without undue risk of serious harm.

Employee—a person who performs a job or task for compensation such as wages or a salary. An employed person may be one who is contracted or one who is hired for a staff position.

Fetal Final Disposition—the burial, cremation, or other disposition of the remains of a human fetus following fetal death in accordance with R.S. 8:651 et seq., or current law.

Health Standards Section (HSS)—the section of the Department of Health that has responsibility for licensing all healthcare facilities in Louisiana that are subject to licensing statutes. The HSS also conducts certification surveys and complaint surveys in programs that are Medicare and/or Medicaid certified.

Hospital—any institution, place, building, or agency, public or private, whether for profit or not, maintaining and

operating facilities, 24 hours a day, seven days a week, having a minimum of 10 licensed beds, having staff and equipment sufficient to meet patient needs, and providing hospital services, care and treatment for injured, disabled or sick persons who are admitted with the expectation that he or she will require hospital care that is expected to span at least two midnights. Except as otherwise noted in these licensing regulations, a hospital shall be primarily engaged in providing inpatient services to inpatients, by or under the supervision of licensed physicians. Having the capacity or potential to provide inpatient hospital services is not the equivalent of actually providing such care. The term hospital does not include the following:

a. physicians' offices, clinics, or programs that are not offsite campus(es) of licensed hospitals, where patients are not kept as bed patients for 24 hours or more;

b. - c. ...

d. hospitalization or care facilities maintained by the state at any of its penal or correctional institutions provided that nothing herein contained shall prevent a penal or correctional institution from applying for licensure of its hospitalization or care facilities;

e. ...

f. infirmaries or clinics maintained solely by any college or university exclusively for treatment of faculty, students, and employees; ~~or~~

g. an urgent care clinic; ~~or~~ or

Note: ~~Free standing emergency departments (or an entity that holds itself out to the public mainly as a free standing emergency department) shall not be licensed as a hospital~~ Repealed.

h. any other entity licensed for the diagnosis, treatment, or care of persons admitted for overnight stay.

Immediate and Serious Threat—a crisis situation in which the health and safety of patients ~~is~~are at risk. It is a deficient practice which indicates the operator's inability to furnish safe care and services, although it may not have resulted in actual harm. The threat of probable harm is real and important and could be perceived as something which will result in potentially severe temporary or permanent injury, disability or death of patients.

Immediately Available—a person that is onsite and not assigned to any uninterruptible tasks.

License Under Suspensive Appeal—a ~~full or provisional~~ license against which the department has taken a licensing action and the hospital has filed an administrative appeal.

Licensed Bed—an adult and/or pediatric bed set up or capable of being set up within 24 hours in a hospital for the use of patients, based upon bedroom criteria expressed in these standards. ~~Labor,~~ Emergency, labor, delivery, newborn bassinets, ~~emergency surgical/procedure,~~ and recovery room beds are excluded.

Licensed ~~Independent~~ Healthcare Practitioner—a person who is ~~approved by his board for independent~~ acting within the scope of practice ~~and who is approved by the medical staff and credentialed and approved by the Governing Board~~ of his/her respective licensing board and/or certifications.

Licensed Nurse—a registered nurse as defined in R.S. 37:913, or current law, or a licensed practical nurse as defined in R.S. 37:961, or current law.

Licensed Practical Nurse (LPN)—a person ~~licensed to practice~~ who practices practical nursing ~~by the Louisiana State Board of Practical Nurse Examiners and is practicing within his/her scope of practice, training, experience, and competency~~ and who is licensed to practice practical nursing in accordance with R.S. 37:961, or current law.

Minor Alteration—~~repair or replacement of building materials and equipment with materials and equipment of a similar type that does not diminish the level of construction beyond that which existed prior to the alteration. This does not include any alteration to the "functionality" or original design of the construction. (For example, normal maintenance, re-roofing, painting, wallpapering, asbestos removal, and changes to the electrical and mechanical systems.)~~ Repealed.

Miscarried Child—fetal remains resulting from a spontaneous fetal death that does not require compulsory registration pursuant to the provisions of R.S. 40:47, or current law.

Mobile Unit—any trailer or self-propelled unit equipped with a chassis on wheels and intended to provide health services at an LDH approved location. These units shall be maintained in good repair and equipped to be moved.

Monolithic Ceiling Construction—a ~~continuous membrane~~ ceiling ~~composed of plaster or gypsum wallboard, but not moveable or "lay-in" ceiling tiles~~ constructed with a surface free of fissures, cracks, and crevices. Any penetrations such as lights, diffusers, and access panels shall be sealed or gasketed. Lay-in ceilings are not considered monolithic.

Neglect—failure to provide the proper or necessary medical care, nutrition, or other care necessary for a patient’s well-being, or any other act or omission classified as neglect by Louisiana law.

~~New Construction—any of the following started after March 1, 1995:~~

- ~~a. new buildings to be used as a hospital;~~
- ~~b. additions to existing buildings to be used as a hospital;~~
- ~~c. conversions of existing buildings or portions thereof for use as a hospital;~~
- ~~d. alterations other than minor alterations to an existing hospital;~~ Repealed.

Non-Operational—when the hospital ceases accepting patients and/or the doors are locked to the public and there is no available patient care staff onsite.

Nurse Practitioner—an advanced practice registered nurse as defined by R.S. 37:913, or current law.

Nurse Staffing Agency (NSA)—any person, partnership, corporation, unincorporated association, or other legal entity, including a digital website/platform or digital smart phone application that employs, assigns, or refers nurses or certified nurse aides to render healthcare services in a healthcare facility for a fee. For purposes of these regulations, NSA does not include the following:

1. A NSA that solely provides services in Louisiana under a contract or other agreement with the state of Louisiana, or any executive branch department or agency thereof, as a result of a declared disaster, emergency, or public health emergency.

2. The federal or state government department or agency that provides nursing staff or certified nurse aides to any healthcare provider setting, evacuation site, or shelter location as a result of a declared disaster, emergency, or public health emergency.

3. An entity that solely provides administrative or consulting services.

~~Nurses~~Nurses' *Call System*—a system that audibly and/or visibly transmits calls electronically from its place of origin (e.g., the patient's bed) to the place of receipt (e.g., the nurses' station).

~~*Observation Bed/Unit*—outpatient service in which patients are admitted for a period of no longer than 24 hours for observation. After 24 hours, the patient must be admitted, transferred or discharged. This outpatient unit must not provide acute care nursing. A registered nurse must be on site while there are patients in this unit~~Repealed.

Off-Site Campus—all premises on which hospital services (inpatient and/or outpatient) are provided and that are not adjoining to the main hospital buildings or grounds. Each off-site campus of a hospital shall be licensed as a part of the main hospital. An off-site campus must be held out to the public as part of the hospital, appear on the hospital's cost report, and bill using the hospital's national provider identifier number. An off-site campus shall be located within 50 miles of the main hospital campus. Any building separated by a public road or building not licensed by the hospital is considered offsite.

a. ...

Organ—a ~~human kidney,~~ structural part of the body that performs a particular function, such as the liver, ~~heart, lung or pancreas~~ spleen, digestive organs, reproductive organs, or organs of special sense. For paired organs, each one can function independently of the other.

Outpatient Observation Status—the level of care assigned to a patient when a physician or licensed healthcare practitioner, authorized to do so, prescribes an order for the patient to remain in the hospital for on-going short term treatment, assessment, and reassessment before a decision can be made regarding whether the patient will require further treatment as a hospital inpatient or if they are able to be discharged from the hospital. This status is not considered inpatient level of care.

Physician Assistant—a licensed physician assistant in accordance with R.S. 37:1360.22, or current law.

Physician Assistant-Certified (PA-C)—a licensed physician assistant certified as defined in R.S. 37:1360.22, or current law. For PA-Cs providing care in the NICU, the PA-C shall have 12 months of post graduate NICU experience under the supervision of a neonatologist, and shall be deemed competent as an NICU PA-C by the supervising neonatologist.

Primarily Engaged—a hospital is directly providing inpatient hospital services to inpatients, by or under the supervision of licensed physicians. Inpatient hospital services are services defined in this licensing rule and are provided to inpatients of the hospital as one of the following:

a. - b. ...

Note: ~~Having the capacity or potential to provide inpatient hospital services is not the equivalent of actually providing such care~~Repealed.

Registered Nurse (RN)–any ~~person~~ individual licensed to practice nursing by the Louisiana State Board of Nursing in accordance with R.S. 37:911 et seq., or current law, to engage in the practice of nursing as defined in R.S. 37:913, or current law.

Therapeutic Recreational Services–services that identify leisure activities and assistance in modifying and adapting identified leisure activities to allow safe participation by the patient as a means to improve quality of life and aid in integration into the community.

Trauma Center–a hospital that is capable of treating one or more types of potentially seriously injured persons and that has been certified as a trauma center by the Department of Health.

Unlicensed Assistive Personnel (UAP)–any unlicensed, trained personnel who cannot practice independently or without supervision by a RN, including but not limited to, operating and/or procedure room technicians, instrument cleaning and/or sterilization technicians, nursing assistants or orderlies, and mental health technicians.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:2400 (November 2003), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:513 (March 2010), LR 37:3028 (October 2011), LR 38:1413 (June 2012), amended by the Department of Health, Bureau of Health Services Financing, LR 45:1475 (October 2019), LR 49:1221 (July 2023),

amended by the Department of Health, Bureau of Health Services Financing, LR 49:1934 (November 2023), amended by the Department of Health, Health Standards Section, LR 50:

§9305. Licensing Process

A. Procedures for Initial Licensing. The ~~Department of Health and Hospitals~~ LDH is the only licensing authority for hospitals in the state of Louisiana.

1. Any person, organization or corporation desiring to operate a hospital shall make application to the ~~Department of Health and Hospitals (DHH)~~ LDH on forms prescribed by the department. Such forms may be obtained electronically via the LDH, HSS website, or ~~from: Hospital Program Manager, Department of Health and Hospitals, Health Standards Section (HSS), Post Office Box 3767, Baton Rouge, LA 70821~~ the LDH, HSS program.

2. An initial applicant shall as a condition of licensing:

a. submit a completed initial hospital application packet and other required documents;

b. submit the required nonrefundable licensing fees ~~by certified check or money order~~ via the department approved manner. No application packet will be reviewed until payment of the nonrefundable application packet fee. Except for good cause shown, the applicant ~~must~~ shall complete all requirements of the application packet process within 90 days of initial submission of the application packet material. Upon 10 working days prior notice, any incomplete or inactive ~~applications~~ application packets shall be closed. A new application packet will be accepted only when accompanied by a nonrefundable application packet fee.

3. When the required documentation for licensing is approved and the building is approved for full permanent occupancy by the Office of State Fire Marshal (OSFM), a survey

of the facility by representatives of HSS shall be conducted at the department's discretion to determine if the facility meets the standards set forth in ~~this Chapter~~ Chapters 93-96.

4. ~~Representatives of the~~ The HSS shall ~~discuss~~ notify the hospital of the findings of the survey, ~~including any~~ in a statement of deficiencies. ~~found, with representatives of~~ the hospital facility If non-compliance is cited, the notice of the requirements for the facility's plan of correction will be included.

5. The hospital shall notify the HSS in writing when the deficiencies, ~~if any,~~ have been corrected. Following review of the hospital's Plan of Correction (POC), HSS may schedule ~~a~~ an on-site survey of the facility ~~prior to occupancy.~~

6. ...

7. No ~~licensed bed~~ patient shall be placed in a room that does not meet all patient room licensing criteria and ~~which~~ that has not been previously approved by HSS.

8. ...

B. Issuance of a License

1. The agency shall have authority to issue two licenses as described below:

a. full license-issued only to those hospitals that are in substantial compliance with the rules, the standards governing hospitals and the hospital law. The license shall be issued by the department for a period of not more than 12 months for the premises named in the application packet, as determined by the department;

b.

i. At the discretion of the department,
the provisional license may be extended for an additional period
not to exceed 90 days in order for the hospital to correct the
noncompliance or deficiencies.

...ii. The hospital shall submit a plan of correction to the department for approval and the provider shall be required to correct all such noncompliance or deficiencies prior to the expiration of the provisional license.

...iii. A follow-up survey shall be conducted prior to the expiration of the provisional license.

a). If all such noncompliance or deficiencies are determined by the department to be corrected on a follow-up survey, a full license may be issued.

b). If all such noncompliance or deficiencies are not corrected on the follow-up survey, the provisional license shall expire and the provider shall be required to begin the licensing process again by submitting a new license application packet and fee if no timely informal reconsideration or administrative appeal of the deficiencies is filed pursuant to this Chapter.

2. - 2.a. ...

b. A renewal license shall not be issued, nor will any changes be processed to a hospital's existing license, during the pendency of an administrative suspensive appeal of the department's decision to deny, suspend, or revoke a hospital's license for ~~substantial~~ non-compliance. ~~There is no additional administrative remedy to the hospital for the non-renewal of a license.~~

2.c. - 3. ...

4. Licenses issued to hospitals with off-site locations shall be inclusive of the licensed off-site beds. In no case may the total number of inpatient beds at the off-site location exceed the number of inpatient beds at the ~~primary~~ main campus.

C. Licensing Renewal. Licenses ~~must~~ shall be renewed at least annually. The renewal application packet shall be sent by

the ~~Department~~ department to the hospital ~~45~~ 75 days prior to the expiration of its license. The application packet shall contain all forms required for renewal of the license. A hospital seeking renewal of its license shall:

1. complete all forms and return them to the department at least ~~15~~ 30 days prior to the expiration date of its current license; and

2. submit the required annual/delinquent renewal fees ~~or the amounts so specified by state law~~. All fees shall be submitted ~~by certified check or money order~~ in the manner required by the department and are nonrefundable. All state-owned facilities are exempt from licensing fees.

a. If a hospital fails to timely renew its license, the license expires on its face and is considered voluntarily surrendered.

b. There are no appeal rights for such surrender or non-renewal of the license, as this is a voluntary action on the part of the hospital.

D. ...

E. Bed ~~Increases~~ Changes

1. The hospital shall complete and submit ~~will notify the department in writing 14 days prior to~~ the required bed increase change application packet.

2. ~~The hospital will~~ For the application packet to be considered complete, the appropriate nonrefundable fee as required paperwork and submit by state law shall be submitted to the appropriate documents department in the manner required by the department.

3. ~~A fee of \$25 plus \$5 per licensed unit being added or~~ At the ~~amounts so specified by state law in~~ discretion of the ~~future shall be submitted to the~~ department. ~~This shall be a certified check or money order,~~ signed and dated

attestations to compliance with these standards, together with appropriate nonrefundable fees, may be accepted in lieu of an on-site survey.

4. ~~At~~ Written approval of the ~~discretion of the department, signed and dated attestations~~ bed increase shall be obtained before patients can be admitted ~~to compliance with these standards may be accepted in lieu of an on-site survey~~ beds.

5. ~~Written approval of the bed increase must~~ No patient shall ~~be obtained before patients can be admitted to these additions~~ placed in a room that does not meet all patient room licensing criteria and that has not been previously approved by HSS.

EXCEPTION: During a declaration of emergency, a hospital may exceed its licensed bed capacity with written notice to the department within five days of the increase.

6. ~~No licensed bed shall be placed in a room that does not meet all patient room licensing criteria and which has not been previously approved by HSS~~ Repealed.

F. ~~Eliminating and/or Relocating Beds~~ Eviction of Hospital. If a hospital is subject to potential eviction proceedings, it shall notify the department within 23 hours of receiving a notice to vacate.

~~1. The hospital will notify the department in writing 14 days prior to the bed decrease or relocation.~~

~~2. The hospital will complete the required paperwork and submit the appropriate documents.~~

~~3. A fee of \$25 or the amounts so specified by state law in the future shall be submitted to the Department. This remittance shall be a certified check or money order.~~

~~4. No licensed bed shall be placed in a room that does not meet all patient room licensing criteria and which has not been previously approved by HSS1.~~ - 4. Repealed.

G. ~~Adding or Eliminating~~ Change in Services

1. Prior to the addition or deletion of a service or services, the hospital shall notify the department in writing 45 days prior to implementation, if plan review is required, and 15 days prior to implementation if no plan review is necessary. The hospital shall complete and submit the appropriate service change packet for the service being added, deleted, or changed.

2. ~~The department will determine~~At the ~~required documents, if any, to be provided for a new service~~ discretion of the department, signed and dated attestations of compliance with the standards in these Chapters may be accepted in lieu of an on-site survey.

3. ~~No~~ Written approval for the service change shall be ~~instituted that does not meet all licensing criteria and which has not been previously approved by the department~~ obtained prior to the area being used for patient care.

H. ~~Adding~~ Off-Site Campuses

1. ~~Individual licenses shall not be required for separate buildings and services located on the same or adjoining grounds or attached to the main hospital if they are operated as an integrated service~~ An applicant adding an off-site campus, as a condition of ~~the hospital. An applicant shall as a condition~~ of licensing, shall submit:

a. ~~submit~~ a completed off-site campus application packet ~~and other required documents;~~

b. ~~submit~~ the required nonrefundable licensing fees ~~by certified check or money order~~ in the manner required by the department.

2. Except for good cause shown, all incomplete and inactive ~~applications~~application packets shall be closed 90 days after receipt of the initial off-site campus application packet. A new application packet will be accepted only when accompanied by ~~a~~ the required nonrefundable application packet fee.

3. ...

4. The off-site campus will be issued a license ~~which that~~ is a subset of the hospital's main campus license.

I. Closing Off-Site Campuses. The hospital ~~is to~~shall notify the HSS in writing ~~within 14~~ at least 30 days ~~of~~ prior to the closure of an off-site campus ~~with~~ to include the effective date of closure. The original license of the off-site campus is to be returned to HSS.

J. Duplicate ~~and Replacement~~ Licenses. ~~A \$5 processing~~ The required fee ~~or the amount so specified by state law in the future~~ shall be submitted by the hospital for issuing a duplicate facility license ~~with no change~~.

K. Changes to the License. When changes to the license, such as a name change, address change, or bed reduction are requested in writing by the hospital, ~~a~~ the required non-refundable fee ~~of \$25 or the amounts so specified by state law in the future,~~ and applicable application packet shall be submitted to the HSS.

L. Facility within a Facility

1. - 1.a. ...

b. Administrative offices shall include, but not be limited to medical record rooms and ~~personnel~~ administrative offices.

c. There shall be clearly identifiable and distinguishable signs for each facility.

2. If more than one ~~health care~~ licensed healthcare provider occupies the same building, premises or physical

location, each ~~such health care~~healthcare provider shall have its own entrance and single identifiable geographic address (e.g., suite number). The separate entrance shall have appropriate signs and shall be clearly identifiable as belonging to a particular ~~health care~~healthcare provider. Nothing in these licensing regulations prohibits a ~~health care~~healthcare provider occupying the same building, premises, or physical location as another ~~health care~~healthcare provider from utilizing the entrance, hallway, stairs, elevators, or escalators of another ~~health care~~healthcare provider to provide access to its separate entrance.

3. - 4. ...

M. Change of Ownership

1. - 1.d. ...

2. No later than 15 working days after the effective date of the CHOW, the prospective owner(s) or provider representative shall submit to the department a completed CHOW application packet for hospital licensing, included but not limited to, the letter of intent, diagram showing ownership prior to and after the sale, ~~bill of sale~~ executed legal transaction document, and a licensing fee consistent with state law. ~~Hospital licensing~~ The hospital license is not transferable from one entity or owner(s) to another.

3. A hospital that holds provisional licensure or is under license suspension, revocation, denial, or termination may not undergo a CHOW.

4. A CHOW of the hospital shall not be submitted at time of the annual renewal of the hospital's license.

N. ...

1. Submission of Plans

a. New Construction. All new construction shall be done in accordance with the specific requirements of the

~~Office of State Fire Marshal OSFM and the Office of Public Health (OPH). Department of Health and Hospitals, Division of Engineering and Architectural Services.~~ The requirements cover new construction in hospitals, including submission of preliminary plans and the final work drawings and specifications to each of these agencies. Plan review shall be performed in accordance with the rules and regulations established by the OSFM. Plans and specifications ~~for new construction~~ shall be prepared by or under the direction of a licensed architect and/or a qualified licensed engineer and shall include scaled architectural plans stamped by an architect.

b. ~~New Hospitals.~~ No ~~new~~ hospital shall hereafter be licensed without the prior written approval of, and unless in accordance with plans and specifications approved in advance by the ~~DHH, Division of Engineering and Architectural Services and the Office of State Fire Marshal OSFM.~~ This includes new construction, additions, renovations, or any change in service or hospital type (e.g., acute care hospital to psychiatric hospital, outpatient surgical services to inpatient, adult care to pediatric), or the establishment of a hospital in any healthcare facility or former healthcare facility. ~~The applicant must furnish one complete set of plans and specifications to the Division of Engineering and Architectural Services and one complete set of plans and specifications to the Office of State Fire Marshal, together with fees and other information as required. Plans and specifications shall be prepared by or under the direction of a licensed architect and/or a qualified licensed engineer and shall include scaled architectural plans stamped by an architect. The review and approval of plans and specifications shall be made in accordance with the publication entitled Guidelines for Construction and Equipment of Hospital and Medical Facilities, Current Edition,~~

~~published by the American Institute of Architects Press and the Standard Plumbing Code.~~

~~e. Change(s) in Service(s)/Hospital Type.~~

~~Preliminary plans, final work drawings and specifications shall be submitted prior to any change in hospital type (e.g., acute care hospital to psychiatric hospital). The review and approval of plans and specifications shall be made in accordance with the publication entitled *Guidelines for Construction and Equipment of Hospital and Medical Facilities*, Current Edition, published by the American Institute of Architects Press and the *Standard Plumbing Code*. The applicant must furnish one complete set of plans and specifications to the Department of Health and Hospitals, Division of Engineering and Architectural Services and one complete set of plans and specifications to the Office of State Fire Marshal, together with fees and other information as required.~~

~~d. Major Alterations. No major alterations shall be made to existing hospitals without the prior written approval of, and unless in accordance with plans and specifications approved in advance by DHH, Division of Engineering and Architectural Services and the Office of State Fire Marshal. The applicant must furnish one complete set of plans and specifications to the Division of Engineering and Architectural Services and one complete set of plans and specifications to the Office of State Fire Marshal, together with fees and other information as required. Plans and specifications shall be prepared by or under the direction of a licensed architect and/or a qualified licensed engineer and shall include scaled architectural plans stamped by an architect. The review and approval of plans and specifications shall be made in accordance with the publication entitled *Guidelines for Construction and Equipment of Hospital and*~~

~~Medical Facilities, Current Edition, published by the American Institute of Architects Press and the Standard Plumbing Code~~c.-

d. Repealed.

2. Approval of Plans

a. Notice of satisfactory review from the ~~Division of Engineering and Architectural Services and the Office of State Fire Marshal~~ OSFM constitutes compliance with this requirement if construction begins within 180 days of the date of such notice. This approval shall in no way permit and/or authorize any omission or deviation from the requirements of any restrictions, laws, ordinances, codes or rules of any responsible agency.

b. In the event that submitted materials do not appear to satisfactorily comply with the ~~Guidelines for Construction and Equipment of Hospital and Medical Facilities, Current Edition, and the Standard Plumbing Code, the Division of Engineering and Architectural Services~~ Louisiana State Uniform Construction Code Council (LSUCCC), the OSFM shall ~~furnish a letter to~~ notify the party submitting the plans ~~which shall list in writing,~~ the particular items in question and request further explanation and/or confirmation of necessary modifications.

N.3. - P. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 16:971 (November 1990), LR 21:177 (February 1995), LR 29:2401 (November 2003), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:1413 (June 2012), RS 40:1722

(January 2016), amended by the Department of Health, Health Standards Section, LR 50:

§9306. Statement of Deficiencies

A. Notice to hospital of statement of deficiencies. When the department has reasonable cause to believe through an on-site survey, a complaint investigation, or other means that there exists or has existed a threat to the health, safety, or welfare of a hospital patient, the department shall give written notice of the deficiencies.

B. The department shall send written notice to the hospital administrator.

C. The department's written notice of deficiencies shall be consistent with the findings delineated at the exit conference and shall:

1. specify the deficiencies;
2. cite the legal authority that established such deficiencies; and
3. inform the administrator that the hospital has 10 calendar days from receipt of written notice within which to request a reconsideration of the cited deficiencies.

D. Unless otherwise provided in statute or in this licensing rule, a facility shall have the right to an informal reconsideration of any deficiencies cited as a result of any survey or investigation. The right to an informal reconsideration of any deficiencies cited as a result of any survey or investigation shall not be afforded to Emergency Medical Treatment and Labor Act or deemed hospital providers with condition level deficiencies.

1. Correction of the violation, noncompliance, or deficiency shall not be the basis for the reconsideration.

2. The facility's written request for informal reconsideration shall be considered timely if received within 10

calendar days of facility's receipt of the statement of deficiencies.

3. The request for informal reconsideration of the deficiencies shall be made to the department's Health Standards Section.

4. Except as provided for complaint surveys pursuant to R.S. 40:2009.13 et seq., or current law, and as provided for license denials, revocations, and denial of license renewals, the decision of the informal reconsideration team shall be the final administrative decision regarding the deficiencies. There is no administrative appeal right of such deficiencies.

5. The provider shall be notified in writing of the results of the informal reconsideration.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health, Health Standards Section, LR 50:

§9307. ~~Hospital Closure~~Cessation of Business

A. ~~A cessation of business is deemed to be effective with the date on which the~~ Except as provided in §9308.A-C.9 of these licensing regulations, a license shall be immediately null and void if a hospital ~~stopped providing services~~ ceases to the community operate.

~~1. The hospital must notify the department in writing 30 days prior to the effective date of closure.~~

~~2. The hospital shall submit a written plan for the disposition of patient medical records for approval by the department. The plan shall include the following:~~

~~a. provisions that comply with state laws on storage, maintenance, access and confidentiality of the closed hospital's patient medical records;~~

~~b. an appointed custodian who shall provide physical and environmental security that protects the records against fire, water, intrusion, unauthorized access, loss and destruction;~~

~~c. public notice on access in the newspaper, with the largest circulation, in close proximity of the closing hospital, at least 15 days before the effective date of closure;~~

~~d. the effective date of closure.~~

~~3. The hospital must return the original license to the department~~1. - 3. Repealed.

B. A cessation of business is deemed to be effective with the date on which the hospital stopped providing services to the community.

C. Upon the cessation of business, the hospital shall immediately return the original license to the department.

D. Cessation of business is deemed to be a voluntary action on the part of the hospital. The hospital does not have the right to appeal a cessation of business.

E. The hospital shall notify the department in writing 30 days prior to the effective date of the closure or cessation. In addition to the notice, the hospital shall submit a written plan for the disposition of patient medical records for approval by the department. The plan shall include the following:

1. the effective date of the closure;
2. provisions that comply with federal and state laws on storage, maintenance, access, and confidentiality of the closed provider's patient medical records; and

3. appointed custodian(s) who shall provide the following:

a. access to records and copies of records to the patient or authorized representative, upon presentation of proper authorization(s); and

b. physical and environmental security that protects the records against fire, water, intrusion, unauthorized access, loss, and destruction;

4. public notice regarding access to records, in the newspaper with the largest circulation in close proximity to the closing provider, at least 15 days prior to the effective date of closure.

F. If a hospital fails to follow these procedures, the owners, managers, officers, directors, and administrators may be prohibited from opening, managing, directing, operating, or owning a hospital for a period of two years.

G. Once the hospital has ceased doing business, the hospital shall not provide services until the hospital has obtained a new initial license.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:2404 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:

§9308. Inactivation of Facility License

A. Inactivation of license due to declared disaster or emergency.

1. A hospital licensed in a parish that is the subject of an executive order or proclamation of emergency or disaster issued in accordance with R.S. 29:724 or R.S. 29:766 may seek to inactivate its license for a period not to exceed one year, provided that the following conditions are met:

a. the hospital shall submit written notification to the HSS within 60 days of the date of the executive order or proclamation of emergency or disaster that:

i. the hospital has experienced an interruption in the provisions of services as a result of events that are the subject of such executive order or proclamation of emergency or disaster;

ii. the facility intends to resume operation as a hospital facility in the same service area;

iii. includes an attestation that the emergency or disaster is the sole causal factor in the interruption of the provision of services;

iv. includes an attestation that all patients have been properly discharged or transferred to another provider; and

v. provides a list of each patient's name and the location where that patient has been discharged or transferred;

b. the facility resumes operating as a hospital in the same service area within one year of the issuance of such an executive order or proclamation of emergency or disaster;

EXCEPTION: If the hospital requires an extension of this timeframe due to circumstances beyond the hospital's control, the department will consider an extended time period to complete construction or repairs. Such written request for extension shall show the hospital's active efforts to complete construction or repairs and the reasons for request for extension of the hospital's inactive license. Any approval for extension is at the sole discretion of the department.

c. the hospital continues to pay all fees and costs due and owed to the department including, but not limited to:

i. annual licensing fees; and
ii. outstanding civil monetary penalties;
and

d. the hospital continues to submit required documentation and information to the department, including but not limited to cost reports.

2. Upon receiving a completed written request to inactivate a hospital license, the department shall issue a notice of inactivation of license to the hospital.

3. Upon completion of repairs, renovations, rebuilding, or replacement of the facility, a hospital that has received a notice of inactivation of its license from the department shall be allowed to reinstate its license upon the following conditions being met:

a. the hospital shall submit a written license reinstatement request to the licensing agency of the department as soon as possible prior to the anticipated date of reopening to allow for the scheduling of a licensing survey;

b. the license reinstatement request shall include a completed licensing application packet with appropriate non-refundable licensing fees, approval from the OPH and the OSFM, and plan review, if applicable; and

c. the facility resumes operating as a hospital in the same service area within one year.

4. Upon receiving a completed written request to reinstate a hospital license, the department shall schedule a licensing survey. If the hospital meets the requirements for licensure and the requirements under this Subsection, the department shall issue a notice of reinstatement of the hospital license.

5. No change of ownership (CHOW) of the hospital shall occur until such hospital has completed repairs,

renovations, rebuilding, or replacement construction and has resumed operations as a hospital.

6. The provisions of this Subsection shall not apply to a hospital which has voluntarily surrendered its license and ceased operation.

7. Failure to comply with any of the provisions of this Subsection shall be deemed a voluntary surrender of the hospital license.

B. Partial inactivation of license due to declared disaster or emergency.

1. A hospital licensed in a parish that is the subject of an executive order or proclamation of emergency or disaster issued in accordance with R.S. 29:724 or R.S. 29:766 may be allowed to continue to provide hospital services in areas of the hospital that did not sustain damage.

2. The hospital shall notify the LDH, HSS of its intent to continue providing services and request an inspection of the areas, by the OSFM, OPH, and HSS.

3. The hospital shall provide in writing its plan to provide services and staff.

C. Inactivation of licensure due to a non-declared disaster or emergency.

1. A hospital in an area or areas that have been affected by a non-declared emergency or disaster may seek to inactivate its license, provided that the following conditions are met:

a. the hospital shall have submitted written notification to the HSS within 30 days of the date of the non-declared emergency or disaster stating that:

i. the hospital has experienced an interruption in the provisions of services as a result of events that are due to a non-declared emergency or disaster;

ii. the facility intends to resume operation as a hospital in the same service area;

iii. the hospital attests that the non-declared emergency or disaster is the sole causal factor in the interruption of the provision of services.

iv. the hospital's initial request to inactivate does not exceed one year for the completion of repairs, renovations, rebuilding, or replacement of the facility; and

b. pursuant to these provisions, an extension of the 30 day deadline for initiation of request may be granted at the discretion of the department.

c. the hospital continues to pay all fees and costs due and owed to the department including, but not limited to, annual licensing fees and outstanding civil monetary penalties, and/or civil fines; and

d. the hospital continues to submit required documentation and information to the department, including but not limited to cost reports.

2. Upon receiving a completed written request to temporarily inactivate a hospital license, the department shall issue a notice of inactivation of license to the hospital.

3. Upon receipt of the department's approval of request to inactivate the hospital's license, the hospital shall have 90 days to submit plans for the repairs, renovations, rebuilding or replacement of the facility, if applicable, to OSFM and OPH as required.

4. The facility shall resume operating as a hospital in the same service area within one year of the approval of renovation/construction plans by the OSFM and the OPH as required.

EXCEPTION: If the hospital requires an extension of this timeframe due to circumstances beyond the hospital's control, the department will consider an extended time period to complete construction or repairs. Such written request for extension shall show the hospital's active efforts to complete construction or repairs and the reasons for request for extension of the hospital's inactive license. Any approval for extension is at the sole discretion of the department.

5. Upon completion of repairs, renovations, rebuilding or replacement of the facility, a hospital that has received a notice of inactivation of its license from the department shall be allowed to reinstate its license upon the following conditions being met:

a. the hospital shall submit a written license reinstatement request to the licensing agency of the department;

b. the license reinstatement request shall inform the department of the anticipated date of opening and shall request scheduling of a licensing or physical environment survey, where applicable; and

c. the license reinstatement request shall include a completed licensing application packet with appropriate licensing fees.

6. Upon receiving a completed written request to reinstate a hospital license, the department may conduct a licensing or physical environment survey. The department may issue a notice of reinstatement if the hospital has met the requirements for licensure including the requirements of this Subsection.

7. No change of ownership of the hospital shall occur until such hospital has completed repairs, renovations, rebuilding or replacement construction, and has resumed operations as a hospital.

8. The provisions of this Subsection shall not apply to a hospital that has voluntarily surrendered its license and ceased operation.

9. Failure to comply with any of the provisions of this Subsection shall be deemed a voluntary surrender of the hospital license.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health, Health Standards Section, LR 50:

§9309. Exceptions

A. - A.1. ...

2. ~~If a hospital is accredited by~~ The LDH may accept the ~~Joint Commission on Accreditation of Healthcare Organizations or the American Osteopathic Association, the Department shall accept such accreditation~~ deemed status authorized by CMS in accordance with 42 CR 288.5 and 488.6. In lieu of ~~its annual on-site re-survey. This accreditation will be accepted as evidence of satisfactory compliance with all provisions except those expressed in §9305.0 and P.~~ periodic re-licensure when the provider provides documentation to the department that shows:

a. the hospital is accredited with deemed status and it is current; and

b. the accrediting organization's findings.

3. If proof of accreditation with deemed status is submitted to the LDH, accreditation will be accepted as evidence of satisfactory compliance with this Chapter in lieu of conducting periodic re-licensure surveys with all provisions except those expressed in §9305.0 and P.

AUTHORITY NOTE: Promulgated in accordance with R.S. R.S.36:254 and 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:2404 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:

Subchapter B. Hospital Organization and Services

§9317. Governing Body

A. The hospital ~~must~~shall have either an effective governing body or individual(s) who are legally responsible for the conduct of the hospital operations. In the absence of an organized governing body, there shall be written documentation that identifies the individual(s) who are legally responsible to carry out the functions specified in this part that pertain to the governing body. No contracts/arrangements or other agreements may limit or diminish the responsibility of the governing body.

B. - B.6. ...

C. The governing body and/or their designee(s) shall develop and approve policies and procedures which define and describe the scope of services offered. They shall be revised as necessary and reviewed at least ~~annually~~every two years.

D. ...

E. In addition to requirements stated herein, all licensed hospitals shall comply with applicable local, state, and federal laws and regulations~~-,~~ including but not limited to:

1. the Safe Haven Act;
2. criminal background history checks;
3. direct service worker registry checks of non-licensed personnel; and
4. preventing, responding to, reporting, and mitigating instances of healthcare workplace violence.

F. - F.2. ...

3. The off-site campus functions as a department of the ~~provider~~hospital.

4. The ~~off-site campus is included under the accreditation of the provider, if the provider is accredited by a national accrediting body, and~~ hospital shall submit documentation from the accrediting body that it recognizes the off-site campus as part of the ~~provider~~ hospital.

5. - 5.b. ...

c. the off-site campus director or the individual responsible for the day-to-day operations at the site ~~maintains a daily reporting relationship and~~ is accountable to the provider's chief executive officer and reports through that individual to the provider's governing body; and

d. ...

6. All components of a single provider institution ~~must~~ shall comply with applicable state licensing laws.

G. If emergency services are not provided at the hospital, the governing body shall assure that the medical staff has written policies and procedures for appraisal of emergencies, initial treatment, and transfer as appropriate. The governing body shall ensure exterior signage is present and viewable by the public stating that the hospital does not provide emergency services.

1. These policies and procedures shall address at a minimum the following:

a. needed emergency equipment and drugs to include but not be limited to, suction, oxygen, and ~~ambu~~ artificial manual breathing unit (AMBU) bag;

b. training and competence of staff appropriate to the approved use of emergency equipment and drugs;

c. ...

d. rendering ~~life saving~~ lifesaving first aid;
and

e. making appropriate referrals to hospitals that are capable of providing needed services, inclusive of a parent surrendering an infant in accordance with the provisions of the Safe Haven Act.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:2405 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:

§9319. Patient Rights and Privacy

A. - A.8. ...

9. the patient's rights include being informed of his/her health status, including whether being admitted as an inpatient or being kept on observation status, being involved in care planning and treatment, and being able to request or refuse treatment. This right ~~must~~ shall not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate;

10. - 14. ...

15. the right to access information contained in his/her medical records within a reasonable time frame in accordance with the requirements in §9387;

16. - 18. ...

19. the right to examine and receive an explanation of the patient's hospital bill regardless of source of payment, and may receive upon request, information relating to financial assistance available through the hospital. Such explanation

shall include information in relation to balance billing disclosure in accordance with R.S. 22:1880 et seq., or current law;

20. the right to be informed in writing about the hospital's policies and procedures for initiation, review and resolution of patient complaints/grievances, including the address and telephone number of where complaints/grievances may be filed with the department;

21. ...

22. except in emergencies, the patient may be transferred to another facility only with a full explanation of the reason for transfer, provisions for continuing care and acceptance by the receiving institution; ~~and~~

23. the right for each inpatient or, if applicable, the patient's legal guardian, to have one opportunity to designate an uncompensated caregiver following the patient's inpatient admission into a hospital and prior to the patient's discharge, for provision of the patient's post hospital aftercare at the patient's residence-; and

24. the right to be informed of the visitation policies of the hospital including any clinical restriction or limitation on such rights; and to receive visitors whom the patient designates, including, but not limited to, a spouse, a domestic partner, another family member, or a friend; and the patient's right to withdraw or deny such consent at any time.

B. ...

C. ~~Hospital staff assigned to provide direct patient care~~
The policies on patient rights and responsibilities shall-be
~~informed of and demonstrate their understanding of the policies on patient rights and responsibilities through orientation and~~
~~appropriate~~ also provide that patients who receive treatment for
a miscarried child have the option of fetal final disposition in

~~service training activities~~ accordance with R.S. 8:651 et seq or current law.

D. Hospital staff assigned to provide direct patient care shall be informed of and demonstrate their understanding of the policies on patient rights and responsibilities through orientation and appropriate in service training activities.

E. The hospital shall report allegations of patient abuse, neglect, and/or exploitation in writing to HSS on the HSS approved form within 24 hours of discovery. The hospital's final internal investigation shall be completed and submitted to HSS within five business days of the initial report.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:2405 (November 2003), amended by the Department of Health, Bureau of Health Services Financing, LR 43:74 (January 2017), amended by the Department of Health, Health Standards Section, LR 50:

§9321. Medical Staff

A. The medical staff develops and adopts bylaws and rules for self-governance of professional activity and accountability to the governing body. In addition to physicians and dentists, the medical staff membership shall include licensed ~~independent~~healthcare practitioners as appropriate to adequately meet the needs of the patients served by the hospital. The bylaws and rules shall contain provisions for at least the following.

1. The medical executive committee shall:

a. develop the structure of the medical staff and categories of membership;

b. develop and implement a mechanism to review credentials, at least every ~~two~~ three years, and delineate individual privileges;

1.c. - 4. ...

5. The medical staff bylaws shall include specifications for orders for the care or treatment of patients ~~which~~ that are given to the hospital verbally or transmitted to the hospital electronically, whether by telephone, facsimile transmission, or otherwise. Such bylaws may grant the medical staff up to 10 calendar days following the date an order is transmitted verbally or electronically to provide the signature or countersignature for such orders. Orders entered via use of computerized provider order entry (CPOE) do not require a signature if the CPOE used has an immediate download into the provider's electronic health record (EHR) as the order would be dated, timed, authenticated, and promptly placed in the medical record.

6. There shall be a single chief medical officer who reports directly to the governing body and who is responsible for all medical staff activities ~~of all the offsite~~ for the entire hospital, including any offsite facilities operating under the license of the hospital.

7. - 7.c. ...

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177

(February 1995), LR 29:2406 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:

§9323. Administration

A. ~~There~~In accordance with the hospital policy, there shall be a full-time, chief executive officer (CEO) or administrator who is responsible for the operation of the hospital commensurate with the authority conferred by the governing body. All administrative authority shall flow through the ~~chief executive officer~~ CEO who exercises control and surveillance over the administrative activities of the hospital and of all off-site campuses. (This does not preclude the establishment of assistant executive officer positions in any off-site campus as long as the individuals are under the authority of and report to the ~~chief executive officer~~ CEO.) The CEO or administrator shall not be CEO or administrator of more than one licensed hospital.

B. - B.3. ...

a. hospital chief executive officers and administrators employed in Louisiana licensed hospitals at the time the final regulations are adopted and become effective shall be deemed to meet the qualifications as long as the individual holds their current position. If the individual leaves their current position as hospital administrator/chief executive officer, they ~~must~~ shall meet one of the qualifications above to be re-employed into such a position.

C. - F. ...

G. The hospital shall have policies and procedures that define how the facility shall:

1. comply with the provisions of the Safe Haven Act inclusive of training and designating responsible employees;

2. comply with the regulations for checking the DSW registry for new employees, rehired employees, or when an employee has a break in service;

3. comply with obtaining criminal history checks on unlicensed assistive personnel or other direct care staff upon hiring or reemploying or when employee has a break in service. Such policy shall address the disposition of any charges;

4. prevent, respond to, report, and mitigate instances of healthcare workplace violence; and

5. comply with all reporting requirements including, but not limited to, the induced termination of pregnancy (ITOP) form and other documentation as required by federal, state, and local statutes, laws, ordinances, and department rules and regulations.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:2407 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:

§9327. Emergency Services

A. - C. ...

D. In accordance with R.S. 40:2113.6, no officer or member of the medical staff of a hospital licensed by the department shall deny emergency services available at the hospital to a person diagnosed by a licensed physician as requiring emergency services because the person is unable to establish his ability to pay for the services or his race, religion or national ancestry. In addition, the person needing the services shall not be subjected to arbitrary, capricious or

unreasonable discrimination based on age, sex, physical condition or economic status. Emergency services are services that are usually and customarily available at the hospital and that ~~must~~shall be provided immediately to stabilize a medical condition which if not stabilized could reasonably be expected to result in the loss of life, serious permanent disfigurement or loss or impairment of the function of a bodily member or organ, or for the care of a woman in active labor if the hospital is so equipped. If not so equipped, the hospital ~~must~~shall provide treatment to allow the patient to travel to a more appropriate facility without undue risk of serious harm.

E. - F.6. ...

G. Trauma Center. In addition to the requirements above, all hospitals that request official ~~designation~~ certification by the ~~Department~~ department as a ~~"Trauma Center"~~ trauma center ~~must~~shall meet the requirements provided under state law (R.S. 40:2171).

1. All healthcare facilities offering trauma care services may request to be certified on a voluntary basis.

2. Application packet for certification shall be made by a hospital to the HSS upon forms furnished by the department. Upon determination that the hospital is in compliance with acceptable, nationally recognized standards of practice and/or guidelines for designation of trauma centers specified by the American College of Surgeons in Hospital and Pre-Hospital Resources for Optimal Care of the Injured Patient and any published appendices thereto, the department shall issue a certificate for such period as may be determined by the department.

3. There shall be a certification fee for any certificate issued in accordance with the provisions of this section, renewable every three years.

4. Trauma care services is distinct and different from the trauma center certification by the department. To be certified as a trauma center, a hospital shall satisfy the requirements of R.S. 40:2172 and 2173.

5. The department shall certify a hospital as a trauma center when the requirements of this section have been fulfilled and upon verification from the American College of Surgeons that the facility has met its criteria for Level I, II, or III. The trauma center label shall be reserved exclusively for hospitals with state-issued trauma center certification.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:2407 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:

§9329. After Life Care

A. The hospital shall establish and implement written policies and procedures governing after life care that are reviewed ~~annually~~ at least every two years and revised as needed. These policies shall delineate the responsibilities of the medical staff, nursing and morgue staff, and shall include procedures for at least the following:

1. - 9. ...

10. availability of autopsy reports, including reports of microscopic autopsy findings, to physicians and in the medical records within specified time frames in accordance with R.S. 13:5713, or current law; and

11. completion of the autopsy, including microscopic and other procedures, within specified time frames in accordance

with R.S. 13:5713, or current law, and when conducted by staff of the hospital.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:2408 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:

§9331. ~~Organ or~~ Tissue Donation, and Eye Procurement

A. The hospital shall have policies and procedures ~~for organ and tissue donation and requests for donation,~~ approved by the governing body ~~for~~ for:

1. organ, tissue, and eye procurement; and
2. ensuring that appropriate hospital staff are trained on donation issues. The training shall be developed in cooperation with the OPO.

B. The hospital shall have an agreement with the designated organ procurement ~~agency~~ organization (OPO) for the state and at least one tissue bank and one eye bank, if the ~~organ procurement agency~~ OPO does not include these services. At a minimum the agreement shall address the following:

1. the criteria for referral, including the referral of all individuals whose death is imminent or who have died in the hospital;
2. a definition of imminent death;
3. a definition of timely notification;
4. the OPO's responsibility to determine medical suitability for organ donation;
5. how the tissue and/or eye bank will be notified about potential donors using notification protocols developed by

the OPO in consultation with the hospital-designated tissue and eye bank(s);

6. notification of each individual death in a timely manner to the OPO in accordance with the terms of the agreement;

7. the designated requestor training program offered by the OPO has been developed in cooperation with the tissue bank and eye bank designated by the hospital;

8. the organ procurement organization, tissue bank, and eye bank access to the hospital's death record information according to a designated schedule, (e.g., monthly or quarterly);

9. that the hospital is not required to perform credentialing reviews for, or grant privileges to, members of organ recovery teams as long as the OPO sends only qualified, trained individuals to perform organ recovery; and

10. the interventions the hospital will utilize to maintain potential organ donor patients so that the patient organs remain viable.

C. ~~When death is imminent or has occurred in a~~ The hospital, shall ensure in collaboration with the OPO that the family of each potential donor is informed of its options to donate organs, tissues or eyes, or to decline ~~to a person determined to be a suitable candidate for organ or tissue donation, based on accepted medical standards, the hospital administrator or designated representative shall request the appropriate person described herein to consent to the gift of any part of the decedent's body as an anatomical gift~~ donate.

D. ~~No request shall be required when the requesting person has actual notice of contrary intention~~ The individual designated by the ~~decedent or those persons described in this regulation according~~ hospital to initiate the ~~priority stated therein, or reason~~ request to ~~believe that an anatomical gift is~~

~~contrary to the decedent's religious beliefs~~ family shall be an OPO representative or a designated requestor. A designated requestor is an individual who has completed a course offered or approved by the OPO and designed in conjunction with the tissue and eye bank community in the methodology for approaching potential donor families and requesting organ or tissue donation.

E. Upon approval of the donation, the OPO or retrieval organization shall be notified and shall cooperate in the procurement of the anatomical gift. When a request is made, the person making the request shall complete a certificate of request for an anatomical gift on a form approved by the ~~Department of Health and Hospitals~~LDH.

F. - K. ...

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:2408 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:

§9333. Specialty Units

A. - C. ...

D. There shall be written policies and procedures that define and describe the scope of services offered, including admission criteria. The policies and procedures shall be developed and approved by the governing body. They shall be reviewed at least ~~annually~~every two years, and revised as necessary.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:2409 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:

§9335. Emergency Preparedness

A. The hospital shall have an emergency preparedness plan designed to manage the consequences of natural disasters or other emergencies that disrupt the hospital's ability to provide care and treatment or threatens the lives or safety of the hospital patients and/or the community it serves. The emergency preparedness plan shall be made available, upon request or if mandated to do so, to local, parish, regional and/or state emergency planning organizations, ~~DHH-LDH~~ and the ~~Office of the State Fire Marshal-OSFM~~ and shall include the four core elements of emergency preparedness:

1. comprehensive risk assessment and emergency planning of:
 - a. all hazards likely in geographic area;
 - b. care-related emergencies;
 - c. equipment and power failures;
 - d. interruption in communications, including cyber-attacks;
 - e. loss of all/portion of facility;
 - f. loss of all/portion of supplies; and
 - g. reviewed and updated at least every 2 years;
2. communication plan that:
 - a. complies with federal and state laws;
 - b. has a system to contact staff, including patients' physicians, other necessary persons; and

c. is well-coordinated within the facility, across healthcare providers, and with state and local public health departments and emergency management agencies;

3. policies and procedures that comply with federal and state laws; and

4. training and testing that:

a. complies with federal and state laws; and

b. are maintained, reviewed, and updated at least every two years.

B. As a minimum, the plan shall include the following:

1. an all hazards risk assessment and identification of potential hazards that could necessitate an evacuation, including internal and external disasters such as a natural disaster, acts of bio-terrorism, weapons of mass destruction, labor work stoppage, or industrial or nuclear accidents;

2. - 3.c. ...

4. comprehensive plans for receiving patients who are being relocated from another facility due to a disaster. This plan shall include at least an estimate of the number and type of patients the facility would accommodate and current contact information for receiving hospitals and other facilities;

5. procedures in the case of interruption of utility services ~~in a way that affects~~ address the ~~health and safety of patients;~~ provision of alternate sources of energy to maintain:

a. temperatures to protect patient health and safety and for the safe and sanitary storage of provisions;

b. emergency lighting; and

c. fire detection, extinguishing;

6. - 7. ...

8. the system or procedure to ensure that medical charts accompany patients in the event of a patient evacuation

and that supplies, equipment, records, and medications would be transported as part of an evacuation; ~~and~~

9. the roles and responsibilities of staff members in implementing the disaster plan-; and

10. a system to track on-duty staff and sheltered patients during the emergency.

C. - F. ...

G. While developing the hospital's plan for evacuating patients, the disaster planner shall communicate with the facility or facilities designated to receive relocated patients for development of a method for sharing information and medical documentation of evacuated patients.

H. The hospital shall conduct ~~at least one evacuation drill each~~ exercises to test the emergency plan twice per year, ~~either simulated or using selected patients. An actual evacuation shall be considered a drill, if it is documented.~~ The hospital shall do all of the following:

1. Participate in a full-scale exercise that is community-based every two years or when a community-based exercise is not available, conduct an individual, facility based functional exercise every two years; or if the hospital experiences an actual natural or man-made emergency that requires activation of the emergency plan, the hospital is exempt from engaging in its next required community-based or individual, facility-based full-scale exercise for one year following the onset of the actual event.

2. Conduct an additional exercise at least every two years opposite the year the full-scale or functional exercise under number one above is conducted, that may include, but is not limited to the following:

a. a second full-scale exercise that is community-based or individual, facility-based functional exercise;

b. a mock disaster drill; or

c. a tabletop exercise or workshop that is led by a facilitator and includes a group discussion;

3. Analyze the hospital's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the hospital's emergency plan as needed.

I. The hospital shall also conduct at least one drill each year, in which a large influx of emergency patients is simulated. An actual emergency of this type shall be considered a drill, if it is documented.

J. ...

K. The hospital shall have a policy for the provision of emergency sources (e.g., generators) of critical utilities such as electricity, natural gas, water and fuel during any period in which the normal supply is temporarily disrupted.

L. ...

M. A hospital may temporarily exceed its licensed capacity in emergency situations, such as ~~natural disasters or disease-related emergencies~~ during a declared emergency. Such hospitals shall notify ~~DHH~~ LDH in writing of the situation within 24 hours or as soon as practical thereafter.

N. Effective immediately, upon declaration of the secretary and notification to the Louisiana Hospital Association, all hospitals licensed in Louisiana shall file an electronic report with the ~~EMSystem~~ Mstat, or a successor emergency support function (ESF)-8 portal operating system during a declared emergency, disaster, or public health emergency.

1. The electronic report shall be filed ~~twice daily at 7:30 a.m. and 2:30 p.m.~~ once a day or in accordance with federal, state, and local statutes, regulations, and guidance throughout the duration of the disaster or emergency event or as directed by the department.

2. - 2.f. ...

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), amended LR 29:2409 (November 2003), LR 35:245 (February 2009), amended by the Department of Health, Health Standards Section, LR 50:

§9337. Smoking Prohibition

A. Smoking shall be prohibited in all enclosed areas of the hospital ~~that are heated and air-conditioned.~~ For purposes of this section, enclosed areas shall be determined by the governing board of the hospital but shall include, at a minimum, all areas of the building that are air conditioned or heated. At the discretion of the hospital's governing body, smoking may be permitted in patient rooms, but only:

1. upon the ~~consent~~ order of the patient's primary treating physician;
2. with the consent of all patients in the room; and
3. in accordance with all ~~standards established by the Joint Commission on Accreditation of Health Care Organizations and all~~ other applicable state and federal laws.

B. ...

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40: 2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April

1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:2410 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:

Subchapter C. Nursing Services

§9343. Organization and Staffing

A. There shall be an organized nursing service that provides 24-hour nursing services. The nursing services shall be under the direction and supervision of ~~a registered nurse~~ an RN director of nursing licensed to practice in Louisiana with a minimum of two years of full-time experience as an RN in a hospital setting, employed ~~fulltime,~~ full time, as defined by hospital policy, or at a minimum of 4036 hours per week. There shall be a similarly qualified ~~registered nurse~~ RN to act in the absence of the director of nursing services.

B. - C. ...

D. ~~There~~ Each inpatient nursing unit shall ~~be~~ have at least one ~~registered nurse~~ RN on duty at all times, ~~assigned to each inpatient nurse's station~~ when there are patients admitted to the unit.

E. - G. ...

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:2410 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:

§9351. Organization and Staffing

A. - B. ...

C. Hospital pharmacies that are not open after regular working hours shall make drugs available for the staff by use of a night drug cabinet, after-hours medication carts, or an automated storage and distribution device. The hospital pharmacy shall maintain an inventory and a list of these drugs, which are approved by the pharmacy director and the appropriate hospital committee.

D. ...

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:2411 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:

§9353. Delivery of Services

A. - D. ...

E. Medications are to be dispensed only upon written or electronic orders, ~~electromechanical~~-facsimile, or oral orders from a physician or other legally authorized prescriber, and be taken by a qualified professional.

F. ...

G. ~~Drugs~~ In accordance with the acceptable, nationally recognized standards of practice and/or guidelines, the medical staff, in coordination and consultation with the pharmacy service, shall determine and establish the reasonable time to automatically stop orders for drugs and biologicals not specifically prescribed as to time or number of doses. The hospital ~~shall automatically be stopped after a reasonable time that is predetermined by the medical staff~~ implement, monitor, and enforce the automatic stop system.

H. - K. ...

L. A formulary system shall be established by the appropriate hospital committee to assure quality pharmaceuticals at reasonable costs, ~~subject only to the restrictions of R.S. 37:1226.1 and LAC 46:LIII.1109.B.6~~ in accordance with applicable federal and state laws.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:2411 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:

Subchapter E. Radiologic Services

§9361. General Provisions

A. ...

B. ~~Radiologic~~ A full-time, part-time, or consulting qualified radiologist shall direct and supervise radiologic services ~~shall be supervised by a qualified radiologist on either a full-time, part-time or consulting basis.~~

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), amended LR 29:2412 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:

§9365. Personnel

A. A qualified full-time, part-time, or consulting radiologist ~~must~~ shall supervise the ionizing radiology services and ~~must~~ shall interpret only those radiologic tests that are

determined by the medical staff to require a radiologist's specialized knowledge. The radiologist shall have clinical privileges delineated by the medical staff.

B. ...

C. All practitioners who read and interpret radiologic reports shall be credentialed by the hospital.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), amended LR 29:2413 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:

Subchapter F. Laboratory Services

§9371. Organization and Staffing

A. The hospital shall ~~provide~~maintain, or have available, adequate laboratory services ~~or make contractual arrangements with a laboratory certified in accordance with the Clinical Laboratory Improvement Amendments (CLIA) of 1988 to perform services commensurate with patient needs~~to meet the needs of its patients as determined by the medical staff on a 24-hour basis. ~~Laboratory~~Emergency laboratory services shall be ~~directed by an individual who meets appropriate qualifications of a director and is credentialed by the medical staff~~available 24 hours a day.

1. Laboratory services shall be directed by an individual who meets appropriate qualifications of a director and is credentialed by the medical staff.

2. There shall be sufficient licensed qualified clinical laboratory scientists and supportive technical staff to perform the tests required of the clinical laboratory services.

3. A written description of services provided shall be available to the medical staff.

B. ~~There~~The hospital shall ~~be sufficient licensed~~
~~qualified clinical~~ ensure that all laboratory ~~scientists with~~
~~documented training and experience~~ services provided to
~~supervise the testing and sufficient numbers of licensed~~
~~clinical~~ its patients are performed in a laboratory ~~scientists~~
~~and supportive technical staff to perform the tests required of~~
~~the~~ certified in accordance with the clinical laboratory
~~services~~ improvement amendments (CLIA) of 1988.

1. If a hospital regularly uses the services of an outside blood collecting establishment, it shall have a written agreement with the blood collecting establishment that governs the procurement, transfer, and availability of blood and blood components.

C. ...

AUTHORITY NOTE: Promulgated in accordance with
R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health
and Hospitals, Office of the Secretary, Bureau of Health
Services Financing, LR 21:177 (February 1995), amended LR
29:2413 (November 2003), amended by the Department of Health,
Health Standards Section, LR 50:

§9373. Equipment and Records

~~A. There shall be sufficient supplies, equipment and space to perform the required volume of work with optimal accuracy, precision, efficiency, timeliness and safety.~~

~~B. The laboratory shall ensure that satisfactory provisions are maintained for an instrumentation preventive maintenance program, an acceptable quality control program and an approved proficiency testing program covering all types of analysis performed by the laboratory services. Records and~~

~~reports shall be maintained, retrievable, and as appropriate, filed in the patient's medical record.~~

~~C. The hospital shall make adequate provisions for the immediate pathological examination of tissue specimens by a pathologist.~~

~~D. The hospital shall make provisions for the procurement, storage and transfusion of blood and blood products.~~

~~E. The administration of blood shall be monitored to detect any adverse reaction as soon as it occurs. Prompt investigation of the cause of an adverse reaction shall be instituted. The results of all tests performed in the evaluation of an actual or suspected blood transfusion reaction shall be a permanent part of the patient's medical record.~~ Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), amended LR 29:2413 (November 2003), repealed by the Department of Health, Health Standards Section, LR 50:

Subchapter G. Nutritional and Therapeutic Dietetic Services

§9377. General Provisions

A. ...

B. - B.1. ...

2. The outside food management company ~~must~~ shall possess a valid ~~Department of Health~~ LDH, Office of Public Health retail food permit and meet all of the requirements for operating a retail food establishment that serves a highly susceptible population, in accordance with the most current version of the provisions found in Title 51, *Public Health-Sanitary Code*.

3. Either the hospital or the food management company shall employ or contract with a registered dietician who serves the hospital on a full-time, part-time, or consultant basis to ensure that the nutritional needs of the patients are met in accordance with the licensed healthcare practitioners' orders and acceptable, nationally recognized standards of practice and/or guidelines.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), amended LR 29:2413 (November 2003), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:1413 (June 2012), amended by the Department of Health, Bureau of Health Services Financing, LR 45:1476 (October 2019), amended by the Department of Health, Health Standards Section, LR 50:

§9379. Organization and Staffing

A. ...

B. The dietary manager shall:

B.1. - B.3. ...

4. have successfully completed a training course at a state approved school, vocational or university, which includes course work in foods and food service, supervision, and diet therapy. Documentation of an eight-hour course of formalized instruction in diet therapy conducted by the employing facility's qualified dietitian is permissible if the course meets only the foods, food service, and supervision requirements-; and

a. Exception. Hospitals with 25 or fewer beds that do not have on site food preparation for patient meals and contract for food services, another full-time employee, i.e., RN

or LPN, will be allowed to carry out the responsibilities of the dietary manager. The RN or LPN ~~must~~ shall be qualified by training and experience and employed full time. ~~The director of nursing shall not hold this position.~~

5. not be the director of nursing.

C. - E. ...

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), amended LR 29:2413 (November 2003), amended by the Department of Health, Bureau of Health Services Financing, LR 45:1476 (October 2019), amended by the Department of Health, Health Standards Section, LR 50:

§9383. ~~Sanitary Conditions~~ Dietary Services

A. ~~Food shall be in good condition, free from spoilage, filth,~~ Dietary services, whether provided by the hospital directly, through a contractual agreement or ~~other contamination and by an off-site vendor,~~ shall ~~be safe for human consumption.~~ All ~~food shall be procured from sources that~~ comply with ~~all laws and regulations related to food and food labeling.~~ The use of food in hermetically sealed containers that was not prepared in a ~~food processing establishment is prohibited~~ Title 51, Public Health Sanitary Code.

B. ~~All food~~ Food shall be ~~transported, stored, prepared, distributed~~ in good condition, free from spoilage, filth, or other contamination and ~~served under sanitary conditions to prevent food borne illness. This includes keeping all readily perishable food and drink at or below 41 degrees Fahrenheit, except when being prepared and served. Refrigerator temperatures shall be maintained at 41 degrees Fahrenheit or below, freezers~~

~~at 0 degrees Fahrenheit or below~~ shall be safe for human consumption. All food shall be procured from sources that comply with laws and regulations related to food and food labeling.

1. ~~For those hospitals that contract with a food delivery service for nutritional and therapeutic dietary services, food shall be transported only via vehicles designed, equipped, and maintained solely for the purpose of the transportation and delivery of food by the food management company~~Repealed.

C. ~~Hot foods~~All food shall ~~leave the kitchen or steam table at or above 140 degrees Fahrenheit,~~ be transported, stored, prepared, distributed, and ~~cold foods at or below 41 degrees Fahrenheit. In-room delivery temperatures shall be maintained at 120 degrees Fahrenheit or above for hot foods and 50 degrees Fahrenheit or below for cold items, except for milk which shall be stored~~ served under sanitary conditions to prevent food borne illness. This includes keeping all readily perishable food and drink at or below 41 degrees Fahrenheit, ~~Food shall be transported to the patients' rooms in a manner that protects it from contamination, while maintaining required temperatures~~ except when being prepared and served.

1. For those hospitals ~~who~~ that contract with a food management company for nutritional and therapeutic dietary services, ~~transportation and delivery~~ service for nutritional and therapeutic dietary services, food shall be ~~of such food shall be transported and served in accordance with §9383.A-C~~ only via vehicles designed, equipped, and maintained solely for the purpose of the transportation and delivery of food by the food management company.

D. ~~All equipment and utensils used~~The physical environment ~~in the preparation and serving of~~ which all food shall be properly cleansed, sanitized preparation takes place

shall be kept clean and stored in safe operating condition. ~~This includes maintaining a water temperature in dish washing machines at 140 degrees Fahrenheit during the wash cycle (or according to the manufacturer's specifications or instructions) and 180 degrees Fahrenheit for the final rinse. Low temperature machines shall maintain a water temperature of 120 degrees Fahrenheit with 50 parts per million (ppm) of hypochlorite (household bleach) on dish surfaces. For manual washing in a 3 compartment sink, a wash water temperature of 75 degrees Fahrenheit with 50 ppm of hypochlorite or equivalent, or 12.5 ppm of iodine; or a hot water immersion at 170 degrees Fahrenheit for at least 30 seconds shall be maintained. An approved lavatory shall be convenient and equipped with hot and cold water tempered by means of a mixing valve or combination faucet for dietary services staff use. Any self-closing, slow-closing, or metering faucet shall be designed to provide a flow of water for at least 15 seconds without the need to reactivate the faucet. Effective with the promulgation of these requirements, an additional lavatory shall be provided in the dishwasher area in newly constructed hospitals or in existing hospitals undergoing major dietary alterations.~~

~~1. For those hospitals that contract nutritional and therapeutic dietary services, such shall be conducted in accordance with the *State Sanitary Code* for the preparing, cleaning, sanitation, and storage of equipment and utensils.~~

~~E. Dietary staff shall not store personal items within the food preparation and storage areas.~~

~~F. Dietary staff shall use good hygienic practices. Staff with communicable diseases or infected skin lesions shall not have contact with food, if that contact will transmit the disease.~~

~~G. Toxic items such as insecticides, detergents, polishes and the like shall be properly stored, labeled and used.~~

~~H. Garbage and refuse shall be kept in durable, easily cleanable, insect and rodent-proof containers that do not leak and do not absorb liquids. Containers used in food preparation and utensil washing areas shall be kept covered after they are filled.~~

~~I. The physical environment in which all food preparation takes place shall be kept clean and in operating condition~~D.1.-
.I. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), amended LR 29:2414 (November 2003), amended by the Department of Health, Bureau of Health Services Financing, LR 45:1476 (October 2019), amended by the Department of Health, Health Standards Section, LR 50:

Subchapter H. Medical Record Services

§9387. Organization and Staffing

A. - B. ...

C. Medical records shall be legibly and accurately written in ink, dated, timed, and signed by the recording person or, if ~~a computerized~~ an electronic medical records system is used, authenticated, complete, properly filed and retained, and accessible.

D. ...

E. Written orders signed by a member of the medical staff shall be required for all medications and treatments administered to patients. There shall be a reliable method for personal identification of each patient. The medical staff

bylaws shall include specifications for orders for the care or treatment of patients which are given to the hospital verbally or transmitted to the hospital electronically, whether by telephone, facsimile transmission or otherwise. The bylaws may grant the medical staff up to ~~ten~~10 calendar days following the date an order is transmitted verbally or electronically to provide the signature or countersignature for such order. Orders entered via use of computerized provider order entry (CPOE) do not require a signature if the CPOE used has an immediate download into the provider's electronic health record (EHR) as the order would be dated, timed, authenticated, and promptly placed in the medical record.

F. - J. ...

K. A patient or his/her personal representative shall be given reasonable access to the information contained in his/her hospital record. The hospital shall, upon request in writing signed and dated by either the patient or personal representative initiating the request, furnish a copy of the hospital record as soon as practicable, not to exceed 15 calendar days following the receipt of the request and written authorization and upon payment of the reasonable cost of reproduction in accordance with Louisiana R.S. 40:~~1299.96~~1165.1. However, the hospital may deny the patient access if a licensed ~~health-care~~healthcare professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the patient or another person.

L. - N. ...

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health

Services Financing, LR 21:177 (February 1995), amended LR 29:2415 (November 2003), amended by the Department of Health, Bureau of Health Services Financing, LR 40: 1934 (November 2023), amended by the Department of Health, Health Standards Section, LR 50:

§9393. Confidentiality

A. The hospital shall ensure the confidentiality of patient records, including information in ~~a computerized~~ an electronic medical record system, in accordance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulations (Title 45, Part 164, Subpart E of the Code of Federal Regulations) and any Louisiana state laws and regulations which provide a more stringent standard of confidentiality than the HIPAA Privacy Regulations. Information from or copies of records may be released only to authorized individuals, and the hospital ~~must~~ shall ensure that unauthorized individuals cannot gain access to or alter patient records. Original medical records shall not be released outside the hospital unless under court order or subpoena or in order to safeguard the record in the event of a physical plant emergency or natural disaster. Psychiatric medical records shall be segregated to ensure confidentiality.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), amended LR 29:2416 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:

§9395. Retention

A. Hospital records shall be retained by the hospital in their original, microfilmed, or similarly reproduced form for a

minimum period of 10 years from the date a patient is discharged, or as required by current law.

B. Graphic matter, images, x-ray films, nuclear medicine reports and like matter that were necessary to produce a diagnostic or therapeutic report shall be retained, preserved and properly stored by the hospital in their original, microfilmed or similarly reproduced form for a minimum period of three years from the date a patient is discharged. (Note: Medicare and/or Medicaid participating hospitals ~~must~~ shall maintain copies of reports and printouts, films, scans, and other image records for at least ~~five~~ six years). Such graphic matter, images, x-ray film, and like matter shall be retained for longer periods when requested in writing by any one of the following:

1. ...
2. the patient or someone acting legally in his/her behalf; or
3. ...

C. A hospital that is closing shall ~~notify the department in writing at least 30 days prior to cessation of operation for approval of their plan for the disposition of patients' medical records. The plan shall contain provisions that comply with state laws on the storage, maintenance, access and confidentiality of the closed hospital's patient medical records. It shall consists of an appointed custodian who shall provide physical and environmental security that protects against fire, water, intrusion, unauthorized access, loss and destruction. The plan shall also provide public notice on access in the newspaper, with the largest circulation, in close proximity of the closing hospital~~ act in accordance with the requirements of §9307.

D. Medical records shall be properly stored in secure locations where they are protected from fire, water damage, and other threats.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), amended LR 29:2416 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:

Subchapter I. Quality Assessment and Improvement

§9399. General Provisions

A. The governing body shall ensure that ~~there is~~ the hospital has an effective, written, ongoing, hospital-wide, data driven quality assessment and performance improvement program designed to assess and improve the quality of patient care.

B. The governing body shall ensure that the hospital's quality assessment and performance improvement program reflects the complexity of the hospital's organization and services, includes all hospital departments and services including those under contract or arrangement.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), amended LR 29:2416 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:

§9401. ~~Clinical Plan~~Quality Assessment and Performance Improvement

A. - B.4. ...

C. Each department or service of the hospital, through its governing body, shall take and document appropriate remedial action to address deficiencies found through the quality assessment and improvement program. The hospital shall document the outcome of all remedial actions.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), amended LR 29:2416 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:

§9403. Implementation

~~A. Each department or service of the hospital, through its governing body, shall take and document appropriate remedial action to address deficiencies found through the quality assessment and improvement program. The hospital shall document the outcome of all remedial actions~~Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), amended LR 29:2417 (November 2003), repealed by the Department of Health, Health Standards Section, LR 50:

§9405. ~~Patient Care Services~~Discharge Planning

A. - B.3. ...

C. Services to persons who are elderly and persons with disabilities. Any licensed hospital, which is owned or operated, or both, by a hospital service district, or which benefits from being financed by the sale of bonds from the state or guaranteed by the state that are exempt from taxation as provided by

Louisiana law, or which receives any other type of financial assistance from the state, is directed to give, when possible, priority to the treatment of persons who are elderly and persons with physical or mental disabilities in the delivery of nonemergency healthcare services.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), amended LR 29:2417 (November 2003), amended by the Department of Health, Bureau of Health Services Financing, LR 43:74 (January 2017), amended by the Department of Health, Health Standards Section, LR 50:

Subchapter J. Physical Environment

§9409. General Provisions

A. The hospital shall be constructed, arranged and maintained to ensure the health, safety, and ~~well-being~~ welfare of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.

B. ...

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), amended LR 29:2417 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:

§9411. Buildings

A. ...

B. The condition of the physical plant and the overall hospital environment shall~~maintain hospital-wide ventilation, lighting and temperature controls.~~ be developed and maintained in such a manner that the health, safety, or welfare of patients are assured.

1. There shall be emergency power and lighting in at least the operating, recovery, intensive care, emergency rooms, and stairwells. In all other areas not serviced by the emergency supply source, battery lamps and flashlights shall be available.

2. There shall be facilities for emergency medical gas and water supply.

C. ~~There~~ The hospital shall~~be a provision of emergency sources of critical utilities such as electricity, natural gas, water~~ have procedures for the proper routine storage and~~fuel during any period~~ prompt disposal of garbage and waste in~~which the normal supply is temporarily disrupted.~~ in accordance with Title 51, Public Health Sanitary Code.

D. The hospital shall have written fire control plans that contain provisions for prompt reporting of fires; extinguishing fires; protection of patients, personnel, and guests; evacuation; and cooperation with fire-fighting authorities.

E. The hospital shall maintain written evidence of regular inspection and approval by State or local fire control agencies.

F. A hospital may install alcohol-based hand rub dispensers in its facility if the dispensers are installed in a manner that adequately protects against inappropriate access;

G. When a sprinkler system is shut down for more than 10 hours, the hospital shall:

1. Evacuate the building or portion of the building affected by the system outage until the system is back in service, or

2. Establish a fire watch until the system is back in service.

H. Facilities, supplies, and equipment shall be maintained to ensure an acceptable level of safety and quality.

I. There shall be proper ventilation, light, and temperature controls in pharmaceutical, food preparation, and other appropriate areas.

J. For all new construction or renovations, hospitals shall follow the 2014 Edition of the Facility Guidelines Institute (FGI) Hospital and Outpatient Facilities Guidelines, as adopted by the OSFM, for building design and construction.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), amended LR 29:2417 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:

§9413. Nursing Units

~~A. A nurses' station equipped with a telephone and a nurse call system shall be provided in a suitable location on each nursing unit.~~

~~B. An adequate and properly equipped utility space or area shall be provided on each nursing unit for the preparation, cleaning and storage of nursing supplies and equipment used on the nursing unit. This utility space shall be so arranged as to provide for separation of clean and soiled supplies and equipment.~~

~~1. Grab bars properly located and securely mounted shall be provided at patient bathing facilities and toilet bowl with accessories.~~

~~2. A lavatory basin shall be provided in or convenient to every toilet bowl with accessories.~~

~~3. Paper towels in a satisfactory dispenser or some other acceptable type of single use towel and a satisfactory receptacle for used towels shall be provided at all lavatories.~~

~~C. Areas for the isolation of patients with communicable diseases may be established on a temporary basis as the need arises. A private room or a corridor wing may be used provided appropriate isolation techniques are enforced, including identifying signs to warn and restrict the public~~Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), amended LR 29:2417 (November 2003), repealed by the Department of Health, Health Standards Section, LR 50:

§9415. Patient Rooms

~~A. Except as provided for in intensive care units, all patient rooms shall be outside rooms with a window area of clear glass of not less than 12 square feet.~~

~~B. In hospitals constructed prior to November 20, 1990 single rooms shall contain at least 80 square feet and multi-bed rooms shall contain at least 70 square feet per bed. In hospitals constructed subsequent to November 20, 1990 single rooms must contain at least 100 square feet and multi-bed rooms shall contain at least 80 square feet per bed, exclusive of fixed cabinets, fixtures, and equipment, in accordance with *Guidelines for Construction and Equipment of Hospital and*~~

~~Medical Facilities, 1987 Edition. In hospitals constructed subsequent to March 1, 1995, single rooms must contain at least 120 square feet and multi-bed rooms shall contain at least 100 square feet per bed, exclusive of fixed cabinets, fixtures, and equipment, in accordance with Guidelines for Construction and Equipment of Hospitals and Medical Facilities, Current Edition. Any patient room shall not contain more than four beds. Rooms shall have at least a 7 1/2 foot ceiling height over the required area.~~

~~C. There shall be at least 3 feet between beds.~~

~~D. Rooms shall be arranged so as to permit the movement of a wheeled stretcher to the side of each bed.~~

~~E. There shall be sufficient and satisfactory separate storage space for clothing, toilet articles and other personal belongings of patients.~~

~~F. Every patient room shall have a lavatory. This lavatory is not necessary in rooms with an adjoining toilet or bathroom that has a lavatory. In new construction, lavatory requirements will be directed by Guidelines for Construction and Equipment of Hospitals and Medical Facilities Current Edition.~~

~~G. There shall be at least one toilet bowl with accessories, lavatory basin and bathing facility reserved for patient use on each patient floor and additional toilets, lavatories, and bathing facilities to adequately meet the needs of employees, professional personnel and patients on each nursing unit~~[Repealed](#).

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), amended LR

29:2417 (November 2003), repealed by the Department of Health,
Health Standards Section, LR 50:

§9417. Patient Room Furnishings

A. ...

B. A ~~nurses~~ nurses' call system, within easy reach of each bed, shall be provided. The call system shall also be provided in each patient toilet and bathing area. Call systems shall be readily accessible to a patient and shall be in proper working order.

C. ...

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), amended LR 29:2418 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:

§9419. Equipment

A. ~~Equipment~~ Facilities, supplies, and equipment shall be maintained to ensure an acceptable level of ~~clean and in good repair for the~~ health, safety, and ~~well-being~~ welfare of ~~the~~ patients, staff, and visitors.

B. ...

C. All patients, when appropriate due to diagnosis, shall be provided with patient care items such as a bedpan, washbasin, emesis basin, drinking glass, and soap dish. These supplies and equipment shall be properly cleaned and in appropriate cases shall be sterilized in between use for different patients ~~if disposable items are not used.~~ Disposable one time use items shall not be re-used.

D. ...

E. After discharge of a patient, the room, bed, mattress, cover, bedside furniture, and equipment shall be properly cleaned and disinfected. ~~Mattresses, blankets and pillows assigned to patients shall be in a sanitary condition. The mattress, blankets and pillows used for a patient with an infection shall be sanitized in an acceptable manner before they are assigned to another patient.~~

F. Items, including equipment, furniture, supplies, etc. that are no longer able to be cleaned and/or disinfected due to wear and tear shall not be used.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), amended LR 29:2418 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:

Subchapter K. Infection Prevention and Control

§9423. Organization and Policies

A. ...

B. There shall be an effective infection control program for the prevention, control, investigation and reporting of communicable disease and infections. The infection control program shall meet or exceed the latest criteria established by the following:

1 - 2. ...

3. Title 51, Public Health Sanitary Code ~~of the state of Louisiana.~~

C. - E. ...

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), amended LR 29:2418 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:

§9429. Central Supply

A. Space shall be provided for the ~~preparation, storage, handling and distribution of sterile supplies and other patient care items. Functional design shall provide for the separation of soiled and contaminated supplies from those that are clean and sterile~~ decontamination, packaging, sterilization, and storage. All central supply departments shall adhere to strict traffic control in their departments. ~~Air circulation systems in central supply shall be negative pressure in decontamination and ethylene oxide areas and positive pressure in all clean areas.~~

B. ~~Hand washing facilities shall be provided in all work areas.~~ There shall be written policies and procedures for the decontamination and sterilization of supplies and equipment, and the shelf life of all stored sterile items ~~and reuse of disposable items~~ in accordance with the latest criteria established by the Centers for Disease Control and Prevention.

C. All steam ~~sterilizing equipment shall have live bacteriological spore monitoring performed at least weekly and with each load containing an implantable device,~~ ethylene oxide (ETO), and other low-temperature sterilizers shall be tested with biological and chemical indicators upon installation, when the sterilizer is relocated, redesigned, after major repair, and after a sterilization failure has occurred, to ensure they are functioning prior to placing them into routine use. This shall be done in accordance with latest criteria established by the Centers for Disease Control and Prevention. If tests are positive, a system shall be in place to recall supplies.

D. ~~All ethylene oxide sterilizing equipment shall have live bacteriological spore monitoring performed with each load. There shall be ventilation of the room used for this sterilization to the outside atmosphere and there shall be a system in place to monitor trace gases of ethylene oxide at least monthly~~Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), amended LR 29:2419 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:

Subchapter L. Surgical Services (Optional)

§9437. General Provisions

A. Surgical services ~~are, if~~ if provided. ~~The services,~~ shall be well organized and provided in accordance with acceptable standards of practice. If outpatient surgical services are offered, the services shall be consistent in quality with inpatient care in accordance with the complexity of services offered.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), amended LR 29:2419 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:

§9439. Organization and Staffing

A. - D. ...

E. The operating room register or log, including those created by electronic means, shall be complete and up-to-date.

It shall include at least the following:

1. - 7. ...

8. name of the person administering the anesthesia;

and

9. ~~operation~~ surgical procedure performed-;

10. pre and post-operative diagnosis;

11. age of patient;

12. operating room number; and

13. complications, if any.

F. F.9. ...

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), amended LR 29:2419 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:

§9441. Delivery of Service

A. ...

B. A properly executed informed consent form for the procedure ~~must~~ shall be in the patient's chart before surgery, except in emergencies. The consent form shall contain at least the following:

1. - 7. ...

8. date, time, and signature ~~and professional designation~~ of the person witnessing the patient or the patient's legal representative sign the consent form.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), amended LR 29:2420 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:

§9443. Surgery Suite and Equipment

A. - D. ...

E. There shall be policies and procedures, approved by the Infection Control ~~Committee~~Officer(s) that addresses terminal cleaning of the operating room as well as cleaning of the room between surgical cases.

F. ...

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), amended LR 29:2420 (November 2003), amended by the Department of Health, Bureau of Health Services Financing, LR 49:1934 (November 2023), amended by the Department of Health, Health Standards Section, LR 50:

§9445. ~~Post-Operative Area~~ Post-Anesthesia Care Unit (PACU)

A. There shall be a ~~post-operative care area~~ PACU (recovery room) ~~which~~ that is a separate area of the hospital, unless provisions are made for close observation of the patient until they have regained consciousness (e.g., direct observation by an RN in the patient's room). Access shall be limited to authorized personnel. There shall be policies and procedures which specify transfer requirements to and from the ~~post-operative area~~ PACU.

B. ~~There shall be at least two health care personnel, one~~ Effective as of ~~which is a registered nurse, present whenever~~

~~there is a patient. There shall be emergency equipment and monitoring equipment in the immediate area of~~ the promulgation of these requirements, any new or existing hospitals undergoing renovations shall have a centralized nursing station with a direct line of sight to ~~post-operative area. The equipment shall be commensurate with the surgical procedure and the medical requirements of the patient. That equipment shall include, but not be limited to, the following:~~ recovering patient(s) that have received sedation or anesthesia.

- ~~1. EKG/ECG monitor;~~
- ~~2. pulse oxymeter monitor;~~
- ~~3. temperature monitoring equipment;~~
- ~~4. equipment to administer oxygen;~~
- ~~5. equipment necessary to monitor vital signs.~~1. -
5. Repealed.

C. There shall be at least two healthcare personnel, one of which is a RN, present whenever there is a patient in the post-anesthesia care area. There shall be emergency equipment and monitoring equipment in the immediate area of the post-anesthesia care area. The equipment shall be commensurate with the surgical procedure and the medical requirements of the patient. That equipment shall include, but not be limited to, the following:

1. electrocardiogram (EKG/ECG) monitor;
2. pulse oximetry monitor;
3. temperature monitoring equipment;
4. equipment to administer oxygen;
5. equipment necessary to monitor vital signs; and
6. suction equipment.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), amended LR 29:2420 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:

Subchapter M. Anesthesia Services (Optional)

§9449. General Provisions

A. If anesthesia services are provided, which is mandatory when surgical or obstetric services are provided, they ~~must~~ shall be provided in a ~~well-organized~~ well-organized manner in accordance with acceptable, nationally recognized standards of practice and/or guidelines, under the direction of a qualified doctor of medicine or osteopathy.

B. - C. ...

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), amended LR 29:2421 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:

§9453. Delivery of Service

A. Policies on anesthesia procedures ~~must~~ shall include the delineation of pre-anesthesia and post-anesthesia responsibilities. As a minimum, they shall address:

1. - 9. ...

B. The policies ~~must~~ shall also ensure that the following are provided for each patient:

1. - 3.h. ...

C. The anesthesia policy and procedure manual shall ensure that the following are provided for each patient undergoing:

1. - 1.a. ...

b. continuous monitoring of the patient's temperature and vital signs, as well as the continuous use of an EKG/ECG-, pulse ~~oximeter~~oximetry monitor, end tidal carbon dioxide volume monitor, and peripheral nerve stimulator monitor;

2. - 2.a. ...

b. continuous monitoring of the patient's vital signs, and temperature, as well as the continuous use of an EKG/ECG, and pulse ~~oximeter~~oximetry monitor; and

c. monitored by the practitioner who administered the regional anesthetic or individuals identified as a practitioner listed in §9451.A.1-5;

3. - 3.b. ...

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), amended LR 29:2421 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:

Subchapter N. Nuclear Medicine Services (Optional)

§9457. General Provisions

A. If the hospital provides nuclear medicine services or contracts for the services, those services ~~must~~shall meet the needs of the patients in accordance with acceptable, nationally recognized standards of practice and/or guidelines, and be provided in a safe and effective manner.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), amended LR

29:2422 (November 2003), amended by the Department of Health,
Health Standards Section, LR 50:

Subchapter O. Outpatient Services (Optional)

§9469. General Provisions and Organization

A. If the hospital provides outpatient services, the services ~~must~~ shall meet the needs of the patients in accordance with acceptable standards of practice.

B. - B.1.a. ...

b. Outpatient services may be provided by a hospital that does not provide inpatient services for the same area of service only if that hospital has a written policy and procedure to ensure a patient's placement and admission into an inpatient program to receive inpatient services for that area of service. The policy and procedure ~~must~~ shall ensure that the hospital is responsible for coordination of admission into an inpatient facility and ~~must~~ shall include, but not be limited to, the following:

i. the hospital personnel and/or staff responsible for coordination of placement and admission into an inpatient facility; and

ii. the procedure for securing inpatient services for that patient.

2. - 3. ...

C. ~~Any~~ There shall be policies and procedures established by the medical staff to ensure quality of care and safety of patients for any room designated for procedures or treatment involving conscious sedation ~~shall have policies and procedures established by the medical staff to insure quality of care and safety of patients~~. Such guidelines shall include at a minimum:

1. - 4. ...

AUTHORITY NOTE: Promulgated in accordance with
R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), amended LR 29:2423 (November 2003), LR 33:284 (February 2007), amended by the Department of Health, Health Standards Section, LR 50:

§9471. Personnel

A. The hospital shall assign ~~an individual~~ one or more individuals to be responsible for the outpatient services. There shall be appropriate professional and non-professional personnel available based on the outpatient services provided.

B. There ~~must~~ shall ~~be a registered nurse~~ an RN on the ~~observation~~ outpatient unit as long as there are patients admitted to the unit.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), amended LR 29:2423 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:

§9473. Facilities

~~A. All outpatient facilities shall be accessible to and usable by handicapped employees, staff, visitors and patients.~~

~~Where appropriate, there shall be at least:~~

~~1. a receptionist desk;~~

~~2. waiting space;~~

~~3. an examination room equipped with a lavatory and nurse call system;~~

~~4. public toilet facilities;~~

~~5. public telephone; and~~

~~6. drinking fountain~~ Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), amended LR 29:2423 (November 2003), repealed by the Department of Health, Health Standards Section, LR 50:

Subchapter P. Rehabilitation Services (Optional)

§9479. Organization and Staffing

A. The organization of services shall be appropriate to the scope of the services offered. The rehabilitation service shall employ and define the leadership structure in accordance with the facility administration. ~~The medical director of rehabilitation services shall:~~

- ~~1. be a doctor of medicine or osteopathy;~~
 - ~~2. be licensed to practice medicine or surgery in accordance with state law;~~
 - ~~3. have completed a one year hospital internship;~~
- and
- ~~4. have had at least two years of training or experience, within the last five years, in the medical management of patients requiring rehabilitation services~~1. - 4.

Repealed.

B. Medical Director. The medical director of rehabilitation services shall:

1. ~~It is expected that the experience and training~~ be a doctor ~~of the medical director of rehabilitation services will be sufficient to provide the expertise to perform all of the functions within the service.~~ medicine or osteopathy;
2. ~~The medical director of rehabilitation services will be responsible to ensure that the objectives of each of the therapeutic disciplines of the rehabilitation program are~~

~~efficiently conducted within the stated mission of the program~~
~~and be licensed to practice medicine or surgery~~ in accordance
with ~~current standards of rehabilitation medicine.~~ state law;

3. have completed a one-year hospital internship;

4. have had at least two years of training or
experience, within the last five years, in the medical
management of patients requiring rehabilitation services;

5. provide services to the rehabilitation hospital
or rehabilitation unit on a full-time basis;

a. the hospital will define the term full-
time as it applies to all of its employees.

6. have experience and training of rehabilitation
services to perform all of the functions within the service; and

7. be responsible to ensure that the objectives of
each of the therapeutic disciplines of the rehabilitation
program are efficiently conducted within the stated mission of
the program and in accordance with acceptable, nationally
recognized standards of practice and/or guidelines for
rehabilitation medicine.

C. ...

D. A rehabilitation unit in a general hospital shall
~~employ a full-time registered nurse~~ have an RN as ~~director~~
manager of the ~~rehabilitation nursing services who is not shared~~
~~with any other hospital department and who has three years~~
~~clinical nursing experience,~~ unit. The RN shall have at least
~~one of which shall be in~~ year of clinical nursing experience
providing rehabilitative nursing care. The unit shall provide
24-hour ~~registered nurse~~ RN coverage with an adequate number of
licensed nurses and rehabilitative workers to provide the
nursing care necessary under each patient's active treatment
program.

E. - G. ...

H. If the hospital provides a range of rehabilitation services, the services ~~must~~ shall define criteria for admission to the inpatient rehabilitation program and discharge from the inpatient program.

I. There shall be an interdisciplinary team ~~which should~~ that shall include, but not be limited to:

1. - 4. ...

5. a ~~psychologist/neuropsychologist~~ physician experienced in rehabilitation medicine;

6. a ~~physician experienced in rehabilitation medicine~~ social worker; and

7. a ~~social worker;~~ speech-language pathologist.

8. a ~~speech-language pathologist~~ Repealed.

J. The program should provide or make arrangements for:

1. - 10. ...

11. ~~other services consistent with the criteria for admission.~~ a psychologist/neuropsychologist; and

12. other services consistent with the criteria for admission.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), amended LR 29:2423 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:

§9483. ~~Facilities-~~ Rehabilitation Hospital or Unit Physical Space

A. Space and equipment shall be appropriate for the types of rehabilitation services offered and shall be maintained for safe and efficient performance and in accordance with the ~~Rehabilitation Chapter and General Hospital Chapter of the ATA~~

~~Guidelines for Design and Construction of Hospital and Health Care Facilities, 2001 (or most recent edition)~~2014 Edition of the Hospital Units and Rehabilitation Units of the Facility Guidelines Institute (FGI) Hospital and Outpatient Facilities Guidelines, as adopted by the OSFM, for building design and construction.

B. ~~The Activities of Daily Living (ADL) room is in addition to the licensed bed capacity~~Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), amended LR 29:2424 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:

Subchapter R. Psychiatric Services (Optional)

§9495. General Provisions

A. ...

B. For psychiatric services/facilities that have multiple geographic locations, each ~~geographical~~ geographic site shall meet the requirements in §9497, §9499, and §9501.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), amended LR 29:2425 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:

§9497. ~~Facilities~~ Psychiatric Hospital or Psychiatric Unit Physical Space

A. The layout, ~~and~~ and design of a psychiatric hospital or psychiatric unit shall be in accordance with the 2014 Edition of

the Facility Guidelines Institute (FGI) Hospital and Outpatient Facilities Guidelines, as adopted by the OSFM, for building design and construction. In addition to the FGI Guidelines, details, equipment, and furnishings shall be such that patients shall be under close observation and shall not be afforded opportunities for hiding, escape, or injury to themselves or others. The environment of the unit shall be characterized by a feeling of openness with emphasis on natural light and exterior views. Interior finishes, lighting, and furnishings shall suggest a residential rather than an institutional setting while conforming ~~with~~ to applicable fire safety codes. Security and safety devices shall not be presented in a manner to attract or challenge tampering by patients.

B. ~~Windows~~ The psychiatric hospital or vents unit shall ~~be arranged~~ develop and ~~located so that they can be opened from the inside~~ implement strategy to ~~permit venting of combustion products~~ identify environmental safety risks within its specific environment and specific to ~~permit occupants direct access to fresh air in emergencies~~ its patient population. The operation of windows shall be restricted to inhibit possible escape or suicide. Where windows or vents require the use of tools or keys for operation, the tools or keys shall be either located on the same floor in a prominent location accessible to staff or carried by every staff member. ~~With hospitals that have approved engineered smoke control systems, the windows may be fixed. Where glass fragments pose a hazard to certain patients, safety glazing and/or other appropriate security features shall be used.~~ There shall be no curtain or venetian blind ~~chords~~ cords.

C. ~~Where grab bars are provided, they~~ Plastic bags and/or trash can lines shall not be ~~institutional type, shall not rotate within their fittings, be securely fastened with tamper-proof screw heads, and shall be free of any sharp or abrasive~~

~~elements. If grab bars are mounted adjacent to a wall, the space between the wall and the grab bar shall be 1 1/2 inches~~ used in patient care areas.

D. ~~Where towel racks, closet and shower curtain rods are provided, they shall be the breakaway type.~~ Patient Rooms

1. An electric nurses' call system is not required however, the hospital shall have policies and procedures for how patients call for assistance.

2. Bedpan-flushing devices may be omitted from patient room toilets in psychiatric nursing units.

3. Visual privacy (e.g., cubicle curtains) in multi-bed rooms is not required.

4. Free standing closets shall be secured to the wall.

5. Electric patient beds are not to be used. The secretary of the department may, within his/her sole discretion, grant a waiver of this provision in accordance with section 9305.

E. ~~Plastic bags and/or trash can liners shall not be used in patient care areas~~ Service Areas

1. A secured storage area controlled by staff shall be provided for patients' belongings that are determined to be potentially harmful (e.g., razors, nail files, cigarette lighters).

2. Drugs and biologicals shall be stored in locked compartments under proper temperature controls, and only authorized personnel shall have access to the keys.

3. Food service may be one or a combination of the following:

a. a nourishment station;

b. a kitchenette designed for patient use with staff control of heating and cooking devices; and

c. a kitchen service including a hand washing fixture, storage space, refrigerator, and facilities for meal preparation.

4. Storage space for stretchers and wheelchairs may be outside the psychiatric unit, provided that provisions are made for convenient access as needed for handicapped patients.

~~F. Electrical receptacles shall be of the safety type or protected by 5-milliampere ground-fault interrupters~~

Seclusion Treatment Room

1. There shall be at least one seclusion room for up to 24 beds or a major fraction thereof. It is intended for short-term occupancy by violent or suicidal patients and provides for patients requiring security and protection. The room(s) shall be either located for direct nursing staff supervision or observed through the use of electronic monitoring equipment.

2. If electronic monitoring equipment is used, it shall be connected to the hospital's emergency electrical source. It shall be constructed to prevent patient hiding, escape, injury, or suicide.

3. If a facility has more than one psychiatric unit, located at the same geographic address, the number of seclusion rooms shall be determined by the total number of psychiatric beds at that location. However, if there are psychiatric units located at multiple and different geographic addresses, there shall be a seclusion room that meets these requirements at each off-site campus that offers inpatient psychiatric services.

4. Special fixtures and hardware for electrical circuits shall be used.

5. Seclusion rooms shall be accessed by an anteroom or vestibule that also provides direct access to a toilet room.

G. ~~There~~ Ceiling construction in psychiatric patient rooms and seclusion room(s) shall be ~~outdoor space for patient recreation~~ monolithic or tamper proof.

~~H. Patient Rooms~~

~~1. A nurses call system is not required, but if it is included, provisions shall be made for easy removal, or for covering call button outlets. A hospital shall have written policies and procedures to address call where no electronic system is in place.~~

~~2. Bedpan-flushing devices may be omitted from patient room toilets in psychiatric nursing units.~~

~~3. Visual privacy (e.g., cubicle curtains) in multi-bed rooms is not required.~~

~~4. Free standing closets shall be secured to the wall.~~

~~5. Electric patient beds are not to be used.~~

~~I. Service Areas~~

~~1. A secured storage area controlled by staff shall be provided for patients' belongings that are determined to be potentially harmful (e.g., razors, nail files, cigarette lighters).~~

~~2. Drugs and biologicals shall be stored in locked compartments under proper temperature controls, and only authorized personnel shall have access to the keys.~~

~~3. Food service may be one or a combination of the following:~~

~~a. a nourishment station;~~

~~b. a kitchenette designed for patient use with staff control of heating and cooking devices;~~

~~c. a kitchen service including a hand washing fixture, storage space, refrigerator, and facilities for meal preparation.~~

~~4. Storage space for stretchers and wheelchairs may be outside the psychiatric unit, provided that provisions are made for convenient access as needed for handicapped patients.~~

~~5. A separate charting area shall be provided with provisions for acoustical privacy. A viewing window to permit observation of patient areas by the charting nurse or physician may be used if the arrangement is such that patient files cannot be read from outside the charting space.~~

~~6. At least two separate social spaces, one appropriate for noisy activities and one for quiet activities shall be provided. The combined area shall be at least 40 square feet per patient with at least 120 square feet for each of the two spaces. This space may be shared by dining activities.~~

~~7. Space for group therapy shall be provided. This may be combined with the quiet space noted above when the unit accommodates not more than 12 patients, and when at least 225 square feet of enclosed private space is available for group therapy activities.~~

~~8. An automatic washer and dryer shall be provided for patient laundry.~~

~~9. Room(s) for examination and treatment with a minimum area of 120 square feet shall be provided within or in close proximity to the unit.~~

~~10. Separate consultation room(s) with minimum floor space of 100 square feet each, provided at a room-to-bed ratio of one consultation room for each 12 psychiatric beds shall be provided within the unit for interviews with patients and their families. The room(s) shall be designed for acoustical and visual privacy and constructed to achieve a noise reduction of at least 45 decibels.~~

~~11. Psychiatric hospitals or units shall provide 15 square feet of separate space per patient for occupational~~

~~therapy, with a minimum total area of at least 200 square feet, whichever is greater. This space shall include provision for hand washing, work counter(s), storage and displays.~~

~~Occupational therapy areas may serve more than one nursing unit. When the psychiatric nursing unit(s) contain fewer than 12 beds, the occupational therapy functions may be performed within the noisy activities area, if at least an additional 10 square feet per patient served is included.~~

~~12. A conference and treatment planning room for use by the psychiatric unit shall be provided. This room may be combined with the charting room.~~

~~J. Seclusion Treatment Room~~

~~1. There shall be at least one seclusion room for up to 24 beds or a major fraction thereof. It is intended for short-term occupancy by violent or suicidal patients and provides for patients requiring security and protection. The room(s) shall be either located for direct nursing staff supervision or observed through the use of electronic monitoring equipment.~~

~~2. If electronic monitoring equipment is used, it shall be connected to the hospital's emergency electrical source.~~

~~3. Each room shall be for single occupancy and contain at least 60 square feet. It shall be constructed to prevent patient hiding, escape, injury or suicide.~~

~~4. Where restraint beds are required by the functional program, 80 square feet shall be required.~~

~~5. If a facility has more than one psychiatric unit, located at the same geographical address, the number of seclusion rooms shall be determined by the total number of psychiatric beds at that location. However, if there are psychiatric units located at multiple and different geographical~~

~~addresses, there shall be a seclusion room that meets these requirements at each off-site campus that offers inpatient psychiatric services.~~

~~6. Special fixtures and hardware for electrical circuits shall be used.~~

~~7. The minimum ceiling height shall be 9 feet.~~

~~8. Doors shall be 3 feet 8 inches wide, and shall permit staff observation of the patient while also maintaining provisions for patient privacy.~~

~~9. Seclusion rooms shall be accessed by an anteroom or vestibule which also provides direct access to a toilet room.~~

~~K. Ceiling construction in psychiatric patient rooms and seclusion room(s) shall be monolithic or tamper proof.~~

~~H. - K.~~

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), amended LR 29:2425 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:

§9499. Supplies and Equipment

A. Restraint equipment shall be immediately available and accessible to staff, if restraint use is part of the functional plan of the hospital or unit.

B. Recreational supplies and therapy equipment shall be available ~~and in locked storage.~~

C. Locked storage areas shall be available for safekeeping of patient ~~luggage~~ belongings and any items that may be considered contraband ~~items.~~

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:2426 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:

§9501. Staffing

A. - B. ...

C. ~~The~~In a psychiatric hospital, ~~or unit shall employ a full-time registered nurse as~~ the director of ~~psychiatric~~ nursing (DON) services, shall be a full-time RN who ~~is not shared with any other hospital department and who~~ has:

1. a master's degree in psychiatric or mental health nursing; ~~or~~ its equivalent, from a school of nursing accredited by the National League for Nursing; or

2. ~~a master's degree~~ at least three years clinical RN experience in ~~a related field such as psychology or~~ providing psychiatric nursing ~~education and five years~~ care, and on-going training in psychiatric nursing ~~experience and three years providing nursing care to the mentally ill; or~~ Documentation from a RN with a master's degree in psychiatric nursing constitutes on-going training. Such documentation shall be maintained in the personnel file for the DON.

3. ~~a bachelor's, associate degree or diploma in nursing with documented evidence of educational programs focused on treating psychiatric patients, which has occurred at intervals sufficient enough to keep the nurse current on psychiatric nursing techniques. In addition, the nurse shall have at least five years of nursing experience, three years of which were providing nursing care to the mentally ill, or receive regular, documented supervision/consultation from a master's prepared psychiatric nurse~~ Repealed.

D. ~~In addition to the director of psychiatric nursing service, the hospital or unit~~ A psychiatric unit within a

general hospital shall ~~provide 24-hour registered nurse coverage with an adequate number~~ have an RN as a manager of ~~licensed nurses and mental health workers to provide the nursing care necessary under each patient's active treatment program~~ psychiatric unit. The RN shall meet the same requirements as that of the DON in a psychiatric hospital.

E. ~~Psychological services shall be provided by or supervised by~~ The DON of a psychologist licensed by psychiatric hospital or the Louisiana State Board of Examiners of Psychologists psychiatric unit RN manager shall demonstrate competence to participate in interdisciplinary formulation of individual treatment plans, to give skilled nursing care and therapy if needed, and to direct, monitor, and evaluate the nursing care furnished.

F. ~~Social services shall be provided by a director who is a licensed clinical social worker and is experienced in~~ In addition to the director of psychiatric nursing service, the social service needs hospital or unit shall provide 24-hour RN coverage with an adequate number of the mentally ill licensed nurses and mental health workers to provide the nursing care necessary under each patient's active treatment program.

G. ~~Therapeutic activities~~ Psychological services shall be clinically supervised and provided by ~~therapeutic recreational therapists adequate in number to respond to~~ or supervised by a psychologist licensed by the ~~therapeutic activity needs of the population being served~~ Louisiana State Board of Examiners of Psychologists.

1. ~~An individual who clinically supervises therapeutic recreation activities shall meet the following qualifications:~~

~~a. have a degree in therapeutic recreation therapy from an accredited post-secondary institution; or~~

~~_____ b. have a degree in another field of study and has also attained certification in accordance with the National Council for Therapeutic Recreation Certification requirements.~~

~~_____ 2. An individual who provides therapeutic recreational services shall have the following qualifications:~~

~~_____ a. a degree in therapeutic recreation from an accredited post-secondary institution; or~~

~~_____ b. a degree in another field of study and has also attained certification in accordance with the National Council for Therapeutic Recreation Certification requirements; or~~

~~_____ c. a minimum of 10 years' experience providing therapeutic recreational services; or~~

~~_____ d. be currently employed as a therapeutic recreational specialist 2 per Louisiana Civil Service requirements.~~

~~_____ 3. Individuals currently providing therapeutic recreational services who do not meet the qualifications of §9501.G.1-2.d, shall have two years from the effective date of this Rule to qualify as therapeutic recreational therapists.~~

~~_____ 4. Licensed hospitals providing therapeutic recreational services pursuant to §9501 and whose staff do not meet the qualifications of §9501.G.2.a-d within the time frame provided for in §9501.G.3, shall submit to the department documentation which:~~

~~_____ a. clearly indicates why the qualifications have not been met; and~~

~~_____ b. provides evidence of a barrier to access of such services in the hospital's service area.~~

~~_____ 5. No hospital shall submit the documentation allowed for in §9501.G.4 more than once and the submission shall~~

~~cover a period of no more than 12 months from the date of receipt by the department.~~

~~6. Recreational therapy shall be designed to:~~

~~a. restore, remediate and rehabilitate a person's level of functioning and independence in life activities;~~

~~b. promote health and wellness; and~~

~~c. reduce or eliminate the activity limitations and restrictions to participation in life situations caused by an illness or disabling condition.~~ 1. - 6.c. Repealed.

NOTE: ~~Examples of intervention modalities include, but are not limited to, creative arts (e.g., crafts, music, dance, drama, among others), sports, adventure programming, dance/movement, and leisure education.~~ Repealed.

H. Social services shall be provided by a director who is a licensed clinical social worker and who is experienced in the social service needs of the mentally ill.

I. Therapeutic recreational services shall be provided by qualified recreational therapists, support personnel, and consultants adequate in number to provide comprehensive therapeutic recreational services consistent with each patient's care plan.

1. An individual who clinically supervises therapeutic recreational services shall meet the following qualifications:

a. have a degree in therapeutic recreational services from an accredited post-secondary institution; or

b. have a degree in another field of study and has also attained certification in accordance with the National Council for Therapeutic Recreation Certification requirements.

2. An individual who provides therapeutic recreational services shall have the following qualification:

a. a degree in therapeutic recreational services from an accredited post-secondary institution; or

b. a degree in another field of study and has also attained certification in accordance with the National Council for Therapeutic Recreation Certification requirements; or

c. a minimum of 10 years' experience providing therapeutic recreational services; or

d. be currently employed as a therapeutic recreational services specialist 2 per Louisiana Civil Service requirements.

3. Therapeutic recreational services shall be designed to:

a. restore, remediate, and rehabilitate a person's level of functioning and independence in life activities;

b. promote health and wellness; and

c. reduce or eliminate the activity limitations and restrictions to participation in life situations caused by an illness or disabling condition.

NOTE: Examples of intervention modalities include, but are not limited to, creative arts (e.g., crafts, music, dance, drama, among others), sports, adventure programming, dance/movement, and leisure education.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:2426 (November 2003), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:1489 (August 2015), amended by the Department of Health, Health Standards Section, LR 50:

Subchapter S. Obstetrical and Newborn Services (Optional)

§9511. General Provisions for Hospitals Licensed After January 1, 2022, and for Existing Hospitals Beginning July 1, 2023

A. - C. ...

D. For purposes of this Subchapter, the requirements for hospital staff and/or equipment as being physically present at all times specifies the ~~person~~ hospital staff and/or equipment shall be on-site in the location 24 hours a day, 7 days a week.

E. For purposes of this Subchapter, the requirements for hospital staff and/or equipment as being readily available at all times specifies the ~~person~~ hospital staff and/or equipment shall be available, as approved by hospital policy, 24 hours a day, 7 days a week.

F. - H. ...

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:2428 (November 2003), amended LR 33:286 (February 2007), amended by the Department of Health, Bureau of Health Services Financing, LR 43:78 (January 2017), LR 48:2569 (October 2022), amended by the Department of Health, Health Standards Section, LR 50:

§9513. Organization and Staffing

A. - B. ...

C. For purposes of this Subchapter, the requirements for hospital staff and/or equipment as being physically present at all times ~~means that~~ specifies the ~~person~~ hospital staff and/or equipment shall be on-site in the location 24 hours a day, 7 days a week.

D. For purposes of this Subchapter, the requirements for hospital staff and/or equipment as being readily available at all times means that the ~~person~~ hospital staff and/or equipment shall be available, as approved by hospital policy, 24 hours a day, 7 days a week.

E. - G. ...

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:2429 (November 2003), amended LR 33:286 (February 2007), amended by the Department of Health, Bureau of Health Services Financing, LR 43:78 (January 2017), LR 43:1979 (October 2017), LR 48:2569 (October 2022), amended by the Department of Health, Health Standards Section, LR 50:

§9517. Obstetrical Unit Functions

A. - B.2.b.v. ...

vi. A lactation consultant or counselor, on staff or contracted, holding certification by a nationally recognized board on breastfeeding shall be ~~on staff~~ available to assist breastfeeding mothers as needed. Such services may be provided through the use of telehealth.

vii. ~~The lactation consultant or counselor shall be certified by a nationally recognized board on breastfeeding. If individuals with such certification are not on staff, services may be obtained from certified providers through the use of telehealth, subject to requirements of any licensing board(s).~~ Repealed.

B.3. - E.3.b.ii.(b). ...

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 48:2570 (October 2022), amended by the Department of Health, Health Standards Section, LR 50:

§9521. Neonatal Unit Functions [Formerly LAC 48:I.9513]

A. - B.3.a.iii. ...

C. Level III NICU

1. - 1.a. ...

b. This unit shall have either a neonatologist, ~~or~~ a neonatal nurse practitioner, a physician assistant-certified, or a neonatology fellow in-house 24 hours per day.

c. The staffing of this unit shall be based on patient acuity and consistent with the recommended ~~staffing acceptable, nationally recognized standards of practice and/or~~ guidelines of the ~~2012-Seventh Edition of the AAP Guidelines for Perinatal Care~~ American Academy of Pediatrics (AAP). For medical sub-specialty requirements, refer to Table 1, Neonatal Medical Subspecialties and Transport Requirements.

C.2. - E.2.b. ...

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 48:2576 (October 2022), amended by the Department of Health, Health Standards Section, LR 50:

Subchapter T. Pediatric Services (Optional)

§9525. General Provisions

A. Pediatric services shall be under the medical direction of a qualified physician who is a member of the medical staff with pediatric privileges and appointed by the

governing body. Hospitals admitting children shall have proper facilities for their care apart from adult patients and the newborn ~~Children under 14 years of age,~~ in accordance with hospital policies and procedures. Pediatric and adolescent patients, to the extent their condition permits, shall be grouped together in distinct units or district areas of general units separate from adults. Pediatric patients shall not be placed in rooms with adult patients.

B. ~~In hospitals with a separate designated pediatric unit in existence prior to March 1, 1995, the maximum number of beds permitted in each pediatric room shall be eight~~ The hospital shall ensure that there are policies and ~~shall meet the same spatial standards as specified in Subchapter J of these requirements. In hospitals with a separate designated~~ procedures in place and implemented in accordance with acceptable, nationally recognized standards of practice and/or guidelines, to promote the safety and security of pediatric ~~unit subsequent to March 1, 1995, the maximum number of beds permitted in each pediatric room shall be four and shall meet the same spatial standards as specified in Subchapter J of these requirements. Patient rooms containing cribs shall provide at least 60 square feet minimum clear floor area for each crib, with no more than six cribs in each room. Provisions for hygiene, toilets, sleeping and personal belongings shall be included where the program indicates that parents are allowed to remain with pediatric patients. Equipment and supplies shall be readily available and appropriate for pediatric services.~~

C. In hospitals with a separate designated pediatric unit in existence prior to March 1, 1995, the maximum number of beds permitted in each pediatric room shall be eight and shall meet the same spatial standards as specified in Subchapter J of these requirements. In hospitals with a separate designated pediatric

unit subsequent to March 1, 1995, the maximum number of beds permitted in each pediatric room shall be four and shall meet the same spatial standards as specified in Subchapter J of these requirements.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:2431 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:

§9531. Facilities

A. - B. ...

C. The Emergency Department (ED) shall have a separate covered entrance. Two or more areas within the ED shall have the capacity and equipment to resuscitate any pediatric patient with any medical, surgical or traumatic illness within facilities with Level I units. Hospitals with Level II units only need one such area. The emergency room shall be staffed 24 hours a day in facilities with either Level I ~~or~~ Level II units.

D. There shall be an operating suite with one room available within 30 minutes and a second room within 45 minutes, 24 hours a day. Hospitals with Level I units ~~must~~ shall have the capability of providing cardiopulmonary bypass, pediatric bronchoscopy, and radiography.

E. Clinical Laboratories

1. Clinical laboratories shall have microspecimen capability and the capability to perform clotting studies with one-hour turn around. There ~~must~~ shall also be the capability to perform:

a. - k. ...

2. Preparation of gram stains and bacteriologic cultures shall be available 24 hours per day. Blood gas values

~~must~~ shall be available within 15 minutes. Results of drug screening and levels of serum ammonia, serum, and urine osmolarity, phosphorus and magnesium shall be available within three hours for Level I units.

F. There ~~must~~ shall be a blood bank able to provide all blood components 24 hours a day in both Levels I and II. Cross matching shall allow for transfusions within one hour unless some unusual antibody is encountered.

G. Hospitals with Level I units ~~must~~ shall have radiology services capable of radiography, fluoroscopy, computerized tomography scanning, ultrasonography, and nuclear scanning angiography.

H. ...

I. A catheterization laboratory or angiography suite ~~must~~ shall either be ~~present in facilities~~ in the same building with a Level I ~~units~~ units or available at another campus location of the hospital where these services are provided.

1. Policies and procedures shall be developed and implemented related to the staffing, transportation of PICU Level I patients requiring cardiac catheterizations at another of the hospital's campuses.

J. ...

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:2431 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:

§9535. Medical Staff

A. The medical director in Level I units shall be:

1. board certified in pediatrics and board certified or in the process of board certification in pediatric critical

care medicine (certification ~~must~~ shall be completed within five years);

2. - 3. ...

B. ...

C. Levels I and II units ~~must~~ shall have at least one physician of at least the postgraduate year two assigned to the PICU in-house 24 hours per day.

D. - E. ...

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:2432 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:

§9539. Supplies and Equipment

A. - C. ...

D. There shall be bedside monitoring in Level I and II PICUs with the capability for continuously monitoring heart rate and rhythm, respiratory rate, temperature, and one hemodynamic pressure. Level I units shall also have the ability to monitor systemic arterial, central venous, pulmonary arterial, and intracranial pressures. The monitors ~~must~~ shall have alarms with both high and low settings, and they ~~must~~ shall also have both audible and visible capability. There shall be a maintenance and calibration schedule maintained for all monitoring devices.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:2432 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:

§9541. Miscellaneous

A. ...

B. Each Level I PICU shall offer pediatric critical care education for EMS providers, emergency department, and transport personnel as well as for the general public. The staff nurses and respiratory therapists ~~must~~ shall also have basic life support certification.

C. Level I PICUs offering a fellowship program in pediatric critical care ~~will~~ shall possess sufficient patient volume, teaching expertise, and research capability to support such a fellowship. Programs providing sub-specialty training in critical care ~~must~~ shall possess approval by the residency review committee of the Accreditation Council on Graduate Medical Education. ~~Research is essential for improving our understanding of the pathophysiology affecting vital organ systems. Such knowledge is vital to improve patient care techniques and therapies and thereby decrease morbidity and mortality.~~

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:2433 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:

Subchapter U. Alternative Birthing Units

§9553. Definitions

Certified Nurse Midwife (CNM)—an advanced practice registered nurse ~~educated in the disciplines of nursing and midwifery and certified according to a nationally recognized certifying body, such as the American College of Nurse-Midwives Certification Council, as approved by the Board, and who is authorized to manage the nurse midwifery care of newborns and~~

~~women in the antepartum, intrapartum, postpartum and/or gynecological periods pursuant to Title 46, Part XLVII, Chapter 45, §4503.B.1 et seq~~ as defined in R.S. 37:913, or current law.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 40:1099 (June 2014), amended by the Department of Health, Health Standards Section, LR 50:

§9555. Program Requirements

A. ...

1. In order for a pregnant woman to be admitted to an ABU, the following admission requirements ~~must~~ shall be met.

1.a. - G.4. ...

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 40:1099 (June 2014), amended by the Department of Health, Health Standards Section, LR 50:

§9559. Physical Environment

A. An ABU shall submit, meet, and obtain approval for facility plan review from the ~~Office of State Fire Marshall~~ OSFM prior to construction in accordance with Section 9305.N of this Rule.

~~1. An ABU shall:~~

~~a. consist of a minimum of two birthing rooms and one examination room;~~

~~b. be located to ensure privacy;~~

~~c. be located out of the path of unrelated traffic; and~~

~~_____ d. be under the direct supervision of the unit staff.~~

~~_____ 2. Birthing rooms shall:~~

~~_____ a. be single occupancy;~~

~~_____ b. have a minimum clear floor area of 200 square feet, including the newborn care area and a minimum clear dimension of 12 feet;~~

~~_____ c. have an outside window;~~

~~_____ d. have windows or doors within a normal sightline that would permit observation into the room and shall be arranged or draped as necessary for mother and newborn privacy;~~

~~_____ e. have a hands-free hand-washing station; and~~

~~_____ f. have direct access to a private bathroom that includes a:~~

~~_____ i. hand-washing station;~~

~~_____ ii. toilet; and~~

~~_____ iii. shower or tub.~~

~~_____ B. The newborn care area shall be a separately located area within the birthing room.~~

~~_____ C. The reception and administration area shall be located as to control and monitor traffic flow/access to the ABU.~~

~~_____ D. The staff work area shall:~~

~~_____ 1. be provided for the ABU staff;~~

~~_____ 2. have space for counters and storage; and~~

~~_____ 3. have convenient access to hand-washing facilities.~~

~~_____ E. Hand-washing stations shall be readily accessible to families, visitors, and staff.~~

~~_____ F. Medication Preparation Location~~

~~_____ 1. Provisions shall be made for the distribution of medications from a medicine preparation room or area, from a~~

~~self-contained medicine dispensing unit, or by another approved system.~~

~~2. The medication preparation room or area shall:~~

~~a. be under the visual control of the staff;~~

~~and~~

~~b. contain the following:~~

~~i. a work counter;~~

~~ii. a hand-washing station;~~

~~iii. a lockable refrigerator; and~~

~~iv. a locked storage for controlled drugs.~~

~~3. When a medication preparation room or area is to be used to store self-contained medication dispensing units, the room shall be designed with adequate space to prepare medicines with the self-contained medicine-dispensing units present.~~

~~G. Self-Contained Medication-Dispensing Unit~~

~~1. The location of a self-contained medicine-dispensing unit shall be permitted in the clean workroom or in an alcove, provided the ABU has adequate security for medications and adequate lighting to easily identify drugs.~~

~~2. The self-contained medicine-dispensing unit shall provide convenient access to hand-washing stations.~~

~~H. Nourishment Area~~

~~1. A nourishment area shall have the following:~~

~~a. a sink;~~

~~b. a work counter;~~

~~c. a refrigerator;~~

~~d. storage cabinets;~~

~~e. equipment for hot and cold nourishment;~~

~~f. provisions and space for separate temporary storage of unused and soiled dietary trays not picked up during meal time; and~~

~~g. immediate accessible hand washing stations in or near the nourishment area.~~

~~2. Ice making equipment shall:~~

~~a. be provided for treatments and nourishment;~~

~~b. be permitted in the clean workroom or the nourishment room; and~~

~~c. ice intended for human consumption shall be provided in the nourishment station and shall be served from self-dispensing ice-makers.~~

~~I. A clean workroom shall be separate from and have no direct connection with soiled workrooms or soiled holding rooms.~~

~~1. If the room is used for preparing care items for mothers and newborns, it shall contain:~~

~~a. a work counter;~~

~~b. a hand-washing station; and~~

~~c. storage facilities for clean and sterile supplies and equipment.~~

~~2. Storage for hazardous cleaning solutions, compounds, and substances shall be labeled and kept in an enclosed storage area or approved cabinet separate from other cleaning materials.~~

~~J. A soiled workroom or soiled holding room shall be separate from and have no direct connection with clean work rooms or clean supply rooms.~~

~~1. A soiled workroom or soiled holding room shall contain:~~

~~a. a clinical sink (or equivalent flushing rim fixture) and a hand-washing station; and~~

~~b. a work counter and space for separate covered container for soiled linen and a variety of waste types.~~

~~2. Omission of the clinical sink and work counter shall be permitted in rooms used only for temporary holding of~~

~~soiled material. If the flushing-rim clinical sink is not provided, the facilities for cleaning bedpans shall be provided in the mothers' toilet rooms.~~

~~K. Environmental Services Room. An environmental services room shall be provided for the exclusive use of the ABU and include:~~

- ~~1. a service sink or floor receptor; and~~
- ~~2. a space for storage of supplies, housekeeping equipment, and housekeeping carts.~~

~~L. Examination Rooms. An examination room shall:~~

- ~~1. preserve patient privacy from outside observation;~~
- ~~2. be located convenient to nursing the station;~~
- ~~3. have a bathroom immediately accessible that includes:
 - ~~a. ventilation with a minimum of 10 air changes per hour; and~~
 - ~~b. have an exhaust;~~
 - ~~4. have a hand-washing station;~~
 - ~~5. have the following space requirements:
 - ~~a. a minimum clear floor area of 80 square feet;~~
 - ~~b. a minimum continuous clearance of 2 feet 8 inches at each side of the examination table; and~~
 - ~~c. have counter and shelf space;~~~~
 - ~~6. have ventilation with a minimum of six air changes per hour;~~
 - ~~7. have lighting with fixed and portable features; and~~
 - ~~8. have an examination table with access to at least two duplex receptacles.~~~~

~~M. Support areas provided for staff shall include:~~

- ~~1. a changing room;~~
- ~~2. a lounge;~~
- ~~3. a bathroom; and~~
- ~~4. securable lockers, closets and cabinet compartments.~~

~~N. Engineering and maintenance services shall have sufficient space for mechanical and electrical equipment and for the proper maintenance of equipment.~~

~~O. Building Codes and Architectural Details~~

~~1. The facility shall meet the business occupancy provisions of applicable life safety and building codes.~~

~~2. Corridors shall have a minimum corridor width of 5 feet and minimum height of 7 feet 8 inches.~~

~~3. Ceilings shall have a minimum height of 7 feet 10 inches with the following exceptions:~~

~~a. ceilings heights for storage rooms, toilet rooms, etc. shall not be less than 7 feet 8 inches; and~~

~~b. rooms containing ceiling mounted equipment/light fixtures shall be of sufficient height to accommodate the equipment or fixtures and normal movement.~~

~~4. Birthing Room Surfaces. Birthing room surfaces shall have:~~

~~a. finishes selected to facilitate cleaning and to resist strong detergents; and~~

~~b. finishes in the dietary area to ensure the ability to be cleaned and disinfected.~~

~~P. Building Systems~~

~~1. Heating, ventilation and air conditioning, electrical, plumbing and related systems shall meet state and local building codes.~~

~~2. Heating, ventilation and air conditioning systems in the environmental services (housekeeping) room shall be~~

~~exhausted at a rate consistent with approved infection control guidelines.~~

~~Q. Electrical Systems~~

~~1. Lighting shall:~~

~~a. provide both subdued indirect lighting and special lighting capable of providing at least 70 foot-candles in the delivery and newborn care area(s); and~~

~~b. have emergency lighting available.~~

~~R. Oxygen and vacuum outlets shall be available.~~

~~1. Use of portable equipment shall be permitted.~~

~~S. Security systems shall be designed for active and passive security systems. Locking arrangements, security alarms, and monitoring devices shall be placed not to interfere with the life safety feature necessary to operate and maintain a healthy and functional environment.~~

~~T. Elevators shall be equipped with a cab with minimum dimensions of 5 feet 8 inches wide by 7 feet 6 inches deep.~~

~~U. Corridors, attics, and passageways shall be free of storage. Exits shall not be blocked by storage of furniture or equipment at any time.~~

[A.1. - U. Repealed.](#)

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 40:1101 (June 2014), amended by the Department of Health, Health Standards Section, LR 50:

§9563. Services

A. - C.4. ...

D. Requirements for Staff to Patient Ratio

1. A CNM ~~must~~ shall be present at all times while a laboring patient is in the ABU.

2. - 6. ...

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 40:1103 (June 2014), amended by the Department of Health, Health Standards Section, LR 50:

Subchapter W. Mobile Unit - Offsite Rural Health Clinic

Services

§9575. General Provisions

A. All hospital providers with an offsite rural health clinic offering services via a mobile unit, shall notify the HSS prior to providing services via a mobile unit.

B. The mobile unit operated by the offsite rural health clinic shall be maintained in safe working order and in compliance with applicable state and federal regulations and laws, including but not limited to, those regulations and law relative to the safe and effective operation of motor vehicles.

C. Hospitals with an offsite rural health clinic that provides mobile services shall:

1. develop policies and procedures that address the health, safety, or welfare of the patients utilizing mobile units;

2. provide the vehicle identification number, license plate number, proof of insurance, vehicle registration, and copy of the inspection sticker for the mobile unit upon request;

3. develop a written schedule of locations the mobile units will be stationed and maintain site verifications for each of these locations;

4. provide secure storage for medications on the mobile unit;

5. store emergency equipment and emergency medications on the mobile unit;

6. provide a hand washing sink in the mobile unit; and

7. be handicap accessible.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health, Health Standards Section, LR 50:

Subchapter X. Burn Centers (Optional)

§9583. General Provisions

A. If the hospital provides burn center services, the services shall be well organized and provided in accordance with acceptable, nationally recognized standards of practice and/or guidelines from the American Burn Association.

B. The burn center shall ensure that there are policies and procedures in place, and that the policies and procedures are implemented in accordance with acceptable, nationally recognized standards of practice and/or guidelines, to promote the safety and security of the burn center patients.

C. The burn center shall have an internal registry for all inpatients and shall participate in an externally based registry. A member of the burn center or hospital staff shall be assigned to maintain data and develop statistics regarding the causes of injuries sustained by burn center inpatients.

D. Each burn center system shall participate in a public burn awareness program covering the prevention and immediate treatment of burn injuries.

E. There shall be a direct communication link between the prehospital system and the burn center. The contact point shall be either in the burn center or in the emergency department.

F. The burn center shall cooperate with the Louisiana Emergency Response Network (LERN), and the appropriate audit committees of the regional or state Emergency Medical Services (EMS) system, where they exist, by providing patient care data for system management, quality assessment, and operations research. Patient care data shall be provided, both routinely and in response to special requests, and by participating in local audits of the EMS system.

G. Hospitals without qualified personnel or equipment for the care of pediatric burn patients, shall transfer pediatric burn patients to a facility that has a pediatric intensive care unit or a pediatric unit with access to burn services.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health, Health Standards Section, LR 50:

§9585. Organization and Staffing

A. The organization of services shall be appropriate to the scope of burn center services offered. The burn center shall employ and define the leadership structure in accordance with the facility's administration. All staff shall be licensed and credentialed as required by their respective discipline.

B. Medical Director

1. The medical director of the burn center shall:

a. be designated by the institution, with the appropriate authority and responsibility, to direct and coordinate all medical services to patients admitted to the burn center;

b. be a currently licensed, board-certified general surgeon or plastic surgeon on the active medical staff of the institution responsible for the management of burn patients in a burn center, with at least two years' experience

during the previous five years, or have completed a burn fellowship;

c. be responsible for regular communications with physicians and other authorities regarding referred patients, and for appropriate burn center management functions, including:

i. quality assurance;

ii. liaison with adjacent burn centers;

iii. internal and external education programs; and

iv. coordination with regional or state EMS programs, where they exist, and the Louisiana Emergency Response Network; and

d. direct the burn care of at least 50 inpatient or outpatient acutely burned patients annually over a three-year period. For facilities that treat acutely burned pediatric patients, the burn center director shall have directed the burn care of at least 25 inpatient or outpatient pediatric cases annually over a three-year period.

2. Medical care to burn center patients shall be provided by the burn center medical director, or other appropriately licensed, board-certified or board eligible physicians operating with the medical director's approval, and utilizing standard burn center patient care protocols.

3. The medical director shall designate one or more appropriately licensed, board-certified or board eligible physician(s) with at least six months experience in the management of the patient with burns, to be accessible for administrative and clinical decisions when the medical director is not available.

C. Nurse Manager

1. The nurse manager shall be a Registered Nurse (RN) who is currently licensed to practice in the state of Louisiana and has at least three years of experience as a RN. Two of these years shall consist of full-time experience in providing direct patient care in an intensive care setting, and one of these years shall consist of full-time experience in providing direct patient care in a burn center.

D. Registered Dietician

1. A registered dietitian, currently licensed to practice in Louisiana, with critical care and burn care experience, shall be available for consultation to burn center medical staff, nursing staff, and patients, as needed.

E. Registered Pharmacist

1. A clinical registered pharmacist, currently licensed to practice in Louisiana, shall be available for consultation to burn center medical staff, nursing staff, and patients, as needed.

2. The registered pharmacist licensed to practice in Louisiana, shall have critical care and burn care experience.

F. Respiratory Therapy

1. Respiratory therapists, currently licensed to practice in Louisiana, shall be available to participate in the assessment and treatment of all burn center patients, as needed.

G. Staff Specialists

1. Board certified and credentialed staff, currently licensed to practice in Louisiana in the following surgical specialties, shall be available as needed:

a. general;

b. cardiothoracic;

c. neurologic;

d. obstetric/gynecologic;

- e. ophthalmologic;
- f. oral;
- g. orthopedic;
- h. otorhinolaryngologic;
- i. pediatric, where applicable;
- j. plastics; and
- k. urologic.

2. Board certified and credentialed staff, currently licensed to practice in Louisiana in the following nonsurgical specialties, shall be available as needed:

- a. anesthesiology;
- b. cardiology;
- c. gastroenterology;
- d. hematology;
- e. infectious disease;
- f. internal medicine;
- g. nephrology;
- h. neurology;
- i. pathology;
- j. pediatrics, where applicable;
- k. physiatry;
- l. psychiatry;
- m. pulmonary; and
- o. radiology.

3. A board certified surgeon, currently licensed to practice in Louisiana, shall be involved, as needed, in the management of patients with burns for a minimum of 150 annual inpatient admissions to the burn center.

4. Staff specialists shall be available, as needed, for consultation in the specialties listed above. The initial response may be provided by resident physician(s), designated nurse practitioner(s), or physician assistant(s) who are capable

of assessing emergency situations in their respective specialties, with appropriate supervision, and who can provide any immediately indicated treatment.

5. The availability and accessibility of consultation by current licensed to practice in Louisiana, board certified physicians and surgeons in all specialties relevant to the care of the patient with burns shall be documented.

H. Other Staff

The following staff shall be available to the burn service, as needed:

1. clinical psychologist(s) and/or psychiatrist(s);
2. member(s) of clergy;
3. social worker;
4. case manager(s); and/or
5. child life specialist, where applicable.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health, Health Standards Section, LR 50:

§9587. Ancillary Services

In addition to all other required hospital ancillary services provided in Sections 9361, 9371, and 9327 of these rules, the following additional ancillary services shall be required for burn centers:

A. Dialysis

1. There shall be provisions for renal dialysis 24-hours per day when required, or a written transfer agreement with an available and accessible dialysis facility in another hospital.

B. Operating Services

1. An operating room shall be readily accessible to the burn center 24-hours per day.

2. Equipment and supplies required in burn operating room(s) shall be determined by the burn center medical director.

3. Burn operating rooms shall be able to reach sufficient temperatures or have procedures to maintain patient normothermia.

C. Rehabilitation Program

1. The burn center shall provide the following:

a. recreational and educational services, as defined by institutional policy, during hospitalization for those patients able to utilize them;

b. evaluation of needs and support capabilities of patient's family or other significant persons, and cooperative planning with family or other significant persons for patient discharge;

c. documentation of need for and availability and accessibility of community resources to assist in meeting the patient's physical, psychosocial, educational, and vocational needs following discharge. The social worker assigned to the burn center shall coordinate these activities. A clinical psychologist or psychiatrist shall be available for consultation, as needed; and

d. plans for readmission for treatment of post medical/surgical complications, or rehabilitation and reconstruction.

D. Tissue Bank

1. The hospital's burn center policies and procedures regarding the use of allograft tissues shall be in compliance with all federal and state requirements, and when feasible and appropriate, with acceptable, nationally recognized standards of practice and/or guidelines of the American Association of Tissue Banks (or equivalent).

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health, Health Standards Section, LR 50:

§9589. Patient Rooms and Support Space

A. The burn center shall contain beds that shall be used predominantly for the care of patients with burn injuries, or those suffering from other injuries or skin disorders whose treatment requirements are similar to those of patients with burns. The maximum number of patient beds per room shall be one.

B. ICU patient rooms shall be designed as intensive care acuity adaptable with direct access to toilet/bathing room. Each room shall be equipped with heating equipment or have processes in place to maintain patient normothermia as required by building and construction guidelines.

C. All patient rooms shall be designed as protective environment rooms with consideration to provide airborne isolation infection/protective rooms in centers with suspected or confirmed airborne infections.

D. Where a hydrotherapy room is provided, it shall be readily accessible to the burn center patient.

E. A conference room/meeting room, a family room, and an adequate exercise area shall be available.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health, Health Standards Section, LR 50:

§9591. Education Program

A. Medical, nursing, and ancillary staff of the burn center shall participate in burn-specific educational programs or activities developed especially related to burn care, both at

initial orientation and during planned, organized, and coordinated in-services.

B. Annual continuing education shall be required for all medical, nursing, and ancillary staff employed in the burn center with burn care content equivalent to approximately four continuing education units.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health, Health Standards Section, LR 50:

§9593. Conferences

A. Multi-disciplinary conferences shall be held at least weekly to review and evaluate the status of each burn center inpatient with representation by each clinical discipline regularly involved in burn center care. The conference shall include a review of each patient's:

1. progress in recovery;
2. necessity for surgery; and
3. rehabilitation needs, both physical and psychosocial.

B. A documented quality/performance improvement conference shall be held at least monthly, with input from peers to improve patient care.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health, Health Standards Section, LR 50:

Family Impact Statement

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this

proposed Rule may have a positive impact on family functioning, stability, and autonomy as described in R.S. 49:972 by expanding the availability of services.

Poverty Impact Statement

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973.

Small Business Analysis

In compliance with the Small Business Protection Act, the economic impact of this proposed Rule on small businesses has been considered. It is anticipated that this proposed Rule will may have an indeterminable impact on small business since there is no way to determine how many hospitals will be required to add exterior signage stating that the hospital does not provide emergency services.

Provider Impact Statement

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider impact of this proposed Rule has been considered. It is anticipated that this proposed Rule may have an impact on staffing level requirements or qualifications required to provide the same level of service, and may have an indeterminable impact on the direct or indirect cost to the provider and on the provider's ability to provide the same level of service as described in HCR 170, since there is no way to determine how many hospitals will be required to add exterior signage stating that the hospital does not provide emergency services.

Public Comments

Interested persons may submit written comments to Tasheka Dukes, RN, Health Standards Section, P.O. Box 3767, Baton Rouge, LA 70821. Ms. Dukes is responsible for responding to inquiries regarding this proposed Rule. The deadline for submitting written comments is at 4:30 p.m. on January 29, 2024.

Public Hearing

Interested persons may submit a written request to conduct a public hearing by U.S. mail to the Office of the Secretary ATTN: LDH Rulemaking Coordinator, Post Office Box 629, Baton Rouge, LA 70821-0629; however, such request must be received no later than 4:30 p.m. on January 9, 2024. If the criteria set forth in R.S. 49:961(B)(1) are satisfied, LDH will conduct a public hearing at 9:30 a.m. on January 24, 2024 in Room 118 of the Bienville Building, which is located at 628 North Fourth Street, Baton Rouge, LA. To confirm whether or not a public hearing will be held, interested persons should first call Allen Enger at (225) 342-1342 after January 9, 2024. If a public hearing is to be held, all interested persons are invited to attend and present data, views, comments, or arguments, orally or in writing.

Stephen R. Russo, JD

Secretary