DEPARTMENT OF HEALTH

NOTICE OF PROPOSED RULEMAKING

The Director of the Department of Health, pursuant to the authority set forth in section 5(a) of the Health-Care and Community Residence Facility, Hospice and Home Care Licensure Act of 1983, effective February 24, 1984, D.C. Law 5-48, D.C. Official Code § 44-504(a)(2005 Repl.) (hereinafter "the Act"), and in accordance with Mayor's Order 98-137, dated August 20, 1998, hereby gives notice of his intent to adopt the following licensure, construction and operating standards for hospitals in not less than thirty (30) days from the date of publication of this notice in the *D.C. Register* and upon completion of the forty-five (45) day Council period of review if the Council does not act earlier to adopt a resolution approving the rules.

Though hospital standards were revised in part in 2003, the Director now takes this opportunity to replace regulations on hospital operations, now cited as Chapters 20, 21, 22 and 23 of Title 22 of the District of Columbia Municipal Regulations. The proposed rules update such areas as patient care and nutrition as well as medication errors and recordkeeping. On the effective date of these regulations, 22 DCMR Chapters 20-23 will be repealed.

Chapter 20 of Title 22 of the District of Columbia Municipal Regulations shall read as follows:

CHAPTER 20 HOSPITALS

2000 GENERAL PROVISIONS

2000.1 This chapter shall provide minimum standards for the establishment and maintenance of hospitals in order to protect the public interest by promoting the health, welfare, and safety of individuals in hospitals.

2000.2 In the absence of requirements in this chapter or in other applicable regulations, the management and operation of each hospital shall be in accordance with applicable Medicare Certificate of Participation requirements, and in the absence of other standards, in accordance with the Joint Commission standards, if applicable, and good medical, nursing and public health practices.

2000.3 If a hospital delivers services through a contract with a business that is licensed only by another jurisdiction, the hospital shall be responsible for the delivery of services in compliance with the laws of the District of Columbia.

2001 STANDARDS OF COMPLIANCE

2001.1 The provisions of this chapter set forth the minimal requirements for the establishment, maintenance, and operation of hospitals.

2001.2 Wherever in this chapter or in other applicable standards the performance requirements are not specified, the Director may formulate and publish standards which, if followed, shall constitute substantial compliance with the requirements of this chapter.

2001.3 The standards formulated and published by the Director pursuant to § 2001.2 shall be made available to the public, and shall be maintained on file in the Director's office for inspection during regular business hours.

2002 LICENSE REQUIREMENTS

2002.1 Except as otherwise expressly provided for in this chapter, no person shall operate or hold himself or herself out as operating a hospital in the District of Columbia, whether public or private, for profit or not for profit, without being licensed as required by § 3 of the Health-Care and Community Residence Facility, Hospice and Home Care Licensure Act of 1983, effective February 24, 1984, D.C. Law 5-48, D.C. Official Code § 44-501 *et seq.* (2005 Repl.) (hereinafter, the Act).

2002.2 A facility shall submit an application for initial licensure to the Director no later than ninety (90) days prior to the stated date of operation. The license fee shall accompany the application. The application for a hospital license shall state each service for which the applicant undertakes to furnish hospital care and the number of beds allocated to each service; and shall furnish other information as may be required.

2002.3 In addition to the requirements of § 2002.2, an applicant for licensure shall also provide the following:

(a) Hospital location;

(b) Previous owner, license number, Medicare and Medicaid numbers;

(c) Type of hospital (special or general);

(d) Type of current certification(s);

(e) Accreditation status;

(f) Bed capacity;

(g) Offsite location(s);

(h) Services to be provided;

(i) Staffing;

(j) Description of facility;

(k) Proposed use of idle space;

(l) Hospital Administrator/Chief Executive Officer;

(m) Person in charge in absence of administrator;

(n) Nurse administrator:

(o) Name of Medical Director and Director of Nursing;

(p) Applicant (owner);

(q) Type of organization;

(r) Interested parties;

(s) Other providers owned by the applicant;

(t) Subsidiary/parent information;

(u) Chain organization (organization structure);

(v) Background information (affiliations, adverse actions, etc);

(x) Owner of building/land;

(y) Type of organization;

(z) Name of the lease holder if the hospital has a lease agreement for hospital space;

(aa) Name of management company;

(bb) Contact person; and

(cc) Designee for acceptance of service.

2002.4 A facility making application for initial licensure shall have obtained a Certificate of Occupancy and a Certificate of Need and shall list approvals on the application.

2002.5 A facility shall submit an application for license renewal to the Director no later than sixty (60) days before the expiration date of the current license. The facility shall submit the license fee with the application.

2002.6 The Director may impose a late application filing fee, in addition to the license fee, for a facility that fails to submit a license renewal application within the time prescribed.

2002.7 The Director may conduct background checks on the applicant or licensee to determine his or her suitability or capability to operate or to continue operating a health care facility. Background checks shall consist of, but not be limited to, the following:

(a) Contacts with the police to ascertain criminal convictions;

(b) Verification of licensure status;

(c) Verification of educational credentials;

(d) Verification of residency status;

(e) Verification of solvency; and

(f) Contacts with District and other state officials to determine outstanding warrants, complaints, criminal convictions, and records of malpractice actions.

2002.8 The licensee of a health care facility shall inform the Director of a change in operation within thirty (30) days after the change. Change of operation means any alteration in function, program, or services that is substantially different from that reported on the hospital's most recent license application.

2002.9 Each license in the licensee's possession shall be the property of the District Government and shall be returned to the Director immediately upon any of the following events:

(a) Suspension or revocation of the license;

(b) Refusal to renew the license;

(c) Forfeiture consistent with § 2002.10; or

(d) Voluntary discontinuance of the operation by the licensee.

2002.10 The Director shall issue each license in the name of the owner and operator only for the premises and person or persons named as applicants in the application and the license shall not be valid for use by any other person or persons or at any place other than that designated in the license. Any transfer as to person or place without the approval of the Director shall cause the immediate forfeiture of the license.

2002.11 Each hospital license shall specify the following:

(a) The name of the person to whom the license is issued;

(b) The name and location of the hospital;

(c) The total rated bed capacity per service;

(d) The expiration date; and

(e) Any special limitations imposed by the Director.

2002.12 The Director shall classify each license as follows:

(a) General hospitals; or

(b) Special hospitals.

2002.13 The Director shall classify each facility license as regular, provisional or restricted.

2002.14 The D.C. Fire and Emergency Medical Services shall conduct inspections of a facility to determine compliance with fire safety requirements.

2002.15 The D.C. Fire and Emergency Medical Services shall submit to the Director the findings from inspections with a determination regarding licensure of a facility. The Director shall incorporate the determination in the licensure recommendation.

2002.16 The D.C. Fire and Emergency Medical Services shall take action as deemed necessary against a facility for noncompliance with regulations under its jurisdiction.

2002.17 Each facility shall meet the minimum requirements for insurance as appropriate for the number and types of beds in the facility and the number and types of services available as determined by the Director.

2002.18 Each facility shall comply with all Certificate of Need requirements. The Director may subject a facility to an adverse action based on failure to comply.

2002.19 The license shall be posted in a conspicuous place at all times.

2003 CERTIFICATES REQUIRED

2003.1 No license to operate a hospital shall be issued by the Director until the certifications required under this section have been issued.

2003.2 Upon satisfactory proof being submitted, the Director shall certify that the services that are, or are proposed to be, furnished on the premises are, or will be, primarily to provide the following facilities and services by or under the supervision of a physician or provider eligible to admit, or by an oral surgeon where a physician is available at all times on call:

(a) Diagnostic facilities and services and therapeutic facilities and services for surgical or medical diagnosis, treatment, and care of injured, disabled, or sick persons; or

(b) Obstetric facilities and services for the care of maternity patients and newborn infants.

2003.3 Upon proof satisfactory to them, and after examination of the premises, the Director of the Department of Consumer and Regulatory Affairs, and the Fire Chief shall certify that the premises that are proposed to be used for that purpose are, in their judgment, suitable for that purpose.

2004 INITIAL LICENSURE

2004.1 Prior to initial licensure of a facility, the Director shall conduct an on-site inspection to determine compliance with the applicable statutes and rules governing the facility.

2004.2 The Director shall send a written report of the findings to the facility no later than fifteen (15) days from the conclusion of the inspection.

2004.3 A facility with deficiencies shall correct them within thirty (30) days upon receipt of the written report prior to the issuance of a license. The facility may submit written proof of correction of deficiencies where appropriate.

2004.4 The Director may conduct a follow-up inspection to determine correction of deficiencies cited within ten (10) days following the thirty (30) day correction period or upon notification from the facility that the deficiencies have been corrected.

2004.5 The Director may deny the application for licensure or issue a restricted or provisional license to a facility that has not corrected deficiencies. The facility shall reapply for licensure when deficiencies are corrected, or for a more limited license, if appropriate.

2004.6 The Director shall issue a provisional license, not to exceed ninety (90) days, to a facility initially approved.

2004.7 The Director shall conduct an unannounced on-site inspection of the facility within ninety (90) days of operation to assess the facility's continued compliance with the statutes and rules governing the facility. The Director shall issue a regular license not to exceed one (1) year to a facility that is in full or substantial compliance.

2004.8 The Director shall renew a provisional license for a facility not in substantial compliance with the applicable statutes and rules of this chapter. Facilities taking ameliorative action to correct violations, but without deficiencies that pose a serious and imminent danger to the public's health, safety and welfare, may apply for renewal.

2004.9 The facility shall correct the deficiencies within sixty (60) days and the Director may require the facility to submit a plan of correction.

2004.10 The Director shall conduct an on-site inspection after sixty (60) days to determine correction. The Director shall issue a regular license, not to exceed one (1) year, to the facility if found in substantial compliance.

2004.11 The Director shall not renew a provisional license or grant a regular license to a facility not in substantial compliance, not taking ameliorative action, or with violations that pose a serious and imminent danger to the public's health, safety and welfare.

2005 LICENSE RENEWAL

2005.1 The Director shall conduct an on-site inspection of a facility to determine compliance with the statutes and rules governing the facility prior to the expiration of the license. Unless otherwise notified, inspections shall be unannounced.

2005.2 The Director shall send a written report of the findings to the facility no later than fifteen (15) days from the conclusion of the inspection.

2005.3 Consistent with applicable statutes and the rules governing the facility, the Director shall take adverse action, provided in sections 2009 - 2011 of this chapter, against a facility found to have life threatening deficiencies, or a continuing pattern of deficiencies which pose a serious threat to the public's health and safety.

2005.4 The Director may require the facility to submit a written, signed and dated plan of correction to abate deficiencies cited no later than ten (10) days following the receipt of the written report of findings.

2005.5 The Director shall issue a renewal license for a period not to exceed one (1) year to a facility with no deficiencies or with minor deficiencies that can be corrected within thirty (30) days.

2005.6 The Director shall issue a provisional license not to exceed ninety (90) days to a facility that is not in substantial compliance with the applicable statutes and rules of this chapter, but does not have deficiencies that are life threatening or that endanger the public's health and safety.

2005.7 The Director shall issue a regular license not to exceed one (1) year to a facility issued a provisional license pursuant to § 2004.6 that is in full or substantial compliance after ninety (90) days, based on a follow-up inspection.

2005.8 The Director shall renew the provisional license for a facility initially issued a license pursuant to § 2004.7 that is not in substantial compliance after ninety (90) days, but is making significant progress toward correction of deficiencies cited.

2005.9 The Director may prohibit a facility from accepting new patients and providing a service by issuing a restricted license when he or she finds that the facility has violations of a serious nature, and no substantial corrective action has been taken.

2005.10 Consistent with the applicable statutes and rules governing the facility, the Director shall take adverse action against a facility that is not making substantial progress after issuance of the first provisional license, or its renewal, or a restricted license.

2005.11 The Director shall automatically suspend or convert to a provisional or restricted status the license of a facility that loses its federal certification until a determination is made regarding its continued operation and license status.

2006 REMOVAL PERMITS

2006.1 No hospital or part of a hospital shall move from the premises for which a license has been issued to any other premises without first having obtained from the Director a permit to move to the premises not covered by the license issued to the hospital.

2006.2 The removal permit shall indicate on its face the special conditions governing the moving of the hospital or part of the hospital as the Director may find to be in the interest of the public health.

2007 COMPLAINT INVESTIGATIONS

2007.1 The Director may receive any and all complaints alleging violations of the requirements contained in the applicable laws and regulations, and may conduct unannounced investigations to determine the validity of the complaints.

2007.2 The facility shall permit the Director entry to investigate complaints. The Director shall conduct complaint investigations during time periods and staff shifts consistent with the allegations in the complaint when considered appropriate.

2007.3 The Director may require the facility to respond to the written report of findings with a written plan of correction no later than ten (10) days after the receipt of the report.

2007.4 The Director shall communicate the findings of the complaint investigation directly to the facility and the complainant, if the complainant is identified to the Director, at the conclusion of the investigation.

2007.5 The Director shall investigate complaint allegations of a life threatening nature or those that represent immediate danger within two (2) business days of receipt of the complaint by the Department. All other complaints shall be investigated by the Director no later than thirty (30) days from receipt or the complaint or as considered appropriate.

2007.6 The Director shall immediately suspend or revoke a license or issue a provisional or restricted license in accordance with the applicable statutes and the rules of this chapter if a facility is found to have life threatening deficiencies or deficiencies which seriously endanger the public's health and safety.

2007.7 The Director shall require a facility which is found in violation of the applicable statutes and the rules of this chapter, but whose deficiencies are not life threatening or seriously endangering to the public's health, safety and welfare, to correct the deficiencies within thirty (30) days from receipt of the complaint investigation report.

2007.8 The Director shall issue a provisional or a restricted license, as appropriate, to a facility that has not corrected deficiencies within thirty (30) days.

2007.9 If appropriate, the Director shall issue a restricted license to a facility which is found to have life threatening deficiencies or deficiencies which seriously endanger the public's health and safety. If not appropriate, the Director shall suspend or revoke the facility's license consistent with the applicable statutes and this chapter.

2008 VARIANCES

2008.1 The Director may grant a variance from any of the requirements of the applicable statutes and the rules of this chapter, if the applicant can show undue hardship and the variance can satisfy the following conditions:

(a) It is not inconsistent with other statutory provisions;

(b) It is not deleterious to the public health and safety; and

(c) It would not have the effect of permitting a violation of other laws or regulations of the District of Columbia.

2008.2 A facility requesting a variance shall submit in writing to the Director the following:

(a) The regulatory requirement(s) for which a variance from strict compliance is being requested;

(b) Specific justification as to why the facility cannot meet the requirement(s); and

(c) Alternative measures provided to ensure quality care and services consistent with the applicable statutes and this chapter.

2008.3 The Director shall grant a variance only to the extent necessary to ameliorate an undue hardship and only when compensating factors are present to give adequate protection to the public health without impairing the intent and purpose of this chapter.

2008.4 If the Director believes that the conditions in § 2008.1 are not met, the Director shall issue a written proposed denial together with advice to the applicant as to his or her right to a hearing on the matter which shall be conducted by the Office of Administrative Hearings in accordance with § 2013.

2008.5 The Director shall maintain a record, to which the public shall have access through the Freedom of Information Act, of all variances granted. The record shall contain a complete written explanation of the basis for each variance.

2008.6 If a variance is requested from standards established pursuant to § 5(a)(3) of the Act, the Director shall provide an opportunity to comment before a decision is made.

2009 CIVIL PENALTIES

2009.1 Violation of any provision of this chapter may be subject to penalties in accordance with § 10 of the Act.

2009.2 In accordance with § 10(e) of the Act, civil fines, penalties, and related costs may be imposed against a hospital for the violation of any provision of this chapter. Adjudication, enforcement and applicable fines, penalties and costs shall be those established by or pursuant to Chapter 18 of Title 2 of the D.C. Official Code.

2009.3 In accordance with § 10(f)(1) of the Act, any person who commits a violation of any provision of this chapter that results in demonstrable harm to a patient, resident, or client of a facility or agency, shall be subject to a fine for each offense not to exceed $ 10,000. For each violation, each day of violation shall constitute a separate offense, and the penalties prescribed shall apply to each separate offense. The total fine for a series of related offenses shall not exceed $ 100,000. Procedures for adjudication of violations under this subsection shall be those established pursuant to Chapter 18 of Title 2.

2010 DENIAL, SUSPENSION, AND REVOCATION OF A HEALTH CARE FACILITY LICENSE

2010.1 The Director may refuse to issue or renew or may revoke, or may suspend a license issued pursuant to this chapter for one or more of the reasons listed in § 5(a)(2)(F) of the Act.

2010.2 Except for a conversion or summary suspension undertaken pursuant to § 6(d)(1) of the Act, every applicant for or holder of a license, or applicant for reinstatement after revocation, shall be afforded notice and an

opportunity to be heard prior to the action of the Director, if the effect of the Director's action would be one of the following:

(a) To deny a license for cause which raised an issue of fact;

(b) To suspend a license;

(c) To revoke a license;

(d) To refuse to restore a license;

(e) To issue a limited renewal license; or

(f) To refuse to issue a renewal license for any cause other than failure to pay the prescribed fees.

2010.3 When the Director contemplates taking any action of the type specified in 2010.2 of this chapter, the Director shall give to the applicant, or to another designee chosen by the applicant, a written notice containing the following statements:

(a) In the case of a license denial, that the applicant has failed to satisfy the Director as to the applicant's qualifications;

(b) The respect in which the applicant has failed to satisfy the Director; and

(c) That the denial shall become final unless the applicant files a request for a hearing with the Director within fifteen (15) days of receipt of the notice.

(d) That the Director has sufficient evidence (setting forth the nature of the evidence), which if not rebutted or explained, justifies taking the proposed action; and

(e) That the Director shall take the proposed action unless within fifteen (15) days of the receipt of the notice the facility files with the Office of Administrative Hearings a written request for a hearing or in the alternative submits documentary evidence for the court's consideration before final action is taken.

2010.4 If the facility does not respond to the notice within the time specified, the Director may, without a hearing, take the action contemplated in the notice. The applicant or licensee shall be informed in writing of the action taken.

2010.5 If the applicant or licensee chooses to submit to the Office of Administrative Hearings documentary evidence but does not request a hearing, the Director may submit a written response to the Office of Administrative Hearings within fifteen (15) days of the receipt of the documentary evidence by the Office of Administrative Hearings or otherwise within a time period allotted by the Office of Administrative Hearings.

2010.6 Grounds for suspension, revocation or refusal to issue or renew a license shall include the following:

(a) Failure to meet or maintain the standards required by this chapter;

(b) Willful submission of false or misleading information to the Director in connection with an application for licensure or related to licensing procedures;

(c) Violation of this chapter, or other laws and regulations of the District of Columbia or the United States relating to the operation of a hospital and which are applicable to hospitals operating in the District of Columbia;

(d) Failure to allow inspections pursuant to this chapter;

(e) Failure to obey any lawful order of the Director, pursuant to the rules of this chapter;

(f) Conviction of a member of the governing body, a Director, Administrator, the Chief Executive Officer, department head, or other key staff member of a felony involving the management or operation of a hospital, or which is directly related to the integrity of the facility or the public health or safety; or

(g) Any act which constitutes a threat to the public's health or safety.

2011 SUMMARY SUSPENSION AND LICENSURE CONVERSION, HEARINGS

2011.1 Notwithstanding any other provision of this chapter, the Director, pursuant to § 6(d)(l) of the Act, and under conditions described in that section may do the following:

(a) Convert the facility's license to a provisional or restricted; or

(b) Summarily suspend the facility's license.

2011.2. The Director may summarily suspend the license of any hospital or convert its license to a provisional or restricted license if the Director determines that existing deficiencies constitute an immediate or serious and continuing danger to the health, safety or welfare of its patients.

2011.3 Upon summarily suspending a license pursuant to §§ 2011.2, the Director shall immediately give the hospital written notice of the action, including a copy of the order of suspension, a statement of the grounds for the action and notification that the hospital may, within seven (7) business days from the day written notice is received, file with the Office of Administrative Hearings a written request for an expedited hearing with respect to the action.

2011.4 The Office of Administrative Hearings shall convene a hearing within three (3) business days following receipt of the facility's timely request for a hearing to review the reasonableness of the suspension.

2011.5 If a summary suspension is requested, the request for hearing shall not serve to stay the order suspending the license.

2011.6. Except as otherwise noted in this chapter all procedures relating to hearings as set forth in this chapter shall apply to hearings in summary suspensions.

2011.7 Conversions of licenses to restricted or provisional licenses shall be in accordance with § 7 of the Act.

2012 SERVICE OF NOTICE

2012.1 Any notice required by this chapter may be served either personally or by certified mail, return receipt requested, directed to the applicant or licensee at the last known address as shown by the records of the Department.

2012.2 If notice is served personally, it shall be considered by the Director to have been served at the time when delivery is made to the applicant or licensee.

2012.3 If notice is served by certified mail, it shall be considered by the Director to have been served on the date written or stamped upon the return receipt showing delivery of the notice to the applicant or licensee, or refusal of the applicant or licensee to receive the notice.

2012.4 In the event that the applicant or licensee is no longer at the last known address as shown by the records of the Department and no forwarding address is available, the notice shall be considered by the Director to have been served on the date the return receipt bearing the notification is received by him or her.

2012.5 If an applicant or licensee scheduled for a hearing does not appear and no continuance has been or is granted, the Director may take the contemplated action without a hearing.

2013 CONDUCT OF HEARINGS

2013.1 Every hearing before the Office of Administrative Hearings shall be open to the public and shall be in accordance with its rules of procedure and this chapter.

2013.2 An applicant or licensee entitled to a hearing shall have the following rights:

(a) To be represented by counsel;

(b) To present testimony;

(c) To present witnesses and evidence on his or her behalf:

(d) To examine all opposing witnesses on any matter relevant to the issues; and

(e) To have subpoenas issued to compel the attendance of witnesses and the production of relevant books, papers, and documents upon making written request therefore to the Director.

2013.3 In any proceeding resulting from the Director's contemplated action to deny new licensure, the applicant shall have the burden of proving his or her qualification for licensure.

2013.4 In any proceeding resulting from the Director's contemplated action to refuse to renew, to revoke, or to suspend a license, the Department shall have the burden of proving that such action should be taken, or in the case of a summary suspension, that the action was valid.

2013.5 In all hearings, a complete record shall be made of all evidence presented during the course of a hearing. Any party to the proceedings desiring it shall be furnished with a copy of the record, upon payment of the fee prescribed by the Director.

2013.6 Final decisions shall be rendered, petitions for reconsiderations taken and appeals filed in accordance with the rules of the Office of Administrative Hearings.

2014 GOVERNING BODY AND ADMINISTRATION

2014.1 Each hospital shall have a governing body which shall have the authority and responsibility for the direction and policy of the hospital.

2014.2 The governing body's responsibilities shall include:

(a) Monitoring policies to assure appropriate administration and management of the facility;

(b) Maintaining the hospital's compliance with all applicable state and federal statutes, relevant state and federal rules and regulations, the hospital's policies and procedures as well as the hospital's plans of correction;

(c) Ensuring the quality of all services, care and treatment provided to patients whether those services, care or treatment are furnished by hospital staff or through contract with the hospital;

(d) Designating an administrator who is responsible for the day-to-day management of the hospital and defining the administrator's duties and responsibilities;

(e) Notifying the Department in writing within thirty (30) working days when a vacancy in the administrator position occurs, including who will be responsible for the position until another administrator is appointed;

(f) Notifying the Department in writing within thirty (30) working days when the administrator vacancy is filled indicating effective date and name of person appointed administrator;

(g) Appointment and reappointment of medical staff members who are credentialed in accordance with the District of Columbia Health Occupations Revision Act of 1985 (D.C. Law 6-99) and delineating their clinical privileges, according to the procedures for credentials review established by the medical staff and approved by the governing authority;

(h) In collaboration with the medical staff, establishing criteria for membership on the medical staff or clinical privileges;

(i) Rendering within a fixed period of time the final decision regarding medical staff recommendations for denial of staff appointments and reappointments, as well as for the denial, limitation, suspension or revocation of privileges. There shall be a

mechanism provided in the medical staff bylaws, rules and regulations for review of decisions, including the right to be heard when requested by the practitioner;

(j) Ensuring the medical staff is accountable to the governing body for the quality of medical care and treatment;

(k) Ensuring a medical staff and a utilization review process is formed and operated for the purpose of reviewing the medical and hospital care provided and the use of hospital resources to assist individual physicians, administrators and nurses in maintaining and providing a high standard of medical and hospital care and efficient use of the hospital;

(l) At least once each year, reviewing reports and recommendations regarding all Quality Assurance/Performance Improvement activities and the Medical Staff and Utilization Review process. Reports shall be utilized to implement programs and policies to maintain and improve the quality of patient care and treatment;

(m) Establishing a means for liaison and communication between the governing authority, the medical staff and administration and promoting effective communication and coordination of services among the various hospital departments, administration and the medical staff;

(n) Requiring the medical staff to be organized with a chief of staff, president, or chairperson and approving the organization, bylaws, rules and regulations, and policies and procedures of the medical staff and the departments in the hospital;

(o) Establishing visitation policies which are in the best interest of patients, including, but not limited to, protection from communicable diseases, protection from exposure to deleterious substances and hazardous equipment and assurance of health and safety of patients; and

(p) In addition to the requirements of section 2032.1(d), establishing a written infection control program which includes a description of risks, strategies to address the risks, a statement of goals, a system to evaluate the program and applicable policies and procedures.

2015 ADMINISTRATOR

2015.1 The administrator shall be responsible for planning, organizing, and directing the day to day operation of the hospital. The administrator shall

report and be directly responsible to the governing body in all matters related to the maintenance, operation, and management of the hospital.

2015.2 The Administrator shall be present forty (40) hours per week during regular business hours, and shall be responsible for the operation of the facility twenty-four (24) hours per day, seven (7) days per week.

2015.3 The administrator's responsibilities include:

(a) Making sure there is adequate attention to the management of the hospital twenty-four (24) hours of day;

(b) Providing for the protection of patients' health, safety, and well-being;

(c) Maintaining staff appropriate to meet patient needs;

(d) Designating a substitute, who shall be responsible and accountable for management of the facility, to act in the absence of the administrator;

(e) Developing and implementing procedures on collecting and reporting information on abuse, neglect and exploitation;

(f) Ensuring that investigations of suspected abuse, neglect or exploitation are completed and that steps are taken to protect patients;

(g) Developing and implementing procedures for the collection of data on and reporting of adverse events and unusual incidents, which may also be known as or include, sentinel events and near misses. Procedures must also include the implementation of corrective actions.

(h) Ensuring that bodies are held in the morgue no longer than thirty (30) days and that the hospital complies with the following:

(1) Reporting requirements provided by the Vital Records Act of 1981 (D.C. Law 4-34), and

(2) Notification and reporting requirements in the the Establishment of the Office of the Chief Medical Examiner Act of 2000 (D.C. Law 4-34); and

(i) Developing and implementing policies to ensure adequate and appropriate monitoring of infants and children when they are placed in patient care units without adult patients

2016 GENERAL STAFF REQUIREMENTS

2016.1 Each hospital shall maintain a sufficient number of staff with the qualifications, training and skills necessary to meet patient needs. The hospital shall be staffed twenty-four (24) hours per day.

2016.2 Each hospital shall ensure and maintain evidence of, for employees and contract staff, current active licensure, registration, certification or other credentials in accordance with applicable District of Columbia law, prior to staff assuming job responsibilities and shall have procedures for verifying that the current status is maintained.

2016.3 Whenever a licensed health-care professional is terminated as a result of a job-related incident, the hospital shall refer a report of the incident to the appropriate professional health-care board which shall review the report in accordance with the District of Columbia Health Occupations Revision Act of 1985 (D.C. Law 6-99).

2017 HEALTH EXAMINATIONS

2017.1 Each person, other than a physician, involved in the performance of duties involving direct patient care shall have an occupational health screening by a physician or other qualified health professional within thirty (30) calendar days prior to entering active status or within thirty (30) calendar days after entering, and at least once every two (2) years thereafter. Each physician shall have a health examination performed by another physician or other qualified health care professional at the time of appointment and once every two (2) years thereafter.

2017.2 Each health screening shall include a medical history, physical examination, intradermal tuberculin test and any indicated laboratory work, except that the intradermal tuberculin test and subsequent tests shall be performed in accordance with section 2017.3.

2017.3 Preventative measures, testing and frequency of testing for tuberculosis shall be in accordance with standards and guidelines developed by the Centers for Disease Control and Prevention.

2017.4 A report, signed by an examining physician or other qualified health professional, shall be made of each examination.

2017.5 The report of each examination shall be kept on file in the hospital and shall be open to inspection by the Department.

2017.6 In lieu of the pre-employment intradermal tuberculin test required by this subsection, the examining physician may accept a written report of the test or x-ray made by a qualified person within twelve (12) months prior to the date of the examination.

2017.7 Each person who is involved in direct patient care and who has been absent from duty because of an illness required to be reported to the Department shall, prior to returning to duty, obtain certification from a physician or other qualified health professional, as provided for in the hospital's policies, that he or she may return to duty without apparent danger of transmitting the cause of the illness to any patient.

2017.8 A copy of each certification as required in § 2017.7 shall be kept on file and made available for examination by the Department.

2017.9 Hospital work shall be deemed to be an occupation the duties of which are such that the activity of each individual performing the work is likely to be dangerous to the lives or health of other persons, within the meaning of §213 of chapter 2 of this title relating to the reporting and control of communicable diseases.

2017.10 Immunization against those diseases ordinarily admitted to a particular hospital, and for which generally acceptable protective immunizations are available, shall be required of all employees and all other persons who routinely come in contact with patients or patient areas.

2018 STAFF TRAINING

2018.1 Each hospital shall ensure that staff receive training in order to perform assigned job responsibilities.

2018.2 Each hospital shall provide and maintain evidence of an orientation program for all new staff and, as needed, for existing staff who are given new assignments. The orientation program shall include an explanation of:

(a) Job duties and responsibilities;

(b) Hospital's sanitation and infection control programs;

(c) Organizational structure within the hospital;

(d) Patient rights;

(e) Patient care policies and procedures relevant to the job;

(f) Personnel policies and procedures;

(g) Emergency procedures;

(h) The Disaster preparedness plan; and

(i) Reporting requirements for abuse, neglect or exploitation.

2018.3 Each hospital shall provide and maintain evidence of ongoing/continuous in-services or continuing education for staff. A record shall be maintained including dates, topics and participants.

2018.4 Each hospital shall maintain a current employment record for each staff person. The record shall contain, at a minimum, information on orientation, in-services, credentialing, health history screening and background check information, including information verifying compliance with the Health-Care Facility Unlicensed Personnel Criminal Background Check Act of 1998 (D.C. Law 12-238, as amended; D.C. Official Code § 44-551 *et seq.*).

2019 MEDICAL STAFF

2019.1 Each hospital shall have a medical staff that shall be responsible for carrying out the provisions of the bylaws, consistent with rules and regulations, and shall recommend to the governing body bylaws, or amendments to the bylaws, as they deem appropriate to the operation of the particular hospital. The medical staff shall be organized in a manner and shall function in a manner consistent with the size, needs and resources of the hospital and of the medical staff.

2019.2 The clinical staff of each medical service, surgical service, obstetric service, pediatric service, psychiatric service, radiology service, and anesthesiological service shall be organized under the directorship of an internist, surgeon, obstetrician, pediatrician, psychiatrist, radiologist, and anesthesiologist respectively, each of whom shall be responsible for the policies, procedures, and supervision of the medical work in his or her respective service. Likewise, any medical service shall be organized under the directorship of a licensed professional who is a medical specialist in that medical service.

2019.3 The medical staff shall be responsible to the governing authority for the quality of medical care and treatment provided in the hospital and shall:

(a) Participate in a Quality Assurance/Performance Improvement program to determine the status of patient care and treatment;

(b) Abide by hospital and medical staff policies;

(c) Establish a disciplinary process for infraction of the policies; and

(d) Recommend criteria and procedures for appointment and reappointment to the medical staff and for delineating clinical privileging to facilitate the provision of quality patient care and treatment.

2019.4 Each licensee shall require all employees, contract workers, and volunteers working in the hospital to familiarize themselves with the provisions of this chapter as appropriate to the functions they perform and with all other regulations applicable to their duties.

2019.5 Each hospital shall provide a medical staff that shall be adequate for the diagnostic facilities and services, therapeutic facilities and services, and rehabilitation facilities and services which the hospital undertakes to provide.

2020 AVAILABILITY OF PHYSICIANS

2020.1 Each general hospital shall have a physician available on the premises at all times.

2020.2 Each special hospital shall at all times have a physician available on the premises or available on call; Provided, that when the Director, after consultation with the chief of the involved service, finds that the condition of the patients in the hospital requires the presence of a physician on the premises at all times, the Director shall impose the requirement.

2020.3 Each patient shall be under the care of a physician, regardless of whether the patient is also under the care of an allied health professional practitioner authorized to practice in the District.

2021 NURSING STAFF

2021.1 Each hospital shall provide a nursing staff that is adequate for the diagnostic facilities and services, therapeutic facilities and services, and rehabilitation facilities and services that the hospital undertakes to provide.

2021.2 The Department of Nursing Service shall be under the direction of a registered nurse qualified by education, experience, and demonstrated ability for the position of Director of Nursing Service.

2021.3 The Director of Nursing Service shall participate in the establishment of policies and procedures for the conduct of nursing service.

2021.4 A well-organized departmental plan of administrative authority, with delineation of responsibilities and duties of each category of nursing shall be required both in relation to patient care and to the educational responsibilities of the nursing service.

2021.5 An Assistant to the Director of Nursing shall be provided for the evening and night tours of duty.

2021.6 Supervisory and staff personnel shall be provided for each department of patient care unit to ensure the immediate availability of a professional nurse for bedside care of all patients at all times.

2021.7 Qualified personnel shall be provided in sufficient numbers to provide nursing care not requiring the services of a licensed registered nurse.

2021.8 Nursing personnel for the surgical operating suite, maternity and newborn service, outpatient service, and other services of the hospital shall be provided in keeping with their size and degree of activity.

2021.9 All nursing personnel shall be qualified by education, experience, and demonstrated ability for the positions to which they are assigned.

2021.10 Private duty nurses and licensed practical nurses and nursing assistants shall be under the supervision and direction of a registered nurse at all times.

2021.11 Nursing care procedures and care plans (which may be interdisciplinary care plans), written in conformance with hospital policy, shall be provided for patients, either on an individual or patient care unit basis. follow the policy

2022 PATIENT RIGHTS

2022.1 Each hospital shall protect and promote each patient's rights. This includes the establishment and implementation of written policies and procedures, which include, but are not limited to, the following rights. Each patient or designee, when appropriate, shall have the right to:

(a) Respectful and safe care given by competent personnel;

(b) Be informed of patient rights during the admission process;

(c) Be informed in advance about care and treatment and of any change;

(d) Participate in the development and implementation of a plan of care and any changes;

(e) Make informed decisions regarding care and to receive information necessary to make decisions;

(f) Refuse treatment and to be informed of the medical consequences of refusing treatment;

(g) Formulate advance directives and have the hospital comply with the directives unless the hospital notifies the patient of the inability to do so;

(h) Personal privacy and confidentiality of medical records;

(i) Be free from abuse, neglect, and exploitation;

(j) Access information contained in his/her medical record within a reasonable time frame when requested, subject to limited circumstances where the attending physician determines it would be harmful to disclose the information to the patient for therapeutic reasons;

(k) Be free from chemical and physical restraints that are not medically necessary;

(l) Receive hospital services without discrimination based upon race, color, religion, gender, national origin, or payer. Hospitals are not required to provide uncompensated or free care and treatment unless otherwise required by law; and

(m) Voice complaints and file grievances without discrimination or reprisal and have those complaints and grievances addressed.

2022.2 Each hospital shall establish and implement a process to provide patients and/or their designee appropriate education to assist in understanding the identified condition and the necessary care and treatment.

2022.3 Each hospital shall document its assessment of each patient's ability to understand the scope and nature of the diagnosis and treatment needed.

2023 GRIEVANCES

2023.1 Each hospital shall establish and implement a written process that promptly addresses grievances filed by patients or their representatives. The process includes, but is not limited to:

(a) A procedure for submission of grievances which is made available to patients or representatives;

(b) Time frames and procedures for review of grievances and provision of a response; and

(c) How information from grievances and responses are utilized to improve the quality of patient care and treatment.

2024 PATIENT CARE AND TREATMENT

2024.1 Except in the case of emergency, no medication or treatment other than dental shall be given to any patient without an order of a physician or other qualified health professional. A physician order shall include physician approved protocols.

2024.2 No dental medication or treatment shall be given to any patient without an order of a dentist, physician, or other qualified health professional, except in an emergency.

2024.3 The physician's, dentist's, or other qualified health professional's order shall be recorded at the time it is made and shall be signed by the physician, dentist, or other qualified health professional as soon as practicable.

2024.4 Each hospital shall provide the necessary care and treatment to meet the needs of patients. Care and treatment provided shall meet prevailing professional standards and scope of practice requirements. Each hospital shall establish and implement written policies and procedures that encompass care and treatment provided to patients.

2024.5 A plan of care shall be established, implemented and kept current to meet the identified needs for each inpatient. The plan of care shall be interdisciplinary when appropriate to meet individual needs of patients.

2024.6 When the hospital is responsible for the administration of medication, medication shall be administered by a qualified health professional for whom medication administration is included within the scope of practice. The hospital shall ensure that medication is properly administered in accordance with prevailing professional standards.

2024.7 The hospital shall allow patients to self-administer medications, with or without supervision, when assessment determines that self-medication is appropriate and that the patient is capable of doing so.

2025 ERRORS IN PROVISION AND ADMINISTRATION OF MEDICATIONS

2025.1 Each hospital shall establish and implement policies and procedures for reporting any errors in administration or provision of prescribed medications. Errors shall be reported to the prescriber in a timely manner upon discovery and a written report of the error prepared.

2025.2 Documentation of medication errors shall be maintained by each hospital and made available for review by the Department.

2025.3 Each hospital shall establish and implement policies and procedures for reporting any adverse reaction to a medication in a timely manner upon discovery to the prescriber and for documenting the event in the patient's medical record.

2025.4 Each hospital shall establish and implement procedures on the handling of drugs to ensure that patients receive medications as prescribed by a medical practitioner. At a minimum, the following shall be evident:

(a) An accounting during each shift at each nursing unit of all controlled substances that have been dispensed as multiple-dose floor stock and individual patient prescriptions; and

(b) Authorized personnel designated by hospital policy in accordance with applicable law are allowed access to medications, including controlled substances.

2025.5 Each hospital shall maintain records in sufficient detail to assure that patients receive the medications prescribed by a medical practitioner and maintain records to protect medications against theft and loss.

2025.6 Each hospital shall develop and maintain for each inpatient an individual medication administration record that includes, but is not limited to:

(a) The identification of the patient;

(b) The name of the medication given;

(c) The date, time, dosage, method of administration or provision for each medication;

(d) Identification of the person who administered or provided the medication and any refusal by the patient; and

(e) The patient's medication allergies and sensitivities.

2026 SEPARATE PATIENT CARE

2026.1 Each hospital regularly providing care for obstetric conditions, pediatric conditions, and psychiatric conditions shall have one (1) or more physically and functionally separate care units for each category of conditions for which care is regularly provided.

2026.2 A newborn infant shall not be placed in the same room with any child or any adult except in a maternity nursing unit with mothers for whom there is no apparent danger of transmitting a communicable disease.

2026.3 Infants and children shall not be placed in patient rooms with adult patients other than with parents or legal guardians.

2026.4 Patients with suspected or diagnosed contagious conditions shall be isolated from those not having the suspected or diagnosed condition except in an emergency and on a temporary basis.

2026.5 The maternity and newborn care unit shall be separate from other patient care units and shall be used only for the care of maternity patients and newborn infants; provided, that when there are no other beds available, noninfectious gynecological patients may be cared for on a temporary basis in a maternity and newborn patient care unit.

2027 RESTRAINT OR SECLUSION OF PATIENTS

2027.1 Every general hospital, special hospital for adults with one hundred (100) or more beds, and every special hospital that maintains a psychiatric service for adults shall provide one (1) or more security rooms.

2027.2 All other special hospitals shall maintain a seclusion room and provide an attendant to be with the patient constantly where needed prior to removal to a psychiatric service.

2027.3 No patient shall be placed in mechanical restraint or other seclusion, unless ordered by a physician or other qualified health professional, and unless a nurse or attendant is continuously on duty in charge of and responsible for the patient.

2027.4 No restraint shall be applied unless it is designed and applied so that the person responsible can readily remove the restraints in case of an emergency.

2028 PATIENT NUTRITION

2028.1 Each hospital shall provide for the daily nutritional needs of all patients, including the provision of any diets ordered by a medical practitioner.

2028.2 A current diet manual acceptable to dietary, nursing and medical staff shall be maintained and available for reference.

2028.3 Education on matters of diet and nutrition shall be available to patients when appropriate.

2028.4 Assessments of the nutritional status of patients shall be conducted by an appropriate professional licensed to conduct nutritional assessments in accordance with the District of Columbia Health Occupations Revision Act of 1985, D.C. Law 6-99.

2028.5 Each hospital shall document on-going nutritional assessments for patients who require and receive supplemental nutrition. Nutritional assessments shall include weighing, laboratory testing and other appropriate indicators.

2029 DISCHARGE PLANNING

2029.1 Each hospital shall provide discharge planning to patients. The discharge planning program includes, but is not limited to:

(a) A system for timely evaluation of any discharge planning needs of patients;

(b) Identification of staff responsible for the program;

(c) Development of a discharge plan, including medication review, with the patient or representative when need is identified;

(d) Medication review with the patient or representative;

(e) Maintenance of a complete and accurate list of community-based services, resources and facilities to which patients can be referred; and

(f) Arrangement for the initial implementation of a discharge plan including transfer of necessary medical information.

2030 RECORD KEEPING REQUIREMENTS.

2030.1 Each hospital shall maintain records and reports in a manner to ensure accuracy and easy retrieval.

2030.2 A medical record shall be maintained for every patient, including newborn infants, admitted for care in the hospital or treated in the emergency or outpatient service. Medical records may be created and maintained in written or electronic form, or a combination of both, provided that a complete record is accessible at all times. Medical records shall contain sufficient information to clearly identify the patient, to justify the diagnosis and treatment and to document the results accurately.

2030.3 Each medical record shall contain, when applicable, the following information:

(a) Identification data;

(b) Chief complaint;

(c) Present illness;

(d) History and physical examination;

(e) Admitting diagnosis;

(f) All pathology/laboratory and radiology reports;

(g) Properly executed informed consent forms;

(h) Consultation reports;

(i) Medical practitioner orders;

(j) Documentation of all care and treatment, medical and surgical;

(k) Tissue report;

(l) Progress notes of all disciplines;

(m) Discharge summary and final diagnosis;

(n) Autopsy findings; and

(o) Advanced directives, if available.

2030.4 Medical records shall contain entries which are dated, legible and indelibly verified. The author of each entry shall be identified and authentic. Authentication shall include signature, written initials, or computer entry.

2030.5 Telephone or verbal orders of authorized individuals are accepted and transcribed by qualified personnel who are identified by title or category in the medical staff bylaws or rules and regulations. Telephone or verbal orders shall be authenticated as soon as is practical by the medical practitioner who is responsible for ordering, providing or evaluating the service furnished.

2030.6 The hospital shall monitor and require medical records be completed within thirty (30) days of discharge of the patient.

2030.7 The medical record of each patient shall be maintained and preserved, in original, microfilm, electronic or other similar form, for a period of at least ten (10) years following discharge or in the case of minors, the records shall be kept until three years after the age of majority has been attained. In cases in which a hospital ceases operation, all medical records of patients shall be transferred as directed by the patient or authorized representative to the hospital or other health care facility or health care service to which the patient is transferred. All other medical records that have not reached the required time for destruction shall be stored to assure confidentiality and the Department shall be notified of the address where stored.

2030.8 Medical records shall be kept confidential, available only for use by authorized persons or as otherwise permitted by law. Records shall be available for examination by authorized representatives of the Department.

2030.9 Patient information and/or records will be released only with consent of the patient or designee or as permitted by law. When a patient is transferred to another health care facility or service, appropriate information for continuity of care shall be sent to the receiving health care facility or service.

2030.10 In addition to patient medical records, each hospital shall maintain, when applicable, the following:

(a) A permanent patient index that includes, but is not limited to:

(1) Name and identification numbers of each patient;

(2) Dates of admission and discharge;

(3) Name of admitting physician; and

(4) Disposition or place to which patient was discharged/transferred.

(b) Administrative records and reports including governing authority and departmental meeting minutes, staff orientation and in-service records and staff schedules as worked for a minimum of three years, unless longer is required by law.

(c) Records of all reports made regarding abuse, neglect, misappropriation of property or exploitation.

2030.11 In order to ensure the patient's right of confidentiality, medical records are destroyed or disposed of by shredding, incineration, electronic deletion, or another equally effective protective measure.

2031 PHYSICAL PLANT STANDARDS

2031.1 All hospitals shall be designed, constructed and maintained in a manner that is safe, clean, and functional for the type of care and treatment to be provided. The physical plant standards for facilities, which include support services, care and treatment areas, construction standards and building systems are set forth below.

2031.2 The hospital may share the following support service areas among detached structures, care and treatment areas, or with other licensed health care facilities.

(a) Dietary: If food preparation is provided on site, the hospital shall dedicate space and equipment for the preparation of meals. Food service physical environment and equipment shall comply with Title 25 of the District of Columbia Municipal Regulations (the Food Code) except when used only for training or activity purposes.

(b) Laundry: If the hospital provides laundry services, the services may be provided by contract or on-site by the hospital.

(1) Contract: If contractual services are used, the hospital shall have areas for soiled linen awaiting pickup and separate areas for storage and distribution of clean linen.

(2) On-site: If on-site services are provided, the hospital shall have areas dedicated to laundry.

(A) If personal laundry areas are provided, the areas shall be equipped with a washer and dryer for use by patients. In new construction, the hospital shall provide a conveniently located sink for soaking and hand-washing of laundry.

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

(C) Separate clean linen supply storage facilities shall be conveniently located in each care and treatment location.

(c) Diagnostic: If the hospital provides radiology or laboratory services, the services shall comply with the following:

(i) Imaging rooms shall accommodate the operational and shielding requirements of the equipment installed and the condition of the patient and shall provide clear floor area adequate for the safety of staff and patients.

(ii) Laboratory areas shall provide for sample collection and protection, analyzing, testing and storage. The hospital shall handle all potentially contagious and hazardous samples in a manner as to minimize transmission of infectious diseases.

(d) Waste processing: The hospital shall provide areas to collect, contain , process, and dispose of medical and general waste produced within the hospital in such a manner as to prevent the attraction of rodents, flies and all other insects and vermin, and to minimize the transmission of infectious diseases.

2032 MEDICAL SERVICES

2032.1 In the absence of applicable requirements in this chapter, the following services shall be operated in accordance with the indicated provisions of the Medicare/Medicaid participation requirements:

(a) Pharmaceutical services, Title 42 of the Code of Federal Regulations (hereinafter "CFR") § 482.25;

(b) Radiological services, 42 CFR § 482.26;

(c) Laboratory services, 42 CFR § 482.27;

(d) Infection control services , 42 CFR § 482.42;

(e) Surgical services, 42 CFR § 482.51;

(f) Anesthesia services, 42 CFR § 482.52;

(g) Outpatient services, 42 CFR § 482.54;

(h) Emergency services, 42 CFR § 482.55; and

(i) Rehabilitation services, 42 CFR § 482.56.

2033 CARE AND TREATMENT AREAS

2033.1 The hospital shall not share the following care and treatment areas among detached structures or with other facilities operated by another licensee:

(a) Staff Areas: Facilities that provide nursing services shall provide the following support areas for each distinct group of care and treatment patient rooms.

(1) Control Point: The hospital shall have an area or areas for charting, and patient records, and call and alarm annunciation systems.

(2) Medication Station: The hospital shall have a medication station for storage and distribution of drugs and routine medications. Distribution may be done from a medicine preparation room or unit, from a self-contained medicine-dispensing unit, or by another system. If used, a medicine preparation room or unit shall be under visual control of nursing staff and shall contain a work counter, sink, refrigerator, and double-locked storage for controlled substances.

(3) Utility Areas: The hospital shall have a work area where clean materials are assembled. The work area shall contain a work counter, a hand-washing fixture, and storage facilities for clean and sterile supplies. If the area is used only for storage and holding as part of a system for

distribution of clean and sterile supply materials, the work counter and hand-washing fixtures may be omitted. A hospital shall have separate work rooms or holding rooms for soiled materials. A work room for soiled materials shall contain a fixture for disposing wastes and a hand-washing sink.

(b) Equipment and Supplies: The hospital shall have services and space to distribute, maintain, clean and sanitize durable medical instruments, equipment, and supplies required for the care and treatment performed in the hospital.

(1) Durable Medical: The hospital shall ensure that the durable medical equipment is tested and calibrated in accordance with the manufacturer's recommendations.

(2) Sterile Processing: The hospital shall have areas for decontamination and sterilizing of durable medical instruments and equipment.

(A) The hospital shall provide separate central sterile processing and waste processing areas.

(B) In new construction and where provided, central processing areas shall have separate soiled (sorting and decontamination) and clean (sterilizing and processing) rooms. The hospital shall have hand-washing sinks in both clean and soiled rooms.

(C) Equipment Storage: The hospital shall have space to store equipment, stretchers, wheelchairs, supplies, and linen out of the path of normal traffic.

(c) Surgery: A hospital providing surgical services shall have at least one operating or procedure room and the following support areas. In new construction and hospitals with more than two operating rooms, the following support areas and central processing areas shall be located in restricted access areas:

(1) Preoperative Patient Area: Preoperative patient area(s) shall have sufficient space and equipment to accommodate both ambulatory and non-ambulatory patients. These areas shall be under the direct visual control of the nursing staff.

(2) Recovery Area: Recovery area(s) shall contain a medication station, hand-washing sink, charting area, provisions for bedpan cleaning; and equipment and supply storage space.

(3) Dressing Area: A hospital providing outpatient surgery shall have patient dressing and toilet rooms separate from staff gowning areas.

(4) Housekeeping Room: The hospital shall have soiled utility and housekeeping areas exclusively for the surgical suite.

(d) Emergency Care: A hospital providing emergency services shall have at least one procedure or treatment room for emergency services. To support the provision of emergency care, the hospital shall have the following:

(1) Entrance: A well marked, illuminated covered entrance at grade level for emergency vehicle and pedestrian access;

(2) Waiting Area: Patient and visitor waiting area(s) that are in direct observation of the reception, triage, or control station, with access to a public phone and drinking fountain;

(3) Storage: Storage areas for general medical/surgical emergency supplies, medications and equipment under staff control and out of the path of normal traffic; and

(4) Toilet Room: A patient toilet room with hand-washing sink convenient to the procedure or treatment room(s).

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

(f) Obstetrics: A hospital providing obstetric services in a distinct unit shall have at least one patient room, nursery with work area, space and equipment to allow for care and

treatment of both mother and infant, hand-washing sink, storage for equipment and supplies, call and alarm annunciation systems, medication storage and distribution, and convenient accommodations for patient toileting, dressing, and consultation.

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

(1) Tamper-resistant air distribution devices, lighting fixtures, sprinkler heads, and safety devices;

(2) Ventilation, exhaust, heating and cooling components that are inaccessible to patients;

(3) Bedroom, toilet, and bathing room doors that are not lockable or capable of being obstructed from within; and

(4) Electrical outlets protected by ground fault interrupting devices.

(h) In-patient Hospice Care: A hospital providing in-patient hospice services in a distinct unit shall have private patient bedrooms, over-night and dining accommodations for family members, private family visiting areas, areas that allow for toileting, bathing, dressing and hand-washing, storage for equipment and supplies, call system, medication storage and distribution.

(1) Alzheimer's, Dementia, and Related Conditions: A hospital providing in-patient services for Alzheimer's, dementia, and related conditions in a distinct unit shall have personalized patient bedrooms, activity areas, separate dining areas, features that support patient orientation to

their surroundings, areas for specialized treatment and care, hand-washing sinks, secured storage for equipment and supplies, call and security systems, and an area for medication storage and distribution.

(i) Outpatient Areas: Areas for the care and treatment of patients not residing in the hospital shall comply with the following:

(1) Areas shall not interfere with inpatients being served;

(2) Furniture and equipment shall meet care and treatment needs of outpatients;

(3) Toilets, which are easily accessible from all program areas shall be provided; and

(4) Sufficient inside and outside space to accommodate the full range of program activities and services shall be provided.

2034 CONSTRUCTION STANDARDS

2034.1 All hospitals shall be designed, constructed, and maintained in a manner that is safe, clean, and functional for the type of care and treatment to be provided. The standards for the facilities are set forth below.

2034.2 New construction shall comply with the following codes and guidelines to provide a safe and accessible environment that is conducive to the care and treatment to be provided:

(a) *The BOCA (Building Officials and Code Administrators) National Building Code*;

(b) *Life Safety Code (National Fire Protection Association 101*);

(c) *Health Care Facilities (National Fire Protection Association 99);*

(d) *Guidelines for Design and construction of Hospitals and Health Care Facilities*;

(e) *National Electrical Code*; and

(f) *Uniform Federal Accessibility Standards.*

2035 ENVIRONMENT

2035.1 All facilities shall comply with the following applicable codes and standards to provide a safe environment:

(a) *Life Safety Code (National Fire Protection Association 101)*; and

(b) *The Food Code*, Title 25 of the District of Columbia Municipal Regulations

2035.2 Existing and new facilities shall comply with the physical plant standards contained in § 2031of this chapter. The hospital shall maintain all building materials and structural components so that total loads imposed do not stress materials and components more than one and one-half times the working stresses allowed in the building code for new buildings of similar structure, purpose, or location.

2035.3 Interpretations: All dimension, sizes, and quantities; noted herein will be determined by rounding fractions to the nearest whole number.

2035.4 Floor area is the space with ceilings at least seven feet in height and does not include areas such as enclosed storage, toilets, and bathing rooms, corridors and halls. The space beyond the first two feet of vestibules and alcoves less than five feet in width will not be included in the required floor area. In rooms with sloped ceilings, at least half of the ceiling shall be at least seven feet in height with areas less than five feet in height not included in the required floor area.

2035.5 Dining Areas: If provided, dining areas for patients shall have an outside wall with windows for natural light and ventilation. In addition:

(a) Dining areas shall be furnished with tables and chairs that accommodate or conform to patient needs.

(b) Dining areas shall have a floor area of fifteen (15) square feet per patient in existing facilities and twenty (20) square feet per patient in new construction.

(c) Dining areas shall allow for group dining at the same time in either separate dining areas or a single dining area, or dining in two (2) shifts, or dining during open dining hours.

(d) Dining areas shall not be used for sleeping, offices or corridors.

2035.6 Activity Areas: If provided, activity areas shall have space for patient socialization and leisure time activities. In addition:

(a) Activity areas shall have furnishings to accommodate group and individual activities.

(b) Activity areas shall have a floor area of at least fifteen (15) square feet per patient residing in bedrooms and may be combined with dining areas.

(c) Activity areas shall not be used for sleeping, offices, or as a corridor.

(d) The hospital shall make activity areas available to all patients.

2035.7 Bathing Rooms: A hospital shall provide a bathing room consisting of a tub and/or shower adjacent to each bedroom or provide a central bathing room on each floor with patient rooms. Tubs and showers regardless of location shall be equipped with hand grips or other assistive devices as needed or desired by the bathing patient.

(a) In new construction a central bathing room shall open off the corridor and contain a toilet and sink or have an adjoining toilet room, and not open directly in food preparation or dining area.

(b) Bathing Fixtures: Existing and new facilities shall have at least one bathing fixture per twenty (20) licensed beds. New construction shall have at least one bathing fixture per twelve (12) licensed beds.

2035.8 Toilet Rooms: The hospital shall provide toilet rooms with hand-washing sinks for patient use.

(a) Existing facilities shall have a toilet and sink adjoining each bedroom or shared toilet rooms may provide one fixture per four licensed beds.

(b) New construction and new facilities shall have a toilet and sink fixture provided adjoining each patient room.

2035.9 Patient Rooms: The hospital shall provide patient rooms which allow for sleeping, afford privacy, provide access to furniture and belongings, and accommodate inpatient care and treatment.

2035.10 Patient Rooms:

(a) Shall not be located in any garage, storage area, shed or similar detached buildings;

(b) Shall not be accessed through a bathroom, food preparation area, laundry or another bedroom;

(c) Shall be located on an outside wall with a window with a minimum glass size of 8 square feet per patient. The window shall provide an unobstructed view of at least ten (10) feet;

(d) Shall contain at least twenty-five (25) cubic feet of storage volume per patient in dressers, closets or wardrobes; and

(e) If they have multiple beds, shall allow for an accessible arrangement of furniture, which provides a minimum of three (3) feet between beds.

2035.11 Existing or New Facility: Patient rooms in existing and new facilities shall have at least the following floor areas:

(a) Floor areas for single patient rooms shall be one hundred (100) square feet.

(b) Floor areas for multiple bed patient rooms shall be eighty (80) square feet per bed with maximum of four (4) beds.

2035.12 New Construction: Patient rooms in new construction shall have at least the following floor areas.

(a) Floor areas for single patient rooms shall be one hundred and twenty (120) square feet.

(b) Floor areas for multiple bed patient rooms shall be one hundred (100) square feet per bed with a maximum of two (2) beds.

2035.13 Isolation Rooms: The number and type of isolation rooms in a hospital shall be determined by the hospital and based upon an infection control risk assessment. In addition:

(a) Facilities shall make provisions for isolating patients with infectious diseases.

(b) A hospital shall have a minimum of one isolation room with an adjoining toilet room.

(c) In new construction, facilities shall equip isolation rooms with hand-washing and gown changing facilities at the entrance of the room.

2035.14 Observation Areas: If the hospital provides medical observation, extended recovery or behavior intervention methods, the hospital shall provide one or more appropriately equipped rooms for patients needing close supervision. Each room shall:

(a) Have appropriate temperature control, ventilation and lighting;

(b) Be void of unsafe wall or ceiling fixtures and sharp edges;

(c) Have a way to observe the patient, such as an observation window or if necessary, flat wall mirrors so that all areas of the room are observable by staff from outside of the room;

(d) Have a way to assure that the door cannot be held closed by the patient in the room which could deny staff immediate access to the room; and

(e) Be equipped to minimize the potential of the patient's escape, injury, suicide or hiding of restricted substances.

2035.15 Critical Care Rooms: If monitored complex nursing care is provided, the hospital shall provide one or more rooms for patients needing the care. Each room shall be appropriately located and equipped to promote staff observation of patients. Rooms with a single occupant shall have a minimum floor area of no less than one hundred and thirty (130) square feet. Multiple bed locations shall contain at least one hundred and ten (110) square feet per bed with a minimum of four (4) feet between beds. The room shall include provision for life support, medical gas, sleeping, and convenient bathing and toileting facilities.

2035.16 Bassinets: Each bassinet shall have a minimum floor area of forty (40) square feet with at least three (3) feet between bassinets.

2035.17 Cubicles: Patient care and treatment cubicles shall have a minimum floor area of sixty (60) square feet with at least three (3) feet between bedsides and adjacent side walls.

2035.18 Examination Rooms: Each examination room shall have a minimum floor area of eighty (80) square feet and a minimum of three (3) feet clear dimension around three (3) sides of the examination table or chair.

2035.19 Treatment Rooms: Treatment room for procedures performed under topical, local, or regional anesthesia without pre-operative sedation shall have a minimum floor area of one hundred and twenty (120) square feet and a minimum of ten (10) feet clear dimension.

2035.20 Procedure Rooms: Procedure rooms for invasive and minor surgical procedures performed in conjunction with oral, parenteral, or intravenous sedation or under analgesic or dissociative drugs shall have a minimum floor area of two hundred (200) square feet and a minimum of fourteen (14) feet clear dimension.

2035.21 Operating Rooms: Operating rooms for major surgical procedures that require general or regional block anesthesia and support of vital bodily functions shall have a minimum floor area of three hundred (300) square feet and a minimum of sixteen (16) feet clear dimension.

2035.22 Corridors: The hospital corridors shall be wide enough to allow passage and be equipped as needed by the patient with safety and assistive devices to minimize injury. All stairways and ramps shall have handrails.

2035.23 Doors: The hospital doors shall be wide enough to allow passage and be equipped for privacy, safety, and with assistive devices to minimize patient injury.

2035.24 All patient room, toilet, and bathing room doors shall provide privacy yet not create seclusion or prohibit staff access for routine or emergency care.

(a) In new construction all toilet and bathing rooms used by patients with less than fifty (50) square feet of clear floor area shall not have doors that solely swing inward.

(b) Doors may prevent escape and create seclusion where therapeutically required, such as emergency protective custody, detoxification and psychiatric locations.

2035.25 Outdoor Areas: Any outdoor area for patient usage provided by the hospital shall be equipped and situated to allow for patient safety and abilities.

2035.26 Hand-washing Sinks: The hospital shall provide a hand-washing sink equipped with towels and a soap dispenser in all examination, treatment, isolation and procedure rooms and which shall also be available for every four care and treatment cubicle locations. Two scrub sinks shall be available near the entrance of each operating room.

2035.27 Privacy: In multiple bed patient rooms, visual privacy, and window curtains shall be provided for each patient. In new facilities and new construction the curtain layout shall totally surround each care and treatment location which will not restrict access to the entrance to the room, lavatory, toilet, or enclosed storage facilities.

2035.28 Finishes: A hospital shall provide the following special room finishes:

(a) Washable room finishes should be provided in procedure rooms, existing isolation rooms, sterile processing rooms, workroom, laundry, and food-preparation areas shall have smooth, non-adsorptive, surfaces which are not physically affected by routine housekeeping cleaning solutions and methods. Acoustic lay-in ceilings, if used, shall be non-perforated.

(b) Scrubbable room finishes provided in operating rooms and new isolation rooms shall have smooth, non-adsorptive, non-perforated surfaces that are not physically affected by harsh germicidal cleaning solutions and methods.

2036 BUILDING SYSTEMS

2036.1 Hospitals shall have building systems that are designed, installed and operated in such a manner as to provide for the safety, comfort, and well being of the patient.

2036.2 Water and Sewer Systems: The hospital shall have and maintain an accessible, adequate, safe and potable supply of water. Where an authorized public water supply of satisfactory quantity, quality, and pressure is available, the hospital shall be connected to it and its supply used exclusively.

2036.3 The collection, treatment, storage, and distribution potable water system of a hospital shall be constructed, maintained, and operated in accordance with all provisions of the Safe Drinking Water Act, approved December 16, 1974 (88 Stat. 1660; 42 U.S.C.S. §§ 300f et seq.).

2036.4 The water distribution system shall be protected with anti-siphon devices, and air-gaps to prevent potable water system and equipment contamination.

2036.5 Continuously circulated filtered and treated water systems shall be provided as required for the care and treatment equipment used in the hospital.

2036.6 The hospital shall maintain a sanitary and functioning sewage system.

2036.7 Hot Water System: The hot water system shall have the capacity to provide continuous hot water at temperatures as required by these regulations.

2036.8 Heating and Cooling Systems: The hospital shall provide a heating and air conditioning system for the comfort of the patient and capable of maintaining the temperature in patient care and treatment areas as follows:

2036.9 In existing and new facilities the systems shall be capable of producing a temperature of at least seventy degrees Fahrenheit (70°F) during heating conditions and a temperature that does not exceed eighty-five degrees Fahrenheit (85°F) during cooling conditions.

2036.10 In new construction the systems shall be capable of producing a temperature of at least seventy-five degrees Fahrenheit (75°F) during heating conditions and a temperature that does not exceed eighty degrees Fahrenheit (80°F) during cooling conditions.

2036.11 In new construction and new facilities, central air distribution and return systems shall have the following percent dust spot rated filters:

(a) General areas: thirty (30) +%; and

(b) Care, treatment, and treatment processing areas: ninety (90) +%.

2036.12 Surgical areas shall have heating and cooling systems that are capable of producing room temperatures at a range between sixty-eight (68°F) and seventy-three degrees Fahrenheit (73°F) and humidity at a range between thirty (30) and sixty percent (60%) relative humidity.

2036.13 Airflow shall move from clean to soiled locations. In new construction, air movement shall be designed to reduce the potential of contamination of clean areas.

2036.14 Floors in operating rooms, procedure rooms and other locations subject to wet cleaning methods or body fluids shall not have openings to the heating and cooling system.

2036.15 Ventilation System: All hospitals shall provide exhaust and clean air to prevent the concentrations of contaminants which impair health or cause discomfort to patients and employees.

(a) Existing facilities shall have adequate ventilation.

(b) New construction and new facilities shall provide a mechanical exhaust ventilation system for windowless toilets, baths, laundry rooms, housekeeping rooms, kitchens and similar rooms at ten air changes per hour.

(c) New construction shall provide mechanical ventilation system(s) capable of providing air changes per hour (hereafter "ACH") as follows:

(A) Care and treatment areas: five (5) ACH;

(B) Procedure and respiratory isolation areas: fifteen (15) ACH; and

(C) Operating rooms: twenty (20) ACH.

(d) Hospitals shall provide an emergency backup ventilation system for all patient rooms without operable windows.

2036.16 Electrical System: The hospital shall have an electrical system that has sufficient capacity to maintain the care and treatment services that are provided and that properly grounds care and treatment areas.

(a) New construction and new facilities shall have ground fault circuit interrupters protected outlets in wet areas and within six (6) feet of sinks.

(b) All facilities shall provide the minimum average illumination levels as follows:

(1) General purpose areas: five (5) foot candles;

(2) General corridors: ten (10) foot candles;

(3) Personal care and dining areas: twenty (20) foot candles;

(4) Reading and activity areas: thirty (30) foot candles;

(5) Food preparation areas: forty (40) foot candles;

(6) Hazardous work surfaces: fifty (50) foot candles;

(7) Care and treatment locations: seventy (70) foot candles;

(8) Examination task lighting: one hundred (100) foot candles;

(9) Procedure task lighting: two hundred (200) foot candles;

(10) Surgery task lighting: one thousand (1000) foot candles; and

(11) Reduced night lighting in patient rooms and corridors.

2036.17 Essential Power System: Facilities shall have an emergency power generator for all care and treatment locations which involve general anesthetics or electrical life support equipment, and in emergency procedure and treatment rooms.

(a) Existing and new facilities shall maintain emergency power for essential care and treatment equipment and lighting, medical gas systems, and nurse call systems.

(b) New construction shall maintain emergency power for essential care and treatment equipment and lighting, medical gas systems, ventilation and heating systems, and nurse call systems.

(c) Facilities with electrical life support equipment shall maintain essential power systems with an on-site fuel source. The minimum fuel source capacity shall allow for non-interrupted system operation.

2036.18 Call Systems: Call systems shall be operable from patient beds (except at psychiatric or mental hospital beds), procedure and operating rooms, and recovery bed and toilet locations. The system shall transmit a receivable (visual, audible, tactile, or other) signal to on-duty staff which readily notifies and directs the staff to the location where the call was activated. In addition:

(a) In new construction the call system shall have a dedicated emergency call device which allows activation by a patient from treatment rooms and cubicles, and toilet and bathing fixtures.

(b) In locations where patients are unable to activate the call, a dedicated staff assist or code call device shall promptly summon other staff for assistance.

2036.19 Medical Gas System: The hospital shall safely provide medical gas and vacuum by means of portable equipment or building systems as required by patient receiving care and treatment. In addition:

(a) The installation, testing, and certification of nonflammable medical gas, clinical vacuum, and air systems shall comply with the requirements of the *Life Safety Code* (*National Fire Protection Association 101*).

(b) The hospital shall identify portable and system components, and periodically test and approve all medical gas piping, alarms,

valves, and equipment for patient care and treatment. The hospital shall document such approvals for review and reference.

2037 HOUSEKEEPING AND MAINTENANCE

2037.1 Each hospital shall provide a safe, clean and comfortable environment for patients.

2037.2 Housekeeping and Maintenance: The hospital shall provide the necessary housekeeping and maintenance to protect the health and safety of patients. In addition:

(a) The hospital's buildings and grounds shall be kept clean, safe and in good repair.

(b) All garbage and rubbish shall be disposed of in such a manner as to prevent the attraction of rodents, flies and all other insects and vermin. Garbage shall be disposed of in such a manner as to minimize the transmission of infectious diseases and minimize odor.

(c) The hospital shall provide and maintain adequate lighting, environmental temperatures and sound levels in all areas that are conducive to the care and treatment provided.

(d) The hospital shall maintain and equip the premises to prevent the entrance, harborage or breeding of rodents, flies and all other insects and vermin.

2037.3 Equipment, Fixtures and Furnishings: The hospital shall provide and maintain all equipment, fixtures and furnishings clean, safe and in good repair. In addition:

(a) Common areas and patient areas shall be furnished with beds, chairs, sofas, tables and storage that is comfortable and reflective of patient needs.

(b) The hospital shall provide equipment adequate to meet the care and treatment needs of patients.

(c) The hospital shall establish and implement a process designed for routine and preventative maintenance of equipment and furnishings to ensure that the equipment and furnishings are safe and function to meet the intended use.

2037.4 Linens: The hospital shall provide each patient with an adequate supply of clean bed, bath and other linens necessary for care and treatment. Linens shall be in good repair. In addition:

(a) The hospital shall establish and implement procedures for the storage and handling of soiled and clean linens.

(b) When the hospital provides laundry services, water temperatures to laundry equipment shall exceed one hundred and sixty degrees Fahrenheit (160°F) or the laundry may be appropriately sanitized or disinfected by another acceptable method in accordance with manufacturer's instructions.

2037.5 The hospital shall develop and implement policies and procedures to ensure that any facility-owned pet does not negatively affect patients. The policies and procedures shall include:

(a) An annual examination by a licensed veterinarian;

(b) Vaccinations as recommended by the licensed veterinarian that include, at a minimum, current vaccination for rabies for dogs, cats and ferrets;

(c) Provision of pet care necessary to prevent the acquisition and spread of fleas, ticks and other parasites; and

(d) Responsibility for care and supervision of the pet by facility staff.

2037.6 Environmental Safety: The hospital shall be responsible for maintaining the environment in a manner that minimizes accidents. In addition:

(a) The hospital shall maintain the environment to protect the health and safety of patients by keeping surfaces smooth and free of sharp edges, mold or dirt; keeping floors free of objects and slippery or uneven surfaces and keeping the environment free of other which may pose a potential risk.

(b) The hospital shall maintain all doors, stairways, passageways, aisles, or other means of exit in a manner that provides safe and adequate access for care and treatment.

(c) The hospital shall provide water for bathing and hand-washing at safe and comfortable temperatures to protect patients from potential for burns or scalds.

2037.7 The hospital shall establish and implement policies and procedures to monitor and maintain water temperatures that accommodate patient preferences, but not to exceed the following temperatures:

(a) Water temperature at patient hand-washing fixtures shall not exceed one hundred and twenty degrees Fahrenheit (120°F).

(b) Water temperatures at patient bathing and therapy fixtures shall not exceed one hundred and ten degrees Fahrenheit (110°F).

2037.8 The hospital shall establish and implement policies and procedures to ensure hazardous/poisonous materials are properly handled and stored to prevent accidental ingestion, inhalation, or consumption of the hazardous/poisonous materials by patients.

2037.9 The hospital shall restrict access to mechanical equipment which may pose a danger to patients.

2037.10 Disaster Preparedness and Management: The hospital shall establish and implement procedures to ensure that patient care and treatment, safety and well-being are maintained during and following instances of natural disasters, disease outbreaks, or other similar situations, including:

(a) The hospital shall establish plans to move patients to points of safety or provide other means of protection in case of fire, tornado, or other natural disasters or the threat of ingestion, absorption, or inhalation of hazardous materials;

(b) The hospital shall ensure that food, water, medicine, and medical supplies, and other necessary items for care and treatment are available and obtainable from alternate sources;

(c) The hospital shall ensure that plans are in place to move and house patients in points of safety when the building or a portion of the building is damaged to the point it is uninhabitable. The damage may be due to fire, tornadoes or other disasters; and

(d) The hospital shall ensure that plans are in place to provide for the comfort, safety and well-being of patients in the event of electrical or gas outage, heating, cooling or sewage systems failure, or loss or contamination of water supply.

2099 DEFINITIONS

2099.1 When used in this chapter, the following terms and phrases shall have the meanings ascribed:

Abuse - any knowing, reckless, or intentional act or omission by a provider that causes or is likely to cause or contribute to, or which caused or is likely to have caused or contributed to, injury, death, or financial exploitation of a patient.

Act - the Health -Care and Community Residence Facility, Hospice and Home Care Licensure Act of 1983, D.C. Law 5-48 (D.C. Official Code § 44-501 *et seq.*).

Administrator - the person who is responsible for day-to-day operation of the facility to include the Medical Director.

Anesthesiologist - a licensed physician who is certified by the American Board of Anesthesiology or who has training and experience in the field of anesthesiology, substantially equivalent to that required for certification.

Communicable disease - Communicable disease - any disease denominated a communicable disease, including without limitation any illness due to an infectious agent or its toxic product, which is transmitted directly or indirectly to a well person from an infected person, animal, or ectoparasite; or any illness due to an infectious agent or its toxic product which is transmitted through the agency of an intermediate host, vector, or by exposure within the immediate environment. Communicable disease also shall mean any disease occurring as an outbreak of illness or toxic conditions, regardless of etiology in an institution or other identifiable group of people.

Conversion - the act of limiting a license to either a restricted or provisional status.

District or D.C - the District of Columbia.

Dentist - any licensed person who is authorized to practice dentistry in accordance with the District of Columbia Health Occupations Revision Act of 1985, D.C. Law 6-99.

Department - the District of Columbia Department of Health.

Director - the Director of the Department of Health.

Emergency room - any area in the hospital set up for the reception and treatment of persons in need of emergency medical care.

Hospital - a facility that provides twenty-four 24-hour inpatient care, including diagnostic, therapeutic, elective surgery, and other health-related services, for a variety of physical or mental conditions, and may in addition provide outpatient services, particularly emergency care.

Hospital, general - a hospital that has the facilities and provides the services that are necessary for the general medical and surgical care of patients, including the provision of emergency care by an Emergency Department.

Hospital, private - a hospital not operated by an agency of the United States of the District of Columbia.

Hospital, special - a hospital that:

(a) Defines a program of specialized services, such as obstetrics, mental health, orthopedy, long term acute care, rehabilitative services or pediatric services;

(b) Admits only patients with medical or surgical needs within the defined program; and

(c) Has the facilities for and provides those specialized services.

Idle space - Hospital area that is not used for patient services or any activity related to patient services and is either (1) inactive, (2) under renovation or (3) inactive in anticipation of renovation..

Infant - a young person between the ages of thirty (30) days and one (1) year.

Infectious disease - a disease caused by an communicable agent.

Internist - a licensed physician who is certified by the American Board of Internal Medicine or who has training and experience in internal medicine substantially equivalent to that required for that certification.

Laboratory - any area in the hospital set up for chemical, bacteriological, and histopathological examinations.

Maternity care - either medical or nursing care, or both medical and nursing care, of women for pregnancy, delivery, or the puerperal state, or for any condition intimately related to the pregnancy, delivery, or puerperal state.

Maternity and newborn service - that part of the hospital in which, as a regular practice, pregnant women are delivered of babies, pregnant or puerperal women receive care, and in which newborn infants receive care.

Medical record - a hospital record of a patient that provides identifying information about the patient and information about his or her medical condition, progress, and treatment.

Near miss - any process variation that did not affect an outcome but for which a recurrence carries a significant chance of a serious adverse outcome

Newborn - any newly delivered infant who is up to twenty-nine days old.

Newborn care - medical or nursing care, or both medical and nursing care, of newly born infants.

Nurse - a person who is licensed and currently registered to practice nursing in accordance with the District of Columbia Health Occupations Revision Act of 1985, D.C. Law 6-99.

Nurse, private duty - a licensed professional or practical nurse who is engaged directly by the patient or his or her representative for the purpose of rendering nursing care to that patient.

Nursery - a room in a newborn patient care unit used as a patient room for newborn infants.

Obstetrician - a licensed physician who is certified in obstetrics by the American Board of Obstetrics and Gynecology, or who has training and experience in obstetrics substantially equivalent to that required for that certification.

Oral surgeon - a dentist who is a diplomat of the American Board of Oral Surgery, or a member of the American Society of Oral Surgery, or who has training and experience substantially equivalent to that required to be a diplomat or member.

Patient - a person who has been admitted to a hospital for the diagnosis, treatment, or care of physical or mental conditions.

Patient care unit - a distinct physical section of a hospital composed of patient rooms and adjacent service rooms set up for the purpose of facilitating medical and nursing care to patients in the section.

Patient room - a room set aside for the accommodation, care, and treatment of a patient or patients.

Pediatrician - a licensed physician who is certified by the American Board of Pediatrics, or who has training and experience in pediatrics substantially equivalent to that required for that certification.

Person - any individual, firm, partnership, corporation, company, or association; and including any administrators, guardians, trustees, directors, and agents.

Physician - a person currently licensed pursuant to the Health Occupations Revision Act of 1985, effective March 25, 1986, D.C. Law 6-99, D.C. Official Code Section 3-1201.01 et seq., to practice medicine and surgery, or a person licensed in another jurisdiction whose application for a license or registration is pending in the District.

Provisional License- a license issued to a facility which is not in substantial compliance with all applicable laws and regulations, but which is taking ameliorative action in accordance with a mutually agreed upon timetable to achieve compliance.

Psychiatrist - a licensed physician who is certified in psychiatry by the American Board of Neurology and Psychiatry, or who has substantial training and experience in psychiatry equivalent to that required for that certification.

Qualified Health Professional - a person licensed pursuant to the Health Occupations Revision Act of 1985, effective March 25, 1986, D.C. Law 6-99, D.C. Official Code Section 3-1201.01 et seq., to practice a health occupation in the District, and who is authorized under the terms of that Act to perform the activity referred to in the particular regulation.

Regular license- a license which is issued for one year to a facility which is in compliance with all applicable laws and regulations.

Restricted license- a license which permits operation of a facility but prohibits the facility from accepting new residents and patients or from delivering services that it would otherwise be authorized to deliver, or both.

Sentinel event - an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof.

Substantial Compliance- meeting the majority of rules without jeopardizing health and safety.

Surgeon - a physician who is certified by the American Board of Surgery or who has training and experience in surgery substantially equivalent to that required for that certification.

Comments on this proposed rulemaking should be submitted, in writing, to Feseha Woldu, Ph.D., Senior Deputy Director, Health Regulation and Licensing Administration, Department of Health, at 717 14th Street, Suite 600, Washington, DC. 20005, within thirty (30) days of the date of publication of this notice in the D.C. Register. Additional copies of this rulemaking are available from the above address.