



Thomas O. Forslund, Director

Governor Matthew H. Mead

MEMORANDUM

DATE: March 21, 2012

TO: Jerry Laska
Legislative Service Office

FROM: Thomas O. Forslund, Director *TOF*
Wyoming Department of Health

SUBJECT: Intent to Adopt Amended Rule for the Wyoming Department of Health
Chapter 22, Rules and Regulations for Licensure of Rehabilitation Hospitals

REF: F-2012-122

The Wyoming Department of Health proposes to file an Amended Rule pursuant to the Health Facilities Act at W.S. 35-2-901, *et seq.*, and the Wyoming Administrative Procedure Act at W.S. 16-3-101, *et seq.*

The Department is promulgating this Amended Rule to reflect the limited scope and specialized services and staff required for a hospital dedicated to the care of patients in need of comprehensive rehabilitation therapy. Because the Department has separate rules for Psychiatric Hospitals and Critical Access Hospitals, for consistency purposes, the Department is promulgating this Amended Rule to provide Rehabilitation Hospitals a separate set of rules, as well. As a result, and pursuant to 42 CFR 482.55, this Amended Rule gives Rehabilitation Hospitals the option of having an Emergency Department, but will no longer require them to have an Emergency Department. The Chapter 12 Rules and Regulations for Licensure of Hospitals are being amended, as well.

A 45-day public comment period is planned and a public hearing will be held if requested by 25 persons, a governmental subdivision, or an association having not less than 25 members. Attached are copies of the Notice of Intent, Rule, and Statement of Reasons. Copies of this Rule have been forwarded to Governor Matthew Mead and Attorney General Greg Phillips.

If you have questions, please contact Robin Sessions Cooley, Deputy Attorney General, at (307) 777-7822. The Wyoming Department of Health contact for this Amended Rule is Ron Pearson, Manager, Healthcare Licensing and Surveys, 6101 Yellowstone Rd., Suite 186C, Cheyenne, WY 82002, (307) 777-7123, or ron.pearson@wyo.gov.

TF/RP/jb

Attachments: Notice of Intent
Rule
Statement of Reasons

State of Wyoming



Department of Health

Chapter 22 Rules and Regulations for Licensure of Rehabilitation Hospitals

Thomas O. Forslund, Director

March 2012

State of Wyoming Department of Health

Chapter 22 Rules and Regulations for Licensure of Rehabilitation Hospitals

Rules and Regulations for the
Wyoming Department of Health
Aging Division
Healthcare Licensing and Surveys

Additional information and copies may be obtained from:

Healthcare Licensing and Surveys
6101 Yellowstone Rd., Ste. 186C
Cheyenne, WY 82002
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This document is available in alternative format upon request.

CHAPTER 22

Rules and Regulations for Licensure of Rehabilitation Hospitals

Section 1.	Authority	22-1
Section 2.	Purpose.....	22-1
Section 3.	Severability	22-1
Section 4.	Definitions.....	22-1
Section 5.	Licensure	22-4
Section 6.	Governing Body.....	22-9
Section 7.	Medical Staff.....	22-10
Section 8.	Emergency Services.....	22-10
Section 9.	Radiology Services	22-11
Section 10.	Laboratories	22-11
Section 11.	Outpatient Services	22-11
Section 12.	Nursing Services	22-12
Section 13.	Dietary Services	22-13
Section 14.	Social Services	22-15
Section 15.	Rehabilitation, Physical Therapy, Speech Therapy, Audiology, and Occupational Therapy Services.....	22-16
Section 16.	Dental Services	22-17
Section 17.	Pharmacy.....	22-17
Section 18.	Health Information and Management System	22-18
Section 19.	Infection Control Program	22-19
Section 20.	Sanitary Environment	22-20
Section 21.	Physical Environment	22-20
Section 22.	Disaster Plan	22-21
Section 23.	Construction and Remodeling.....	22-21
Section 24.	Life Safety and Electrical Safety	22-21

CHAPTER 22

Rules and Regulations for Healthcare Licensing and Surveys

Licensure of Rehabilitation Hospitals

Section 1. Authority. This rule is promulgated by the Wyoming Department of Health pursuant to the Health Facilities Act at W.S. 35-2-901, *et seq.*, and the Wyoming Administrative Procedure Act at W.S. 16-3-101, *et seq.*

Section 2. Purpose. This rule has been adopted to protect the health, safety, and welfare of patients and employees in rehabilitation hospitals.

Section 3. Severability. If any portion of this rule is found to be invalid or unenforceable, the remainder shall continue in effect.

Section 4. Definitions. The following definitions shall apply in the interpretation and enforcement of this rule. Where the context in which words are used in this rule indicates that such is the intent, words in the singular number shall include the plural and vice-versa. Throughout this rule gender pronouns are used interchangeably. The drafters have attempted to utilize each gender pronoun in equal numbers, in random distribution. Words in each gender shall include individuals of the other gender. For purpose of this rule, the following shall apply:

(a) “Acceptable Plan of Correction” means the State Survey Agency approved the rehabilitation hospital’s plan to correct the deficiencies identified during a survey conducted by the State Survey Agency or its designated representative.

(b) “Certified Dietary Manager” means a person with education, training, and experience to competently perform the responsibilities of a dietary manager with consultation from or supervision of a Registered Dietitian. The Certified Dietary Manager has passed a nationally-recognized credentialing exam and participates in continuing education as needed to maintain certification status.

(c) “Certified Occupational Therapy Assistant” means a person licensed to assist in the practice of occupational therapy, and who works under the supervision of a registered occupational therapist pursuant to W.S. 33-40-102.

(d) “Certified Respiratory Therapy Technician” means a person who has successfully completed a one (1) year respiratory care training program, and who has been certified by the American Association for Respiratory Care (AARC).

(e) “Clinical Laboratory” means a facility for the microbiological, serological, chemical, hematological, biophysical, cytological, or pathological examination of

materials derived from a human body for the purpose of obtaining information for the diagnosis, prevention, or treatment of disease or assessment of medical conditions.

(f) “Complaint Investigations” means those investigations required to be performed by the State Survey Agency.

(g) “Dietetic Technician Registered” means an individual who has completed at least a two (2) year associate’s degree, a dietetic technician program accredited by the Commission on Accreditation for Dietetics Education, has passed a national examination, and maintains registration through the completion of continuing education.

(h) “Dietitian” means a person who is registered by the Commission on Dietetic Registration and provides nutritional and dietary services.

(i) “Drug Administration” means an act in which a single dose of an identified drug is given to a patient.

(j) “Drug Dispensing” means the issuance of one (1) or more doses of a prescribed medication in containers that are correctly labeled to indicate the name of the patient, the contents of the containers, and all other vital information needed to facilitate correct patient usage and drug administration.

(k) “Governing Body” means the individual(s), group, or corporation that is legally responsible for the rehabilitation hospital.

(l) “Health Care Services” includes, but is not limited to, nursing, physical therapy, speech therapy, occupational therapy, respiratory therapy, social worker, nurse assistant, and dietary services. Staff shall be licensed or registered in accordance with Wyoming State Statutes.

(m) “Hospital” means an institution or a unit in an institution providing one (1) or more of the following to patients by or under the supervision of an organized medical staff:

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

(ii) Rehabilitation services for the rehabilitation of injured, disabled, or sick persons;

(iii) Acute care;

(iv) Psychiatric care;

(v) Swing beds.

(n) “License” means the authority granted by the State Survey Agency to operate a hospital.

(o) “Licensed Practical Nurse (LPN)” means a person who is licensed to practice as a licensed practical nurse by the Wyoming Board of Nursing pursuant to W.S. 33-21-120.

(p) “Licensee” means any person, association, partnership, or corporation holding a rehabilitation hospital license.

(q) “Life Safety Code” means NFPA 101 Life Safety Code cited in the Wyoming Department of Health, Chapter 3, Construction Rules and Regulations for Healthcare Facilities.

(r) “NEC” means the National Electrical Code.

(s) “NFPA” means the National Fire Protection Association.

(t) “Nursing Care Unit” means an organized unit of nursing service in which nursing services are provided on a continuous basis.

(u) “Nursing Service” means patient care services pertaining to the curative, restorative, and preventive aspects of nursing that are performed and/or supervised by a registered nurse pursuant to the medical care plan of the practitioner and the nursing care plan.

(v) “Nutrition Care Process” means the standardized process for providing nutritional care to patients as established by the American Dietetic Association. The four steps in the process include: nutrition assessment, nutrition diagnosis, nutrition intervention, and nutrition monitoring and evaluation.

(w) “Occupational Therapist” means a person who is licensed by the Wyoming Board of Occupational Therapy to practice as a Registered Occupational Therapist pursuant to W.S. 33-40-102.

(x) “Pharmacist” means a person licensed as a Pharmacist in Wyoming pursuant to W.S. 33-24-116.

(y) “Physical Therapist” means a person who is licensed to practice physical therapy in Wyoming pursuant to W.S. 33-25-101.

(z) “Physical Therapy Assistant” means a person who is licensed by the Wyoming Board of Physical Therapy to practice as a physical therapy assistant under the supervision of a registered Physical Therapist pursuant to W.S. 33-25-101.

(aa) “Physical Therapy Services” means services provided by a physical therapist or a physical therapy assistant licensed pursuant to W.S. 33-25-101.

(bb) “Physician” means a person who is licensed by the Wyoming Board of Medicine to practice medicine in Wyoming pursuant to W.S. 33-26-102.

(cc) “Quality Assessment and Performance Improvement (QAPI) Program” means a program developed and implemented by the rehabilitation hospital to evaluate and improve patient care and services.

(dd) “Registered Nurse” means a person who is a graduate of an approved school of professional nursing, and who is currently licensed to practice as a registered nurse by the Wyoming Board of Nursing pursuant to W.S. 33-21-120.

(ee) “Respiratory Care” means the health specialty responsible for the treatment, management, diagnostic testing, control, and care of patients with deficiencies and abnormalities associated with the cardiopulmonary system.

(ff) “Speech Language Pathologist” means a person who is licensed in Wyoming to practice speech language pathology pursuant to W.S. 33-33-105.

(gg) “Speech Pathology” means the application of principles, methods, and procedures for the evaluation, monitoring, instruction, habilitation, or rehabilitation related to the development and disorders of speech, voice, or language for preventing, identifying, evaluating, and reducing the effects of such disorders and conditions.

(hh) “State Survey Agency” means the Wyoming Department of Health, Aging Division, Healthcare Licensing and Surveys.

(ii) “Survey” means a periodic evaluation conducted by the State Survey Agency or its designated representative to determine compliance with State Rules and Regulations for Licensure of Rehabilitation Hospitals. A survey may be conducted on site or off site.

(jj) “Therapy Service” means physical therapy, occupational therapy, and speech language therapy.

Section 5. Licensure.

(a) Licensing Procedure.

(i) For an initial license to be issued, the State Survey Agency shall receive:

(A) A completed application form supplied by the State Survey Agency, including the completed items identified on the Rehabilitation Hospital Licensure Checklist supplied by the State Survey Agency.

(B) Each completed application shall be accompanied by the required licensure fee identified in Chapter 1, Rules and Regulations for Health Care Facilities Licensure Fees. The check or money order shall be made payable to the Treasurer, State of Wyoming.

(ii) For renewal of a full license for one (1) year beginning July 1, and unless suspended or revoked, expiring on June 30 of the following year, the State Survey Agency shall receive:

(A) A completed application form submitted no later than the date indicated in the renewal notice posted on the State Survey Agency website at: <http://www.health.wyo.gov/ohls>; and

(B) The licensure fee required in paragraph (a)(i)(B) of this section.

(b) Requirements for Licensure. The State Survey Agency shall consider:

(i) Initial, re-licensure, and complaint survey deficiencies cited by the State Survey Agency;

(ii) Life Safety Code deficiencies cited by the State Survey Agency;

(iii) Complaint investigations and resolutions;

(iv) Compliance with all laws and standards relating to communicable and reportable diseases, as required by the Wyoming Department of Health, State Health Officer, and Public Health Division; and

(v) The effectiveness of the quality management program to evaluate and improve patient care and services.

(c) Transfer of license.

(i) Transfer or assignment of a rehabilitation hospital license is prohibited. The rehabilitation hospital shall comply with licensure requirements in paragraph (d) of this section in the event of a change in the ownership of a rehabilitation hospital.

(d) Change of Ownership.

(i) A change in ownership of a rehabilitation hospital occurs when there is a change in the legal entity responsible for the operation of the rehabilitation hospital, whether by lease or by ownership.

(ii) If the rehabilitation hospital is also certified for Medicare and/or Medicaid, the change of ownership determination by the Centers for Medicare and Medicaid Services will also be used to determine the licensure change in ownership.

(iii) The new owner shall submit no later than sixty (60) calendar days prior to the event the following items:

(A) A change in ownership application for licensure with the appropriate fee, as required in paragraph (a)(i)(B) of this section.

(B) The checklist items required for an initial applicant.

(iv) Within twenty-four (24) hours of the final transaction, the new owner shall submit a copy of the signed bill of sale or lease agreement that reflects the effective date of the sale or lease.

(e) Other changes. A licensure application and appropriate fee, as required in paragraph (a)(i)(B) of this section, shall be required for any of the following changes to be processed:

(i) Name change of the rehabilitation hospital.

(ii) The number of licensed beds increased or decreased.

(iii) Change in the main rehabilitation hospital address or ancillary locations.

(f) Provisional Licenses.

(i) A provisional license is a temporary license that may be issued in the following instances:

(A) For a new licensed provider.

(B) For a change in ownership, if deemed appropriate by the State Survey Agency.

(C) Following a successful licensure construction inspection for space that has not previously been occupied by patients, residents, or clients. During the aforementioned inspection, there can be no deficiencies cited that could potentially result in harm to the patients, residents, or clients.

(D) Following a successful licensure construction inspection for space that has undergone expansion and remodel to the extent that significant structural, mechanical, plumbing, or fire safety changes have been made to the space occupied by patients, residents, or clients.

(E) Whenever deficiencies are cited that are serious and have resulted in harm or potential harm to patients, residents, or clients.

(F) Whenever the facility fails to satisfactorily correct cited deficient practices.

(G) Whenever the facility fails to comply with any requirement of these rules.

(ii) The state Medicaid office will be notified by the State Survey Agency whenever a provisional license is issued or re-issued.

(iii) A provisional license will be issued with an expiration date to be determined by the State Survey Agency at the time of issuance.

(iv) A provisional license may be re-issued for an additional extended time, if deemed appropriate by the State Survey Agency.

(v) If a provisional license is issued in lieu of a regular license, the facility must return the regular license to the State Survey Agency by certified mail or hand delivery to Wyoming Department of Health, Aging Division, Healthcare Licensing and Surveys, 6101 Yellowstone Rd., Ste. 186C, Cheyenne, WY 82002.

(vi) The provisional license shall be displayed in a public area within the rehabilitation hospital.

(g) Conditions for Denying, Revoking, or Suspending a License.

(i) Denial, revocation, or suspension of a license may occur for noncompliance with any provisions of these licensure rules, with state statute or federal law or federal rules and regulations.

(h) Suspension of Admissions.

(i) The State Survey Agency may suspend new admissions or re-admissions to the rehabilitation hospital when conditions are such that patient needs cannot be met. Conditions in a rehabilitation hospital shall not jeopardize the patient's health or safety.

(i) Monitor.

(i) The State Survey Agency shall place a Wyoming Department of Health approved monitor at the rehabilitation hospital's expense when conditions are such that patients' needs are not being met by the rehabilitation hospital. The monitor shall insure that neither the health nor the safety of the patients is jeopardized.

(j) Hearings.

(i) Any rehabilitation hospital aggrieved by a decision of the State Survey Agency may request a hearing by submitting a written request to the State Survey Agency within ten (10) calendar days of receipt of the notice of adverse action.

(ii) The State Survey Agency (State Survey Agent or designee) shall provide an opportunity for a hearing, if requested, and shall present the evidence supporting any preliminary licensure decision(s) and reason(s) to the parties concerned. Any request for hearing shall adhere to the time frames in (i) above.

(iii) In matters concerned with the spread of communicable disease that may require the utilization of quarantine or isolation, the Wyoming State Health Officer or designated representative shall provide an opportunity for a hearing as outlined in W.S. 35-4-112.

(iv) Hearings requested under this rule shall be held in accordance with the provisions of the Wyoming Administrative Procedure Act.

(k) Posting of License.

(i) The current license issued by the State Survey Agency shall be displayed in a public area within the rehabilitation hospital.

(l) Surveys for Licensure.

(i) The State Survey Agency or its designated representative shall perform initial and periodic surveys for the renewal of licensure.

(A) These surveys shall be based on the current Rules and Regulations for Licensure of Rehabilitation Hospitals promulgated by the Wyoming Department of Health.

(B) The State Survey Agency shall provide copies of its cited deficiencies to the rehabilitation hospital within ten (10) working days after the last day of the surveys.

(C) The rehabilitation hospital shall provide an acceptable plan of correction to the State Survey Agency for all cited deficiencies within ten (10) calendar days after receipt of the deficiencies. The plan of correction shall be a written document and shall provide, but not be limited to, the following information:

- (I) Who is responsible for the correction.
- (II) What was done or will be done to correct the deficiency.
- (III) Who will monitor to ensure that the situation does not again develop.
- (IV) An appropriate date, not to exceed forty-five (45) calendar days after the last day of survey, for the correction of deficiencies.

(ii) At the time of survey, all records, including patient medical records, pertaining to matters involved in the survey shall be made available to members of the survey team as requested. Surveys may be conducted as focused, off-site administrative reviews, in which case specific records or categories of records will be requested by the State Survey Agency for review. The results of all surveys, including complaint investigations and administrative reviews, will be shared with the rehabilitation hospital's administrator and other pertinent staff.

(m) Voluntary Closure.

(i) If a rehabilitation hospital voluntarily ceases to operate, it shall notify the State Survey Agency in writing at least sixty (60) working days prior to closure.

(ii) The first working day after closure, the facility must return the license to the State Survey Agency by certified mail or hand delivery to Wyoming Department of Health, Aging Division, Healthcare Licensing and Surveys, 6101 Yellowstone Rd., Ste. 186C, Cheyenne, WY 82002.

Section 6. Governing Body. There shall be a governing body legally responsible for the management and operation of the rehabilitation hospital.

(a) Bylaws shall be adopted by the governing body in accordance with legal requirements.

- (i) The bylaws shall:
 - (A) Stipulate the basis upon which members are selected, term of office, and duties.

(B) Specify to whom responsibilities for the operation and maintenance of the rehabilitation hospital, including evaluation of the rehabilitation hospital practices, shall be delegated.

(b) Medical staff members shall be appointed by the governing body.

(i) There shall be a formal procedure established, governed by written rules and regulations, covering the application for medical staff membership and the method of processing applications.

(c) The rehabilitation hospital administrator, appointed by the governing body, shall be the executive officer of the rehabilitation hospital and shall be an individual qualified in rehabilitation hospital administration either by sufficient education or experience. She shall be responsible directly to such governing entities and shall execute all policies established by the governing body.

(i) The administrator shall:

(A) Keep the governing body fully informed on the operation of the rehabilitation hospital through annual or monthly written or oral reports and by attendance at meetings of the governing body.

(B) Be responsible for developing current written personnel policies and for establishing continuing in-service programs as indicated by personnel needs.

(C) Maintain current employee records containing evidence of adequate health examinations and absence of active communicable disease.

(D) Insure that all unusual accidents and deaths are immediately reported verbally and in writing to the State Survey Agency and other authorities as required by city, county, state, and federal laws.

(d) The governing body shall be responsible to ensure the facility has an ongoing, facility-wide Quality Assessment and Performance Improvement (QAPI) plan.

Section 7. Medical Staff. The rehabilitation hospital shall have a medical staff organized under bylaws approved by the governing body and responsible to the governing body for the quality of all medical care provided patients and for the ethical and professional practices of its members.

Section 8. Emergency Services. Pursuant to 42 CFR 482.55 the rehabilitation hospital may opt not to have an Emergency Department. If it opts not to have an Emergency Department, signage designating such shall be posted in a prominent location

to ensure the public does not perceive that the hospital has an emergency room. The hospital shall have the ability to provide basic life saving measures to patients, staff, and visitors and have written policies for appraisals of emergencies, initial treatment, and referral when appropriate.

Section 9. Radiology Services. The rehabilitation hospital shall maintain or have radiological services readily available to meet the needs of the patients. If the rehabilitation hospital has a radiological department on-site, it shall have:

(a) Personnel adequate to supervise and conduct radiology services shall be provided and interpretations of radiological examinations shall be made by physicians competent to make such interpretations.

(b) Written policies and procedures shall be in place for the operation of equipment, the use of radium or other radioactive isotopes, safety precautions, and radiation exposure.

(c) Yearly inspection of x-ray equipment shall be made by competent personnel.

Section 10. Laboratories.

(a) If laboratory services are provided on-site, the rehabilitation hospital shall have a well organized CLIA (Clinical Laboratory Improvement Act of 1988) certified, supervised clinical laboratory with the necessary space, facilities, equipment, and suitable location to perform those services commensurate with the rehabilitation hospital's needs for its patients.

(b) If the rehabilitation hospital performs waived testing, it must comply with laboratory requirements.

(c) Anatomical and/or clinical pathology services and blood bank services shall be available either in the rehabilitation hospital or by other arrangements with a CLIA-certified laboratory.

Section 11. Outpatient Services. If the rehabilitation hospital provides outpatient services, there shall be policies and procedures relating to the staff, functions of the service, outpatient medical records, and necessary facilities in order to assure the health and safety of the patients.

(a) Outpatient services shall be organized into sections (clinics); the number will depend on the size of the medical staff, available facilities, and patient needs.

(i) Outpatient services shall have arrangements and communications with community agencies, such as other outpatient agencies, public health nursing, and health and welfare agencies.

(b) Patients on their initial visit to outpatient services shall receive a general medical evaluation; patients under continuous care shall receive periodic re-evaluation.

(c) There shall be a physician responsible for professional services. A physician or a qualified administrator shall be responsible for administrative services.

(d) Medical records for outpatient services shall be maintained and correlated with other rehabilitation hospital medical records. Information contained in the medical record shall be complete and sufficiently detailed relative to the patient's history, examination, laboratory and other diagnostic tests, and diagnosis and treatment to facilitate continuity of care.

(e) Conferences shall be conducted to maintain a close liaison between the various sections within outpatient services and with other rehabilitation hospital services.

Section 12. Nursing Services.

(a) The rehabilitation hospital shall provide nursing services twenty-four (24) hours per day, seven (7) days a week. These services shall be supervised by a registered nurse.

(b) Job descriptions delineating the qualifications, responsibilities, and duties for each category of nursing personnel shall be in writing and approved by the rehabilitation hospital administrator or his designee.

(c) Personnel records, including the application and verification of credentials, shall be maintained for each member of the nursing staff. Documentation shall be maintained which verifies the current Wyoming licensure status for those persons requiring licenses. Electronic verification must be evidenced in the personnel file by hard copy.

(d) Medications shall be administered by a registered nurse, LPN, a certified medication aide (MA-C) if allowed by the rehabilitation hospital's policy, or a student nurse in an approved school of nursing under the direct supervision of a registered nurse. In all instances, this activity shall be in accordance with the Wyoming Nurse Practice Act.

(e) All medication orders shall be in writing and signed by the physician. Telephone orders shall be used sparingly, and shall be signed or initialed by the physician within forty-eight (48) hours.

(f) Blood transfusions and intravenous medications shall be administered in accordance with state law. If administered by a registered nurse and/or LPN, they shall be administered only by those who have been specially trained.

(g) There shall be monthly meetings of the nursing staff. Minutes of these meetings shall be recorded.

(i) The minutes, when appropriate, shall reflect:

(A) The purpose of the staff meeting;

(B) Review and evaluation of nursing care, ways of improving nursing services, discussion of nursing care, and plans for individual patients;

(C) Consideration of specific nursing techniques and procedures;

(D) Establishment and/or interpretation of nursing services policies;

(E) Interpretation of administrative and medical staff policies, reports of meetings, etc.; and

(F) The names of individuals attending the meeting.

(h) New employees shall be oriented to the rehabilitation hospital, nursing services, and their jobs.

(i) Planned in-service programs shall be conducted at regular intervals for all nursing personnel, and records which document the date, time, topic, outline of content, and individuals present.

Section 13. Dietary Services. The rehabilitation hospital shall have an organized dietary service function directed by qualified personnel.

(a) The rehabilitation hospital shall provide dietary services that meet the nutritional needs of patients according to the science of nutrition.

(i) Dietary services must operate with safe food handling practices in accordance with the current edition of the Food Code, published by the U.S. Public Health Service, Food and Drug Administration, from receipt through production and service.

(b) Dietary Supervision.

(i) Overall supervisory responsibility for dietary services shall be assigned to a full-time qualified dietary supervisor.

(A) If the qualified supervisor is not a registered dietitian, she shall be a Dietetic Technician Registered or a Certified Dietary Manager.

(ii) Visits of a consultant dietitian shall be scheduled to ensure the professional dietary service needs of the facility are met. These visits shall be scheduled for at least eight (8) hours every other week, so that adequate time is allowed for observation of more than one (1) meal per visit. Visits shall not be limited to evenings and weekends only.

(iii) The registered dietitian shall practice in accordance with current standards of professional practice utilizing a nationally recognized, standardized assessment and evaluation process, such as the Nutrition Care Process, a model established by the American Dietetic Association.

(iv) Reports of the consultant dietitian shall be made verbally and in writing to the rehabilitation hospital administrator. The reports shall be kept on file with notations made of actions taken by the facility.

(A) The reports shall include dates, length of time on-site, functions performed, and recommendations.

(v) The consultant or staff dietitian shall:

(A) Develop written plans and conduct or supervise in-service programs for dietary personnel on a monthly basis;

(B) Participate in the development of policies and procedures, as well as the development and approval of all menus;

(C) Provide assistance and advice, as needed, regarding the dietary department budget; and

(D) Maintain interdisciplinary communication and act as the liaison to the medical and nursing staffs.

(vi) The dietary supervisor shall be responsible for:

(A) Orientation, training, scheduling, and work assignments for all dietary service personnel;

(B) Menu planning, ordering or recommending the purchase of supplies, monitoring the dietary budget, controlling costs, maintaining associated records, etc.; and

(C) Dietary policies and procedures shall be maintained in a manual and reviewed at least annually. Reviews and revisions shall be dated and signed by the dietary supervisor and the consultant dietitian.

(vii) If the dietary supervisor has responsibility for cooking, adequate time shall be allowed for supervisory management.

(c) Hygiene of Dietary Personnel.

(i) Food service personnel shall be in good health and shall practice safe food handling techniques in accordance with the current edition of the Food Code published by the U.S. Public Health Service, Food and Drug Administration.

(A) Personnel having symptoms of a communicable disease that can reasonably be expected to be transmitted through food, a boil, an infected wound, or a respiratory infection, shall not be permitted to work until medical clearance is received from a physician.

(B) Personnel returning to work after an absence due to having been diagnosed with a communicable disease shall receive clearance from a physician. Written clearance shall be maintained in the employee's file. The rehabilitation hospital may also require physician's approval in the event of an infectious outbreak or upon the advice of the infection control coordinator or the State Epidemiologist.

(ii) There shall be available an up-to-date manual of regimens for all therapeutic diets approved by the medical staff and the dietitian.

(d) Menus shall be planned and written in advance for regular and therapeutic diets. When changes in the menu are necessary, substitutions shall provide equal nutritive value.

Section 14. Social Services. There shall be policies and procedures for the social services' staff and its functions.

(a) Social services shall be under the direction of a qualified social worker.

(b) Social services and other rehabilitation hospital services shall perform as an integrate unit.

(i) Social services shall participate in appropriate in-service training programs and conferences.

(c) Records of social services activity related to individual patients shall be kept and be available to the appropriate professional personnel concerned.

(i) Functions and activities recorded shall include, as appropriate:

- (A) Medical social study of referred patients;
- (B) Evaluation of financial status of the patients;
- (C) Follow-up of discharged patients;
- (D) Social therapy and rehabilitation of patients;
- (E) Environmental investigations for the attending physicians;
- (F) Participation on care transitions team; and
- (G) Cooperative activities with community agencies.

(ii) Significant social services summaries shall be entered promptly in the patient's central medical record for the benefit of all staff involved in the care of the patient.

(d) Adequate work areas shall be provided for social services' staff which is easily accessible to patients and to the medical staff, and shall assure privacy for interviews.

Section 15. Rehabilitation, Physical Therapy, Speech Therapy, Audiology, and Occupational Therapy Services. The following requirements must be met:

(a) Written policies and procedures shall be in place to address the scope of services provided.

(b) Therapy personnel shall have the necessary knowledge, training, experience, and capabilities to properly supervise and administer the applicable therapy services. The rehabilitation/therapy services program shall be under the direction of an individual qualified by education and experience as appropriate to the scope of the rehabilitation/therapy services provided.

(c) Facilities and equipment for physical therapy, speech therapy, audiology, and occupational therapy shall be in good condition and adequate to meet patient needs.

(d) All therapies shall be given in accordance with a physician's orders and such orders shall be incorporated in the patient's record.

(e) Complete records shall be maintained for each patient who receives rehabilitation/therapy services and shall be part of the patient's permanent medical record.

Section 16. Dental Services. If the rehabilitation hospital provides dental services, the department shall be organized comparable to other rehabilitation hospital services or departments. The appointment of dentists shall be in accordance with the rehabilitation hospital's medical staff bylaws and rules and regulations.

(a) The following requirements shall be met:

(i) Members of the dental staff shall be licensed in Wyoming pursuant to W.S. 33-15-120;

(ii) There shall be a physician in attendance who is responsible for the medical care of the patient throughout the rehabilitation hospital stay;

(iii) Patients admitted for dental services shall be admitted in compliance with rehabilitation hospital regulations;

(iv) There shall be specific bylaws concerning the dental staff written as combined medical-dental staff bylaws or as separate or adjunct dental bylaws;

(v) Bylaws and rules and regulations shall specifically delineate the rights and privileges of the dentists; and

(vi) Complete records, both medical and dental, shall be required for each dental patient and shall be part of the rehabilitation hospital records.

Section 17. Pharmacy. The rehabilitation hospital shall have a pharmacy directed by a registered pharmacist. The pharmacy shall be administered in accordance with accepted professional principles.

(a) The pharmacist shall be responsible to the rehabilitation hospital administrator for developing, supervising, and coordinating all the activities of the pharmacy.

(b) Prescription medications shall be compounded in a proper location by a qualified pharmacist.

(c) Facilities shall be provided for storing, safeguarding, preparing, and dispensing of drugs.

(i) Drugs shall be issued to floor units in accordance with approved policies and procedures.

(ii) Drug cabinets on the nursing units shall be routinely checked by the pharmacist and all floor stocks shall be controlled.

(d) Provisions shall be made for emergency pharmaceutical services.

Section 18. Health Information and Management System. The health information and management system shall be maintained in accordance with accepted professional principles for every patient evaluated or treated in the rehabilitation hospital.

(a) There shall be qualified personnel adequate to supervise, maintain, and conduct the health information and management system function. Preferably, a Registered Health Information Administrator (RHIA) or Medical Records/Health Information Technician (MRHIT) will be in charge. If such a professional is not in charge, a qualified RHIA or MRHIT on a consultant or part-time basis shall organize the function, train the personnel, and make periodic on-site visits to evaluate the medical records function.

(b) All medical records and health information shall be maintained in accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 42 CFR Part 2, and any other relevant state or federal laws relating to the maintenance of protected health information.

(c) Records of public rehabilitation hospitals shall be preserved, either in the original form or by other permanent means, for a period of time determined by the rehabilitation hospital administrator, based upon the legally approved retention schedules for publically-funded rehabilitation hospitals established by the Wyoming State Archives and the State Records Committee.

(d) A system of identification and filing to ensure the prompt location of a patient's medical records shall be maintained.

(e) Indexing shall be current within three (3) months following discharge of the patient.

(f) Medical records shall contain sufficient information to justify the diagnosis and warrant the treatment and end results.

(i) The medical records shall contain the following information:

(A) Identification data;

(B) Chief complaint;

- (C) Present illness;
- (D) Past history;
- (E) Family history;
- (F) Physical examination;
- (G) Provisional diagnosis;
- (H) Clinical laboratory reports;
- (I) X-ray reports;
- (J) Consultations;
- (K) Treatment, medical and surgical;
- (L) Tissue report;
- (M) Progress notes;
- (N) Final diagnosis;
- (O) Discharge summary; and
- (P) Autopsy findings.

(g) In rehabilitation hospitals with house staff, the attending physician countersigns at least the history, physical examination, and summary written by the house staff.

Section 19. Infection Control Program. An infection control program shall be established based on nationally recognized standards of practice. The program shall prevent, identify, and control infections and communicable diseases.

(a) The infection control program is coordinated by the rehabilitation hospital administrator, the medical staff, and director of nursing services in conjunction with the hospital's quality assurance and performance improvement programs.

(b) Problems identified are reported to the medical staff, nursing, administration, and addressed in the rehabilitation hospital's quality assurance and in-service training programs.

- (c) Documentation concerning corrective actions and outcomes is maintained.

Section 20. Sanitary Environment. The rehabilitation hospital shall provide for housekeeping, maintenance, and laundry services.

- (a) There shall be written policies and procedures for each of these functions to ensure the use of approved practices, procedures, and products.

- (i) A designated person shall be responsible for plant maintenance, laundry, and general housekeeping. These responsibilities may be assigned to a single person in small rehabilitation hospitals.

- (ii) Housekeeping shall be responsible for keeping the rehabilitation hospital free of offensive odors, accumulations of dirt, rubbish, dust, insects, and rodents.

- (iii) Laundry facilities shall have physical separation of clean and dirty areas, adequate ventilation, and temperature control.

- (iv) There shall be written policies and procedures covering the sterilization process used on various types of equipment, surfaces, supplies, and instruments.

- (A) There shall be a procedure for quality control in relation to the sterilization process.

- (B) Humidifiers and any associated tubing shall be replaced after each usage and the length of continuous usage shall not exceed twenty-four (24) hours.

- (v) There shall be written policies and procedures covering the disinfectants used on various types of equipment, surfaces, and instruments.

- (vi) There shall be a written policy covering the cleaning and disinfecting of ice machines.

- (vii) All garbage and kitchen refuse shall be kept in leak-proof, nonabsorbent containers with tight fitting covers. All garbage containers kept within the rehabilitation hospital buildings shall be washed, inside and out, daily. Other dry waste materials, normally designated “trash,” may be stored in plastic bags.

Section 21. Physical Environment. Rehabilitation hospital buildings shall be designed, constructed, arranged, equipped and maintained to ensure the safety of patients, personnel, and visitors and to provide adequate and efficient care and treatment to the patients.

Section 22. Disaster Plan. All rehabilitation hospitals shall develop and adopt a written disaster preparedness plan.

(a) For rehabilitation hospitals that are federally certified, the disaster preparedness plan shall be in accordance with, at a minimum, the edition of the NFPA 99, Standards for Health Care Facilities required by the federal government.

Section 23. Construction and Remodeling. Wyoming Department of Health Chapter 3, Construction Rules and Regulations for Healthcare Facilities, shall apply to all construction and remodeling of rehabilitation hospitals.

Section 24. Life Safety and Electrical Safety. Existing life safety and electrical safety in rehabilitation hospitals shall be maintained in accordance with the requirements of the edition of the NFPA 101 Life Safety Code that was in effect at the time the facility was licensed as a hospital.

(a) Where portions of a rehabilitation hospital have been licensed at different times, the existing life safety and electrical safety in each portion shall be maintained in accordance with the requirements of the NFPA 101 Life Safety Code that was in effect at the time that portion was added to the license.

(b) Rehabilitation hospitals that are federally certified shall meet, at a minimum, the edition of the NFPA 101 Life Safety Code required by the federal government.

Nomination Deadline is April 13, 2012

fax (303) 364-7800



Notice of Intent to Adopt Rules

1. General Information

a. Agency/Board Name: <i>See attached list for references</i>		
b. Agency/Board Address	c. Agency/Board City	d. Agency/Board Zip Code
e. Name of Contact Person	f. Contact Telephone Number	
g. Contact Email Address		
h. Date of Public Notice:	i. Comment Period Ends:	
j. Program(s) <i>See attached list for references</i>		

2. Rule Type and Information

a. Choose all that apply: <input type="checkbox"/> New Rules* <input type="checkbox"/> Amended Rules <input type="checkbox"/> Repealed Rules	
* "New" rules means the first set of regular rules to be promulgated by the Agency after the Legislature adopted a new statutory provision or significantly amended an existing statute.	
If "New," provide the Enrolled Act number and year enacted:	
b. Provide the Chapter Number, and Short Title of Each Chapter being Created/Amended/Repealed (if more than 5 chapters are being created/amended/repealed, please use the Additional Rule Information form and attach it to this certification)	
Chapter Number:	Short Title:
Chapter Number:	Short Title:
Chapter Number:	Short Title:
Chapter Number:	Short Title:
Chapter Number:	Short Title:
c. <input type="checkbox"/> The Statement of Reasons is attached to this certification.	
d. <input type="checkbox"/> N/A <input type="checkbox"/> In consultation with the Attorney General's Office, the Agency's Attorney General representative concurs that strike and underscore is not required as the proposed amendments are pervasive (Section 5 of the Rules on Rules).	
e. A copy of the proposed rules* may be obtained:	
<input type="checkbox"/> By contacting the Agency at the physical and/or email address listed in Section 1 above. <input type="checkbox"/> At the following URL: _____	

* If Item "d" above is not checked, the proposed rules shall be in strike and underscore format.

3. Public Comments and Hearing Information

a. A public hearing on the proposed rules has been scheduled. ☐ Yes ☐ No

If "Yes:"	Date:	Time:	City:	Location:

b. What is the manner in which interested person may present their views on the rulemaking action?

☐ By submitting written comments to the Agency at the physical and/or email address listed in Section 1 above.

☐ At the following URL: _____

A public hearing will be held if requested by 25 persons, a government subdivision, or by an association having not less than 25 members.

Requests for a public hearing may be submitted:

☐ To the Agency at the physical and/or email address listed in Section 1 above.

☐ At the following URL: _____

c. Any person may urge the Agency not to adopt the rules and request the Agency to state its reasons for overruling the consideration urged against adoption.

Requests for an agency response must be made prior to, or within thirty (30) days, after adoption of the rule, addressed to the Agency and Contact Person listed in Section 1 above.

4. Federal Law Requirements

a. These rules are created/amended/repealed to comply with federal law or regulatory requirements. ☐ Yes ☐ No

If "Yes:"	Applicable Federal Law or Regulation Citation:
	Indicate one (1): <input type="checkbox"/> The proposed rules meet, but do not exceed, minimum federal requirements. <input type="checkbox"/> The proposed rules exceed minimum federal requirements.
	Any person wishing to object to the accuracy of any information provided by the Agency under this item should submit their objections prior to final adoption to: <input type="checkbox"/> To the Agency at the physical and/or email address listed in Section 1 above. <input type="checkbox"/> At the following URL: _____

5. State Statutory Requirements

a. Indicate one (1):

☐ The proposed rule change *MEETS* minimum substantive statutory requirements.

☐ The proposed rule change *EXCEEDS* minimum substantive statutory requirements. Please provide a statement explaining the reason the rules exceeds the requirements:

6. Authorization

a. I certify that the foregoing information is correct.

Printed Name of Authorized Individual	
Title of Authorized Individual	
Date of Authorization	

Distribution List:

- Attorney General and LSO: Hard copy of Notice of Intent; Statement of Reasons; Clean copy of the rules; and Strike-through and underline version of rules (if applicable).
- Secretary of State: Electronic version of Notice of Intent sent to rules@state.wy.us