

EFFECTIVE
11-12-2023

NEBRASKA DEPARTMENT OF
HEALTH AND HUMAN SERVICES

175 NAC 9

TITLE 175 HEALTH CARE FACILITIES AND SERVICES LICENSURE

CHAPTER 9 HOSPITALS

001. SCOPE AND AUTHORITY. These regulations govern the licensing of hospitals under the Health Care Facility Licensure Act, Nebraska Revised Statutes (Neb. Rev. Stat.) §§ 71-401 to 71-479.

002. DEFINITIONS. The definitions set out in the Health Care Facility Licensure Act, Uniform Credentialing Act, 175 Nebraska Administrative Code (NAC) 1, and the following apply to this chapter.

002.01 HOSPITAL. Any type of licensed hospital, with the exception of a licensed long term care hospital.

002.02 HOSPITAL BEDS. The total number of licensed adult and pediatric beds which can be set up and used for a patient within 24 hours. Beds used in emergency rooms, stretchers, labor and recovery rooms, and bassinets for newborn infants are excluded from the total licensed bed count.

002.03 INPATIENT. A consumer who has medical practitioner orders admitting them to the hospital for 24-hour care and treatment.

002.04 MEDICAL STAFF BYLAWS. A set of rules and regulations adopted by the medical staff governing the medical staff activities at the facility.

002.05 MEDICATION ERROR. Any variance between the chart order or prescription, the five rights, and administration of the medication.

002.06 OUTPATIENT. A consumer who receives care for less than 24 continuous hours in an emergency department, outpatient department, or other licensed hospital location who does not have medical practitioner orders admitting them to the facility.

002.07 PATIENT. A consumer who receives inpatient or outpatient care and treatment at a hospital.

003. LICENSING REQUIREMENTS. To receive a license, an applicant must submit a complete application and meet the requirements for a license set out in statute, 175 NAC 1, and in this chapter. All standards referenced in this chapter can be obtained at Department of Health and Human Services, Licensing Unit, 301 Centennial Mall South, Lincoln NE 68509 or be viewed on the Department's website.

004. GENERAL REQUIREMENTS. The following requirements are applicable to all hospital licenses.

004.01 EFFECTIVE DATE AND TERM OF LICENSE. A hospital license expires annually on December 31.

004.02 LICENSE NOT TRANSFERABLE. A license is issued only for the premises and persons named in the application and is not transferable or assignable. Change of ownership (sale, whether of stock, title, or assets, lease, discontinuance of operations) or change of premises terminates the license. If there is a change of ownership and the hospital remains on the same premises, the inspection in 175 NAC 9-005 is not required. If there is a change of premises, the hospital must pass the inspection specified in 175 NAC 9-005.

004.03 FEES. The fees for a hospital license are based on the number of licensed beds plus the number of outpatient surgeries reported in accordance with the Outpatient Surgical Procedures Data Act, Neb. Rev. Stat. § 81-6,114.

004.03(A) INITIAL AND RENEWAL FEES. Following are initial and renewal fees for hospitals:

(i)	1 to 50 Beds	\$1,750
(ii)	51 to 100 Beds	\$1,850
(iii)	101 or more Beds	\$1,950

004.03(B) OUTPATIENT SURGICAL FEES. Following are outpatient surgical fees for hospitals:

(i)	500 or fewer outpatient surgeries per year	\$275
(ii)	501 to 2,000 outpatient surgeries per year	\$350
(iii)	More than 2,000 outpatient surgeries per year	\$425

004.04 FEES. The fees for a rural emergency hospital license are based on the following plus the number of outpatient surgeries reported in accordance with the Outpatient Surgical Procedures Data Act, Neb. Rev. Stat. § 81-6,114.

004.04(A) INITIAL LICENSURE FEE.

(i)	Initial Licensure Fee	\$650
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004.04(B) RENEWAL LICENSURE FEES.

(i)	1 to 50 unduplicated patient admissions in the past year	\$650
(ii)	51 to 200 unduplicated patient admissions in the past year	\$850
(iii)	201 or more unduplicated patient admissions in the past year	\$950

004.04(C) OUTPATIENT SURGICAL FEES. Following are outpatient surgical fees for hospitals:

(i)	500 or fewer outpatient surgeries per year	\$275
(ii)	501 to 2,000 outpatient surgeries per year	\$350
(iii)	More than 2,000 outpatient surgeries per year	\$425

005. INSPECTIONS. Inspection requirements for licensed hospitals are outlined in the Health Care Facility Licensure Act and 175 NAC 1.

006. STANDARDS OF OPERATION, CARE AND TREATMENT. Each hospital is to be organized, managed, and administered by the licensee to ensure each patient receiving services at the facility receives necessary care and treatment in a safe manner, and in accordance with current standards of practice, the Health Care Facility Licensure Act, 175 NAC 1, and this chapter. Each hospital offsite location and mobile unit must meet the standards except where specified otherwise.

006.01. LICENSEE RESPONSIBILITY. The responsibilities of the licensee include:

- (A) Implementing policies and procedures to govern the total operation and maintenance of the facility;
- (B) Maintaining hospital compliance with all applicable state and federal statutes, codes, Rules, and regulations;
- (C) Ensuring the quality of all services, care and treatment provided a patient whether those services, care or treatment are furnished by hospital staff or through contract with an outside entity;
- (D) Designating an administrator in writing who is responsible for the day to day management of the hospital;
 - (i) Defining the duties and responsibilities of the administrator in writing;
 - (ii) Notifying the Department in writing within 5 working days if:
 - (1) A vacancy in the administrator position occurs including the name of who is responsible for the position until another administrator is appointed; and
 - (2) A vacancy in the administrator position is filled including the effective date and name of person appointed to that position;
- (E) Determining which categories of practitioners are eligible candidates for appointment to the medical staff;
- (F) Ensuring that medical staff membership or clinical privileges in the hospital does not depend solely upon certification, fellowship or membership in a specialty body or society although board certification can be one permissible criterion;
- (G) Appointing and reappointing medical staff members and delineating clinical privileges, according to credential review procedures established by the medical staff and approved by the governing authority;
- (H) Establishing criteria for membership on the medical staff or clinical privileges, in collaboration with the medical staff;
 - (i) Making final decisions regarding medical staff recommendations for denial of appointments and reappointments, and for the denial limitation, suspension, or revocation of privileges, ensuring the practitioner has a right to be heard upon request;
- (J) Ensuring the medical staff is accountable to the licensee for the quality of medical care and treatment provided;
- (K) Ensuring a medical staff committee and a utilization review committee are formed and operated for the purpose of reviewing care and treatment provided to provide a high standard of medical care and promote the efficient use of the hospital;
- (L) Ensuring that any person working at and having any information or knowledge relating to the medical and hospital care provided or the efficient use of the hospital facilities, provides all related facts and information to the hospital medical staff committee or

- utilization review committee upon request by the committee or committees;
- (M) Reviewing reports and making recommendations regarding all Quality Assurance Performance Improvement, Medical Staff, and Utilization Review Committee activities. Ensuring these reports are utilized to implement programs and policies to maintain and improve the quality of patient care and treatment;
 - (N) Establishing and promoting effective communication and coordination between the governing authority, the medical staff, administration, and the hospital departments;
 - (O) Approving the organization, bylaws, rules, and regulations, and policies and procedures of the medical staff and departments in the hospital; and
 - (P) Establishing visitation policies which are in the best interest of patients to ensure their health and safety, and provide protection from communicable diseases, exposure to dangerous substances, and hazardous equipment.

006.02 GOVERNING AUTHORITY RECORDKEEPING. If a licensee has a governing authority, it must hold regularly scheduled meetings and minutes of the meetings must be retained for a minimum of 7 years.

006.03. ADMINISTRATION. The administrator is to plan, organize, and direct the day to day operations of the hospital. The administrator is directly responsible to the licensee and the governing authority, if any, in all matters related to the maintenance, operation, and management of the facility. The administrator's responsibilities include:

- (A) Being on the premises a sufficient number of hours to ensure adequate attention to the management of the hospital;
- (B) Providing for the protection of patients' health, safety, and well-being;
- (C) Ensuring staffing in numbers and qualifications to meet patient care and treatment, and operation needs;
- (D) Designating a substitute in writing, to act in their absence as needed;
- (E) Being available during all hours of facility operation; and
- (F) Ensuring the completion, maintenance, and submission of reports and records as required by federal or state statute, regulation, and the Department.

006.04 ADMINISTRATIVE RECORDS. Accurate and complete administrative records of each facility's operation, including an annual report that summarized the scope and volume of services provided by the facility must be maintained and kept for a minimum of 7 years.

006.05 PERMANENT PATIENT INDEX. A permanent patient index must be maintained that includes:

- (A) Name and identification numbers of each patient;
- (B) Dates of admission and discharge;
- (C) Name of admitting physician or health care practitioner; and
- (D) Location to which patient was discharged.

006.06 CONSUMER SATISFACTION. A written process to measure consumer satisfaction with the services being provided by the facility must be established, implemented, and revised as necessary.

006.07 OFF-CAMPUS, SATELLITE LOCATIONS AND MOBILE UNITS. All off-campus, satellite locations or mobile units are to be approved by the Department and listed on the license prior to patient care and treatment being provided at a location.

006.08 MOBILE UNITS. Each mobile unit must have a designated location schedule available to the public at all times, identifying where the unit will be located so that unannounced inspections can occur as required in 175 NAC 1.

006.09 MEDICAL STAFF. Each hospital is to have a medical staff that is organized and functions in a manner consistent with the size, needs, and resources of the facility. The medical staff responsibilities are:

- (A) Participating in the Quality Assurance Performance Improvement meetings;
- (B) Abiding by hospital and medical staff policies;
- (C) Establishing a disciplinary process for violation of a policy;
- (D) Reviewing the background, experience, training, and credentials of applicants for initial medical staff membership; and
- (E) Recommending criteria and procedures for appointment and reappointment, and to delineate clinical privileging to ensure the provision of quality patient care and treatment.

006.09(i) MEDICAL STAFF APPOINTMENT. Membership on the medical staff will be limited to those disciplines specified in the medical staff bylaws, rules and regulations or other similar governance document. Criteria for appointment and reappointment must include continuing licensure or authority to practice in Nebraska.

006.09(ii) CLINICAL PRIVILEGES. The medical staff is to establish a written process for the delineation of clinical privileges which includes:

- (1) Each discipline and the procedures or tasks for which medical staff in that discipline must be privileged to perform;
- (2) A process for the review of clinical privilege requests, including a competency component;
- (3) A process for notification of clinical privilege decisions; and
- (4) A process for appealing decisions to deny, limit, or otherwise modify privileges.

006.09(iii) MEDICAL STAFF BYLAWS. The medical staff must recommend and adhere to the medical staff bylaws. Medical staff bylaws must include:

- (1) A description of how the medical staff is organized;
- (2) The time frame for medical staff meetings and the rules for conducting business;
- (3) Methods for evaluating clinical practice in the hospital;
- (4) Criteria and procedures for membership and clinical privileges;
- (5) The procedure for medical staff adoption and amendment of medical staff bylaws; and
- (6) Provision for establishing a utilization review committee.

006.10 STAFFING. A licensee must maintain a sufficient number of staff with the required experience, orientation, training, and competency necessary to meet the care and treatment

needs of patients and the operational needs of the hospital. Each hospital must be staffed 24 hours per day. All staff are to wear visible identification to identify them to patients or their designee by name and title. A written job description is to be on file outlining the minimum qualifications and job duties for each position. Any unlicensed staff who assist in the provision of care and treatment provided to patients, must be supervised by a health care professional. Staff cannot provide care or treatment that is outside the scope of practice permitted by the credential held by the individual.

006.11 STAFF CREDENTIALS. Staff credentials are to be verified prior to staff assuming assigned job duties, and the licensee must maintain evidence that such status is checked and maintained throughout the entire time of employment.

006.12 STAFF HEALTH STATUS. A health history screening for all staff must be completed prior to staff assuming job duties. A licensee must make sure staff health status is maintained in a manner to prevent the potential transmission of disease to patients, visitors, and other staff.

006.13 CRIMINAL BACKGROUND AND REGISTRY CHECKS. Criminal background and registry checks must be completed on any staff members who have direct and unsupervised access to or who provide care and treatment to patients at the facility. These checks must be completed prior to the staff having unsupervised contact with any patients at the facility. Documentation of such checks is to be maintained for as long as the staff member is employed at the facility.

006.13(A) CRIMINAL BACKGROUND CHECKS. A criminal background check must be completed through a governmental law enforcement agency or a private entity.

006.13(B) REGISTRY CHECKS. A check for adverse findings must include these Nebraska registries and similar registries in states where the individual has resided in the past 10 years:

- (i) Nurse Aide Registry;
- (ii) Adult Protective Services Central Registry;
- (iii) Central Register of Child Protection Cases; and
- (iv) Sex Offender Registry.

006.13(C) USE OF CRIMINAL BACKGROUND AND REGISTRY INFORMATION. Written policies and procedures are to be implemented and revised as necessary related to the use of information obtained through pre-employment criminal background and registry checks. These are to include the following:

- (i) Staff with adverse findings on the registries regarding abuse, neglect or misappropriation must not be employed at the facility;
- (ii) How information will be used in making hiring decisions;
- (iii) Whether employment can begin prior to receiving the results of the checks, how the safety or property of patients will be safeguarded until the results are available; what happens if the results have adverse findings; and
- (iv) How to maintain documentation of this information.

006.14 STAFF TRAINING. Staff must receive initial and ongoing training and demonstrate competency before being assigned to independently perform job duties and assigned tasks. Training must be provided by a person qualified by education, experience, and knowledge in the subject area provided. The facility is to maintain the following documentation in each staff member's personnel file:

- (A) Date and time training was provided;
- (B) Summary of the information provided to staff;
- (C) Instructor name;
- (E) Staff sign in documentation; and
- (F) Results of competency or other testing completed as a result of each training.

006.15 STAFF ORIENTATION. An orientation program must be provided for all new staff and for existing staff who are given new assignments. Documentation of this training must be maintained in each staff member's personnel file. The initial orientation program is to include the following:

- (A) Job duties and responsibilities;
- (B) The facility sanitation and infection control program;
- (C) Organizational structure;
- (D) Patient rights;
- (E) Patient care policies and procedures;
- (F) Personnel policies and procedures;
- (G) Emergency preparedness and disaster procedures;
- (H) Disaster preparedness plan;
- (I) Reporting requirements for abuse, neglect, and exploitation in accordance with the Adult Protective Services Act, Neb. Rev. Stat. § 28-372, or in the case of a child in accordance with Neb. Rev. Stat. § 28-711, and with facility policies and procedures; and
- (J) The facility hand hygiene program.

006.16 PATIENT RIGHTS. Each patient is to be afforded the opportunity to exercise his or her rights. Documentation that all patients or designee, when appropriate, have been informed of their rights in a manner and format they can understand must be kept in the medical record for each patient. Each patient has the right to:

- (A) Respectful, safe care given by trained and competent staff;
- (B) Be informed of their rights during admission in a manner and format they can understand;
- (C) Participate in the development and implementation of a plan of care and any changes to that plan;
- (D) Make informed decisions regarding care and treatment options and be provided with information necessary to assist in making those decisions;
- (E) Be informed of the possible consequences of refusing care and treatment, to freely make a choice, and to be free from retaliation from the facility and staff for choosing to refuse care and treatment options;
- (F) Formulate advance directives and to have the facility comply with the directives unless the facility notified the patient or designee in writing they are unable to comply and the reasons the facility is unable to comply;
- (G) Personal privacy and confidentiality of their medical records;
- (H) Freedom from abuse, neglect, and exploitation;

- (I) View information contained in their own medical record within a reasonable time when requested, excluding limited circumstances where the attending physician determines and documents that disclosure to the patient would be harmful;
- (J) Freedom from restraints or seclusion used for staff convenience and not utilized to treat medical conditions;
- (K) Receive services without discrimination based upon race, color, religion, gender, national origin, or payer source; however, hospitals are not required to provide uncompensated or free care and treatment unless otherwise required by law;
- (L) Voice complaints and file grievances without discrimination or reprisal and have those complaints and grievances addressed within a reasonable period of time; and
- (M) Receive visitors. The hospital may refuse access to any person for any of the following reasons:
 - (i) The patient refuses to see the visitor;
 - (ii) The presence of the visitor may be injurious to the health and safety of the patient;
 - (iii) The visitor's behavior is unreasonably disruptive to the facility and the behavior is documented by the facility;
 - (iv) The presence of the visitor threatens the security of patients, staff, or facility property; or
 - (vi) The visitor is restricted by court order, the patient's guardian or legal representative or designee.

006.17 ABUSE, NEGLECT AND EXPLOITATION. A licensee must address any situation where there is reason to believe that abuse, neglect, or exploitation of a patient has occurred by a staff member, volunteer, family member, visitor, or any other person as provided in the Adult Protective Services Act or Child Protective Services Act.

006.17(A) REPORTING. Any suspected abuse, neglect or exploitation of a patient must be reported to:

- (i) The Adult and Child Abuse and Neglect Hotline via telephone immediately; and
- (ii) Local law enforcement as required by state and federal laws.

006.17(B) INVESTIGATION. Any incident of suspected abuse, neglect, or exploitation of a patient must be thoroughly investigated and a written report of the investigation must be submitted to the Department within 5 working days of the occurrence.

006.17(C) PROTECTION. All patients must be protected throughout the investigation of any suspected abuse, neglect, or exploitation. Actions must be implemented as a result of the investigation to ensure patient safety and to prevent the potential for recurrence.

006.18 ADVANCED DIRECTIVES. Each licensee must comply with the requirements of the Health Care Power of Attorney Act and the Rights of the Terminally Ill Act. Patients or designees must be informed in a manner and format they can understand upon admission of the facility policies and procedures, and at the time of any change to the policies and procedures.

006.19 PATIENT EDUCATION RECORD KEEPING REQUIREMENTS. Documentation of all education provided to a patient or their designee is to be retained in each patient's medical record. This information needs to include:

- (A) The name of the persons who were provided education and their relationship to the patient;
- (B) Information provided; and
- (C) The date the education was provided, along with the name and title of the person providing the education.

006.20 DISCHARGE PLANNING. Discharge planning must be provided for all patients and his or her designee which is to include:

- (A) Development of a discharge plan which includes input from the patient or designee;
- (B) Identification of the staff responsible for the discharge planning program;
- (C) Education regarding identified diagnoses, treatment provided, medications, and follow up needed in a manner and format the patient or designee can understand;
- (D) A complete and accurate list of community-based services, resources, and facilities for the patient or designee to choose from to meet their post-hospital care needs; and
- (E) Any transfer of necessary medical information to facilitate continuity of care upon discharge.

006.20(i) DISCHARGE PLANNING RECORD KEEPING REQUIREMENTS.

Documentation of all discharge planning and education provided to a patient or his or her designee must be retained in each patient's medical record. This needs to include:

- (1) The name of the persons who were involved in the discharge planning process and their relationship to the patient;
- (2) Information provided;
- (3) Date and time the discharge information was provided to the patient or designee along with the name and title of the person providing the education.

006.21 PERSONAL POSSESSIONS. Patient personal possessions or belongings brought into the facility at the time of admission must be safeguarded. The facility must maintain documentation of patient personal items upon admission and must reconcile them with the patient and or designee upon discharge from the facility.

006.22 PLAN OF CARE. A plan of care is to be established according to each patient's individual needs which must be kept current throughout the hospital stay. The plan of care must include a communication component which encompasses methods and interventions outlining how facility staff need to communicate with the patient and their designee in a manner and method the patient and designee can comprehend. The plan of care may be interdisciplinary when appropriate to meet a patient's needs.

006.23 LABORATORY SERVICES. A licensee must provide clinical laboratory services either directly or through agreement, or contract, which comply with the federal Clinical Laboratory Improvement Amendments of 1988 as amended. Laboratory services are to include:

- (A) Identification of a physician who meets the qualifications for laboratory director, preferably a pathologist;
- (B) Necessary laboratory services and testing as determined by the medical staff;

- (C) Emergency laboratory services, including urinalysis, complete blood counts, blood typing and cross matching, and other necessary emergency laboratory services and tests as determined by the medical staff;
- (D) Receipt and reporting of tissue specimens; and
- (E) Which tissue specimens require macroscopic examination and which tissue specimens require both macroscopic and microscopic examination as determined by the medical staff.

006.23(i) LABORATORY SERVICES RECORD KEEPING. All laboratory testing reports and results must be maintained in the individual patient records to whom they apply.

006.23(ii) LABORATORY SERVICES PHYSICAL PLANT REQUIREMENTS. A licensee is to have dedicated laboratory areas for sample collection, protection, analyzing, testing and storage.

006.24 NUTRITIONAL SERVICES. Nutritional services must include:

- (A) Assessment of a patient's nutritional status by a licensed medical nutrition therapist;
- (B) A therapeutic diet order for a patient may be written by the following professions, if approved by the medical staff and credentialed by the licensed hospital, in accordance with state and federal law:
 - (i) Medical Practitioner; or
 - (ii) Licensed Medical Nutritional Therapist in accordance with Neb. Rev. Stat. § 38-1813;
- (C) Education on diet and nutrition in a language and format the patient or designee can understand;
- (D) A sufficient number of qualified and competent dietary and nutritional staff as determined by each individual hospital needs on duty;
- (E) Menus to be planned, written, and followed;
- (F) Meals are to be served to patients at appropriate times and intervals; and
- (G) The Nebraska Food Code must be met at all times.

006.24(i) NUTRITIONAL SERVICES PHYSICAL PLANT REQUIREMENTS. If food preparation is provided onsite, a licensee is to have dedicated space and equipment for the preparation, storage, and processing of meals. Food service physical environment must comply with the Nebraska Food Code, except when used exclusively for activities or training purposes.

006.24(ii) DINING AREAS. If provided, dining areas for patients must have an outside wall with windows for natural light and ventilation and must not be in spaces used for sleeping, offices, or corridors. Each dining area needs to:

- (1) Be furnished with tables and chairs that accommodate or conform to patient needs;
- (2) Have a floor area of 15 square feet per patient in existing facilities; and
- (3) Allow for group dining at the same time in either separate dining areas, or a single dining area, dining in 2 shifts or dining during open dining hours.

006.25 PHARMACY SERVICES. Medications, devices, and any biologicals must be under the supervision of a licensed Nebraska pharmacist or licensed Nebraska physician. The

storage, control, handling, compounding, and dispensing of drugs, devices, and biologicals must be in accordance with state and federal law. Any licensee that has a pharmacy or engages in the practice of pharmacy must do so in accordance with the Pharmacy Practice Act. Each licensee must identify a qualified, competent Nebraska licensed pharmacist designated as the pharmacist-in-charge.

006.25(A) HOSPITAL PHARMACY QUALITY ASSURANCE REPORT. All hospital pharmacies must complete and submit a Hospital Pharmacy Quality Assurance Report form and annual inventory of controlled substances to the Division of Public Health for review.

006.25(A)(i) DUE DATE. The Hospital Pharmacy Quality Assurance Report and inventory must be submitted no later than May 1 annually.

006.25(A)(ii) PLAN OF CORRECTION. If deficiencies are found in either the Hospital Pharmacy Quality Assurance Report or the inventory the licensee must submit a plan of correction.

006.26 MEDICATIONS, BIOLOGICALS AND DEVICES. Medications, biologicals, and devices may only be provided to patients as legally prescribed by a medical practitioner and administered by a health care professional who has medication administration included in their scope of practice and may only be dispensed by a Nebraska licensed pharmacist or a Nebraska licensed physician with a dispensing permit. Pharmacy services are to include:

- (A) A current policy and procedure manual regarding the administration and handling of all medications and biologicals in the facility available to all staff at all times;
- (B) A documented count of all controlled substances completed every shift;
- (C) Authorized personnel permitted access to medications and biologicals;
- (D) Written procedures for the self-administration of medication, if applicable;
- (E) Medication error and adverse reaction reporting and documentation;
- (F) Information related to interactions, contraindications, side effects, toxicology, dosage, indications for use, and routes of administration available to staff at all times;
- (G) Emergency medications and biologicals;
- (H) Checking for expired, mislabeled or otherwise unusable medications, devices or biologicals on a regular basis, and method of keeping them from being used for patients;
- (I) Dispensing of medications and biologicals;
- (J) If performed, compounding of medication must be done by personnel trained to compound, in compliance with written procedures for the process of compounding and in accordance with state and federal law;
- (K) The use, storage of, and provision of sample medications and biologicals;
- (L) Recording, reporting, and investigating the abuse or loss of any drugs and biologicals;
- (M) Storage of all drugs, devices, and biologicals in secured areas, and in accordance with the manufacturer's, distributor's, packager's, or dispensing pharmacist's instructions regarding temperature, light, humidity, and other storage instructions;
- (N) Information regarding all drugs, devices, and biologicals administered, provided, or dispensed to a patient must be recorded and maintained in the patient's medical record. The record must contain the date of administration or provision; the identification of the person who administered or provided the medication, device or

biological to the patient; the patient's medication allergies and sensitivities; any refusal of medication by the patient or the patient's designee; and any time a drug, device, or biological ordered by a medical practitioner has not been provided to the patient in accordance with the medical practitioner's order;

- (O) A complete and accurate record of all medications, devices, and biologicals received, stored, administered, provided, dispensed, or disposed of by the hospital must be kept and maintained for a minimum of 7 years; and
- (P) Drugs, devices, and biologicals used as part of a clinical investigation must be maintained in a locked and separate area from all other drugs, devices, and biologicals, and must only be administered in accordance with the clinical study protocol.

007. PHYSICAL PLANT STANDARDS. Each building must be maintained in a manner that is safe, clean, and functional for the type of care and treatment provided. All hospital buildings must comply with the Health Care Facility Licensure Act, 175 NAC 1, the Nebraska State Fire Code, 2012 Edition Life Safety Code requirements, and this chapter. Each building must comply with the following physical plant requirements unless otherwise specified:

007.01 LAUNDRY SERVICES. Laundry service may be provided on-site by the facility or via contract and is to be provided in accordance with current, standards of practice, and in a manner to reduce any risk of cross-contamination or infection. A separate clean laundry supply storage area that is conveniently located to care and treatment locations is to be provided.

007.01(A) ON-SITE LAUNDRY. When on-site laundry services are provided, water temperatures in laundry equipment must exceed 160 degrees Fahrenheit; or the facility must use an acceptable sanitizer or disinfectant in accordance with the manufacturer's instructions.

007.01(B) CONTRACTED LAUNDRY. If contract services are used for laundry, separate dedicated areas for soiled laundry awaiting pickup and for clean laundry are to be provided.

007.01(C) BULK LAUNDRY. In new construction, if bulk laundry is performed, the facility is to have separate soiled areas for sorting and washing and separate clean areas for drying, folding, and mending with separate soaking sinks. Hand washing sinks must be located in the laundry area.

007.01(D) LINENS. An adequate supply of clean linens in good repair, with no holes, visibly worn areas, or stains must be maintained for patient use. Storage areas are to be conveniently located near patient care and treatment areas.

007.02 WASTE PROCESSING. Medical and general waste must be handled in accordance with current standards of practice to reduce the risk of cross-contamination or infection. This is to include separate areas to collect, contain, process, and dispose of waste produced within the facility; and keeping all facility areas free of vermin.

007.03 HOUSEKEEPING AND JANITORIAL SERVICES. A dedicated room with a service sink and space for storage of supplies, housekeeping, and janitorial equipment must be provided.

007.04 MEDICATION STATION. A dedicated medication station must be provided for the storage and distribution of medications, biologicals, and devices. 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 must be under visual control of nursing staff and must contain a work counter, sink, refrigerator, and double-locked storage for controlled substances.

007.05 UTILITY AREA. A work area is to be provided where clean materials are assembled. The work area must contain a work counter, a handwashing 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 handwashing fixtures may be omitted.

007.06 EQUIPMENT AND SUPPLIES. Equipment and supplies required for care and treatment must be provided at the facility. The facility must have space to store, distribute, maintain, clean, and sanitize durable medical instruments, equipment, and supplies out of the path of normal traffic. Durable medical equipment is to be tested and calibrated in accordance with manufacturer's recommendations. The documentation of testing results and calibrations are to be maintained for a minimum of 7 years.

007.07 STERILE PROCESSING. If sterile processing is completed onsite, it must be done in accordance with current standards of practice.

007.08 ENDOSCOPE CLEANING AND REPROCESSING. Cleaning and reprocessing of contaminated endoscopes must be completed in accordance with current standards of practice, in a room dedicated for this function, which is separate from the area where endoscopic procedures are performed.

007.09 INPATIENT ROOMS. Inpatient rooms are to have sufficient space for sleeping, privacy, furniture, and belongings, and to provide inpatient care and treatment. These rooms must:

- (A) Not be located in any garage, storage area, shed or similar detached building;
- (B) Not be accessed through a bathroom, food preparation area, laundry, or another patient room;
- (C) Be located on an outside wall or atrium with a window with a minimum glass size of 8 square feet per patient. The window is to provide an unobstructed view of at least 10 feet;
- (D) Contain at least 25 cubic feet of storage volume per patient;
- (E) Have a minimum floor area of 100 square feet for single patient rooms and 80 square feet per bed for multiple patient rooms, with a maximum of 2 beds in new construction; and
- (F) Have doors that provide privacy yet not create seclusion or prohibit staff access for routine or emergency care.

007.10 TOILET ROOMS. Toilet rooms with hand washing sinks must be provided for patient use. Existing facilities must have a toilet and sink adjoining each bedroom or may have one shared toilet fixture per 4 licensed beds. Doors for toilet and bathing rooms must provide privacy yet not create seclusion or prohibit staff access for routine and emergency care as needed. In new construction, all toileting and bathing rooms used by patients with less than 500 square feet must not have doors that swing solely inward.

007.11 BATHING ROOMS. A bathing room consisting of a tub or shower must be provided adjacent to each bedroom or as a central bathing room on each floor where inpatient rooms are located. Tubs and showers are to be equipped with hand grips or other assistive devices as needed to meet patient needs.

007.12 ACTIVITY AREAS. If provided, activity areas are to have dedicated space for patient socialization and leisure time activities that must not be used for sleeping, offices or as a corridor. The area may be combined with dining areas. The area is to:

- (A) Have furnishings to accommodate group and individual activities;
- (B) Have a floor area of at least 15 square feet per patient; and
- (C) Be available for all patients.

007.13 CUBICLES. Patient care and treatment cubicles must have a minimum floor area of 60 square feet with at least 3 feet between bedsides and adjacent side walls or curtains.

007.14 EXAMINATION ROOMS. Each examination room must have a minimum floor area of 80 square feet and a minimum of 3 feet clear dimension around 3 sides of the examination table or chair.

007.15 ISOLATION ROOMS. The number and type of isolation rooms in a hospital are to be determined by the licensee based upon an infection control risk assessment and individual facility needs. Each facility must have at least one room capable of isolating patients which has an adjoining toilet room.

007.16 OBSERVATION AREAS. If medical observation, extended recovery, or behavior intervention is provided, the licensee must provide one or more appropriately equipped rooms for patients requiring close supervision based on the needs of the patient and the care and treatment provided. Each room is to:

- (A) Ensure patient privacy;
- (B) Have a system in place for the patient to call or summon for assistance if needed;
- (C) Have appropriate temperature control, ventilation, and lighting;
- (D) Be void of unsafe wall, ceiling fixtures, and area with sharp edges;
- (E) Have a way for staff to observe the patient from outside the room, so that all areas of the room are observable; and
- (F) Be equipped to minimize the potential of the patient's escape, injury, suicide or hiding of restricted substances.

007.16(i) OBSERVATION AREA DOORS. Doors may be used to prevent escape and create seclusion where therapeutically required, such as for emergency protective custody, detoxification and in psychiatric locations.

007.17 CORRIDORS. Building corridors must be wide enough to allow passage and be equipped as needed for the patient with safety and assistive devices to minimize injury. All stairways and ramps must have handrails.

007.18 OUTDOOR SPACES. Any outdoor area for patient usage is to be equipped and situated to allow for patient safety and abilities.

007.19 HANDWASHING SINKS. A handwashing sink equipped with towels and soap dispenser must be provided in close proximity of all examination, treatment, isolation, and procedure rooms; available to every four care and treatment cubicle locations; and a scrub sink must be provided near the entrance of each operating room

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

007.21 FINISHES. Special room finishes must be provided, including:

- (A) Washable room finishes in procedure rooms, existing isolation rooms, sterile processing rooms, workroom, laundry, and food-preparation areas must have smooth, non-absorptive surfaces which are not physically affected by routine housekeeping cleaning solutions and methods. Acoustic and lay in ceilings, if used, must not interfere with infection control. Perforated, serrated cut, or highly textured tiles cannot be used.
- (B) Scrubbable finishes in all operating rooms and new isolation rooms must have smooth, non absorptive, non-perforated surfaces that are not physically affected by harsh germicidal cleaning solutions and methods.

007.22 BUILDING SYSTEMS. Building systems are to be designed, installed, and operated in a manner to provide for the safety, comfort, and well-being of the patient and must include the following:

007.22(A) CALL SYSTEMS. Call systems must be operable from procedure, treatment, operating rooms, recovery areas, toilet rooms, and bathing rooms. The system must transmit a receivable signal to on-duty staff which readily notifies staff and identifies the locations where the call was activated. The type of call system utilized must be able to be modified to meet individual patient needs. If patients are unable to activate the call, there must be a device the patient, designee or staff can utilize to summon other staff for assistance as needed.

007.22(B) ELECTRICAL SYSTEM. An electrical system must have the capacity to maintain the care and treatment services that are provided.

007.23 ESSENTIAL POWER SYSTEM. A licensee must maintain an emergency power system for all essential care and treatment areas, lighting, medical gas systems, nurse call systems, and any area that utilizes general anesthetics or electrical life support systems.

007.23(A) FUEL SOURCE. Electrical support equipment must maintain essential power systems and must have an on-site fuel source. The minimum fuel source capacity must allow for non-interrupted system operations.

007.24 HEATING AND COOLING SYSTEMS. A licensee must provide a heating and air conditioning system to maintain inpatient room temperatures at a level comfortable for each patient. Floors in operating, procedure, and other locations subject to wet cleaning methods or body fluids must not have openings to the heating or cooling system.

007.24(A) SURGICAL AREAS HEATING AND COOLING SYSTEM. Surgical areas must have heating and cooling systems that are capable of producing room temperatures at a range between 68 and 73 degrees Fahrenheit and humidity at a range between 30 and 60% relative humidity.

007.24(B) AIRFLOW. Airflow must move from clean to soiled locations. In new construction, air movement must be designed to reduce the potential of contamination of clean areas.

007.25 ILLUMINATION LEVELS. Minimum illumination levels which are measured at 30 inches above the floor in multiple areas in the room must be provided as follows:

- (A) General purpose areas: 5 foot candles;
- (B) General corridors: 10 foot candles;
- (C) Personal care and dining areas: 20 foot candles;
- (D) Reading and activity areas: 30 foot candles;
- (E) Food preparation areas: 40 foot candles;
- (F) Hazardous work surfaces: 50 foot candles;
- (G) Care and treatment locations: 70 foot candles;
- (H) Examination task lighting: 100 foot candles;
- (I) Procedure task lighting: 200 foot candles; and
- (J) Surgery task lighting: 1000 foot candles.

007.26 MEDICAL GAS SYSTEMS. Medical gas and vacuum by means of portable equipment or building systems as required for the type of care and treatment provided at the facility must be provided safely. The hospital must identify portable and system components and periodically test and approve all medical gas piping, alarms, valves, and equipment used for patient care and treatment. Documentation of such testing and approval must be retained for a minimum of 7 years. All medical gas systems must comply with the requirements of 153 NAC 1, the Nebraska State Fire Code, and Life Safety Code requirements.

007.27 WATER AND SEWER SYSTEMS. An accessible and safe potable supply of water must be available and maintained. Where an authorized public water supply of satisfactory quality, quantity, and pressure is available, the facility must be connected to it and must use it exclusively. All water distribution systems must be protected with anti-siphon devices and air gaps to prevent contamination. All licensees must maintain a sanitary and functioning sewage system and the following:

- (A) The collection, treatment, storage, and distribution potable water system of a facility that regularly serves 25 or more individuals must be constructed, maintained, and

- operated in accordance with The Nebraska Safe Drinking Water Act, and its implementing regulations;
- (B) The collection, treatment, storage, and distribution potable water system of a facility that regularly serves less than 25 individuals on a regular basis must be maintained and operated as if it were a public water system in accordance with The Nebraska Safe Drinking Water Act, and its implementing regulations; and
 - (C) Continuously circulated, filtered, and treated water systems must be provided as required for the care and treatment equipment used.

007.28 VENTILATION SYSTEM. Exhaust and clean air must be provided to prevent the concentrations of contaminants which could impair health or cause discomfort to patients and employees.

007.28(A) MECHANICAL EXHAUST VENTILATION. Buildings with new construction must have a mechanical ventilation system which provides minimum air exchanges per hour at the following rates:

- (i) Care and treatment areas, 5 exchanges per hour;
- (ii) Procedure and isolation areas, 15 air exchanges per hour; and
- (iii) Operating rooms, 20 air exchanges per hour.

008. OPTIONAL SERVICES AND REQUIREMENTS. A licensee may choose to provide any of the optional services outlined below. Services must be provided in accordance with current standards of practice and directed by a medical practitioner as determined by the facility unless specified otherwise. If these services are provided, the following are applicable:

008.01 CRITICAL CARE SERVICES. Critical care services such as intensive care, coronary care, intensive newborn nursery, burn unit, transplant center, or wound treatment center are to include:

- (A) Supervision of each unit by a qualified and competent registered nurse;
- (B) Qualifications and competency needed for each person assigned to work in the unit;
- (C) Medical and nursing staffing coverage for each unit; and
- (D) Written admission and discharge criteria for each unit.

008.02 EMERGENCY SERVICES. Emergency services provided must be in compliance with the Emergency Medical Treatment and Labor Act; 42 CFR § 489.24; 42 CFR § 489.20 (l), (m), (q), and (r), on the effective date of this chapter. This service must be provided under the direction of a practitioner who is trained in emergency care and management and is to include:

- (A) 24 hour per day medical and nursing staff coverage, with medical staff and registered nurses on call;
- (B) Personnel qualifications and competency needed to carry out the written emergency procedures and anticipated needs of the hospital; and
- (C) Emergency drugs, devices, biologicals, equipment, and supplies must be on hand and immediately available for use in the emergency area to treat life-threatening conditions.

008.02(i) EMERGENCY SERVICES RECORDKEEPING REQUIREMENTS. An emergency log must be maintained that includes:

- (1) Patient full name and date of birth;
- (2) Date, time, and method of patient's arrival to the Emergency Room;
- (3) Physical findings;
- (4) Name of treating practitioner;
- (5) Disposition, including time, and location patient was discharged to;
- (6) Documentation of assessments and any testing completed; and
- (7) Documentation of any medications, biologicals, or devices provided to the patient.

008.02(ii) NOTIFICATION. If the facility ceases to provide emergency services, the Division of Public Health Licensure Unit needs to be notified in writing as soon as possible.

008.02(iii) EMERGENCY SERVICES PHYSICAL PLANT REQUIREMENTS. Dedicated space for emergency care and treatment must be provided which includes:

- (1) A well-marked, illuminated, covered, and grade level entrance for both emergency vehicle and pedestrian access;
- (2) A waiting area for patients and visitors that is in the direct observation of the reception, triage, or control station;
- (3) Storage areas for general medical and surgical emergency supplies, medications, and equipment which are under staff control and out of the path of normal traffic; and
- (4) A toilet room with hand washing sink that is convenient to treatment or procedure rooms.

008.03 HEMODIALYSIS SERVICES. Hemodialysis services must satisfy all the elements of the Conditions of Coverage as an End-Stage Renal Disease facility 42 CFR § 405.2101, Subpart U, and 42 CFR § 494.62 on the effective date of this chapter and 175 NAC 1.

008.04 OBSTETRICAL AND NEWBORN SERVICES. Obstetrical and newborn services provided are to include:

- (A) Written policies and procedures outlining the care and treatment for prenatal, postnatal, and newborn patients;
- (B) Appropriate attire to be worn during labor, delivery, and in the nursery;
- (C) Staffing, including on call availability;
- (D) Supervision of nursing care provided in labor, delivery, and in the nursery by a qualified registered nurse;
- (E) Written directions outlining the use of oxytocic drugs and the administration of anesthetics, sedatives, analgesics, and any other drugs, devices, and biologicals in accordance with state and federal law;
- (F) The flow of staff between the obstetric and newborn units, and other patient care areas;
- (G) Staff responsibilities during induction or augmentation of labor;
- (H) Visitation and attendance during the birth process;
- (I) Required laboratory testing;
- (J) Written transfer criteria for both mother and newborn;
- (K) Discharge criteria, including written discharge instructions in a manner and format which the mother or their designee can understand;
- (L) Reporting requirements;

- (M) Emergency care, treatment, and equipment needed to be immediately available; and
- (N) Written procedures outlining the identification and safeguarding of the newborn immediately after birth until discharge.

008.04(i) PERMANENT OBSTETRIC ADMISSION AND DISCHARGE PATIENT INDEX.

An index must be maintained that includes:

- (1) Full name and date of birth of the patient;
- (2) The patient identification number assigned by the facility;
- (3) Date and time of admission and discharge;
- (4) Name of admitting physician or certified midwife;
- (5) Type of anesthesia provided;
- (6) Time of birth;
- (7) Gender of newborn; and
- (8) Place to which mother and newborn were discharged or transferred.

008.04(ii) OBSTETRICAL AND NEWBORN PHYSICAL PLANT REQUIREMENTS.

Dedicated space and equipment for the provision of obstetrical and newborn services must be available.

008.05 PEDIATRIC SERVICES. Pediatric services provided is to include:

- (A) Location of pediatric patients must be in an area apart from adult patients and newborn infants;
- (B) Drugs, devices, biologicals, equipment, and supplies suitable for the treatment of pediatric patients;
- (C) Methods to safeguard pediatric patients while they are under care and treatment in the facility; and
- (D) Conditions under which parents may stay or 'room in' with pediatric patients.

008.06 SURGICAL SERVICES. Surgical services are to include:

- (A) Surgical services are provided only by medical practitioners who are privileged at the facility to conduct the specific surgical care and treatment they are privileged to provide;
- (B) Restrictions on access to the surgical suite and recovery room areas;
- (C) Attire worn by staff in the surgical suite and recovery room areas;
- (D) Sterilization and disinfection of equipment and supplies;
- (E) Aseptic surveillance and practice;
- (F) Responsibility for the supervision of the surgical suite and recovery room;
- (G) Immediate availability of an emergency call system, cardiac monitor; defibrillator, suction, and emergency airway supplies;
- (H) Availability of blood and blood products;
- (I) The requirement for patient history and physical examination;
- (J) The requirements for testing and disposal of surgical specimens;
- (K) The circumstances that require the presence of an assistant during surgery;
- (L) Discharge criteria;
- (M) Reporting requirements;
- (N) The procedures for handling infectious cases;
- (O) Immediate post-surgical care; and
- (P) Requirements for operative and surgical reports.

008.06(i) SURGICAL SERVICES RECORD KEEPING REQUIREMENTS. A roster must be maintained in the surgical suite which delineates the surgical privileges granted to each medical practitioner; and an up to date operating log must be maintained that includes:

- (1) Full name, date of birth, and identification number of each patient;
- (2) Date, starting and ending times for each surgical procedure;
- (3) Surgical procedure or procedures performed;
- (4) Name of the surgeon and any assistants;
- (5) Name of nursing personnel, both scrub and circulating;
- (6) Type of anesthesia utilized during the procedure; and
- (7) The name and title of the person administering anesthesia.

008.06(ii) SURGICAL SERVICES PHYSICAL PLANT REQUIREMENTS. Dedicated space and equipment for the types of surgical procedures provided by the facility must be available, which includes:

- (1) A preoperative patient area with sufficient space and equipment to accommodate both ambulatory and non-ambulatory patients under the direct visual control of the nursing staff;
- (2) Operating rooms for major surgical procedures that require general or regional block anesthesia and support of vital bodily functions with a minimum floor area of 300 square feet and a minimum of 16 feet of clear dimension;
- (3) Procedure rooms for invasive and minor surgical procedures performed in conjunction with oral, parental, or intravenous sedation or under analgesic or dissociative drugs have a minimum floor area of 200 square feet and a minimum of 14 feet clear dimension;
- (4) Treatment rooms for procedures performed under topical, local, or regional anesthesia without pre-operative sedation have a minimum floor area of 120 square feet and a minimum of 10 feet clear dimension;
- (5) A recovery area containing a medication station, hand washing sink, charting area, and equipment and supply storage space;
- (6) A dressing area must be provided when the hospital provides outpatient surgeries which has patient dressing and toilet rooms separate from staff gowning areas; and
- (7) Housekeeping and soiled utility areas exclusively for the surgical suite.

008.07 ANESTHESIA SERVICES. Anesthesia services is to include:

- (A) Provision of anesthesia by medical or nurse anesthetist students under the supervision and direct oversight of an individual qualified to administer anesthesia in their scope of practice;
- (B) Equipment maintenance;
- (C) Safety measures to guard against hazards;
- (D) Infection control measures; and
- (E) The maintenance, cleaning, and use of equipment to ensure patient safety and to minimize the risk of the transmission of infection.

008.08 REHABILITATION SERVICES. Rehabilitation services is to include:

- (A) The scope and care of services provided at the facility;
- (B) Staff qualifications, competency, and credentialing requirements;
- (C) The provision of therapy in accordance with written medical practitioner orders;

- (D) Coordination with other services in the hospital;
- (E) Treatment plan documentation and record keeping requirements; and
- (F) The maintenance, cleaning, and use of therapy equipment, to ensure patient safety and to minimize the risk of the transmission of infection.

008.09 RESPIRATORY CARE SERVICES. Respiratory care services are to include:

- (A) Supervision by a qualified respiratory care practitioner;
- (B) The provision of respiratory care services by qualified personnel, acting within their scope of practice;
- (C) Coordination with other services in the facility;
- (D) Treatment plan documentation and record keeping requirements; and
- (E) Types of equipment needed to provide the scope of care provided in the facility, along with cleaning, maintenance, and calibration requirements.

008.10 OUTPATIENT SERVICES. Outpatient services is to include:

- (A) The provision of outpatient services in accordance with medical practitioner orders;
- (B) Staffing to meet the needs of the patients as determined by the facility;
- (C) Documentation and record keeping requirements to integrate the outpatient medical record with the patient's existing inpatient record, if applicable; and
- (D) Equipment needed to provide the scope of care provided in the facility, along with cleaning, maintenance, and calibration requirements.

008.11 ALZHEIMER'S, DEMENTIA, AND RELATED CONDITIONS SERVICES. Licensees that provide inpatient services for patients with these conditions in a distinct unit must ensure personalized patient rooms, activity areas, separate dining areas, and must include 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.

008.12 SOCIAL WORK SERVICES. Social work services provided are to be directed by a certified social worker. Services must include:

- (A) The scope and care of patients receiving social work services, including the role in intervention, discharge planning and referral for patients;
- (B) Assessment of personal and social functioning of patients;
- (C) Record keeping and retention requirements; and
- (D) Coordination with other services provided to patients in the hospital.

008.13 PSYCHIATRIC OR MENTAL HEALTH SERVICES. Psychiatric or mental health services in a distinct unit is to ensure a therapeutic environment that provides for both patient and staff safety. Patient rooms must have:

- (A) Tamper-resistant air distribution devices, lighting fixtures, sprinkler heads, and safety devices;
- (B) Ventilation, exhaust, heating, and cooling components that are inaccessible to patients;
- (C) Bedroom, toilet, and bathing room doors that are not lockable or capable of being obstructed from within; and
- (D) Electrical outlets protected by ground fault interrupting devices.

008.14 IN PATIENT HOSPICE SERVICES. Inpatient hospice services provided in a distinct unit must have private patient rooms, space to accommodate overnight stays, dining, and visiting spaces for family and visitors.

009. SPECIFIC HOSPITAL REQUIREMENTS. Each licensee must choose which type of hospital they wish to operate, with specific requirements as set out in the Health Care Facility Licensure Act and this chapter.

009.01 CRITICAL ACCESS HOSPITAL REQUIREMENTS. A licensee of a critical access hospital must satisfy all of the elements of the Conditions for Participation for Critical Access Hospitals as set out in C.F.R § 485 Subpart F, and C.F.R. § 485.625 on the effective date of this chapter. Critical access hospitals must:

- (A) Have 25 acute inpatient beds or less;
- (B) Ensure the average length of stay for acute inpatients does not exceed 96 hours;
- (C) Provide emergency services on a 24-hour basis;
- (D) Have a formal agreement with at least one licensee of an acute care hospital; and
- (E) Have formal agreements for:
 - (i) Emergency and nonemergency transportation; and
 - (ii) Back up medical and emergency services.

009.02 GENERAL ACUTE HOSPITAL REQUIREMENTS. Each licensee of a general acute hospital must satisfy all the elements of the Conditions of Participation for Hospitals as set out in 42 C.F.R § 482 and 42 C.F.R § 482.15 on the effective date of this chapter.

009.03 LONG-TERM CARE HOSPITAL REQUIREMENTS. Each long-term care hospital or distinct part of a hospital that provides the care and services of an intermediate care facility, a nursing facility or a skilled nursing facility must meet all requirements specified in 175 NAC 12 except the administrator is not required to hold a current nursing home administrator's license issued by the State of Nebraska.

009.04 PSYCHIATRIC OR MENTAL HOSPITAL REQUIREMENTS. Each licensee of a psychiatric or mental hospital must satisfy the Conditions of Participation for Psychiatric Hospitals as set out in 42 C.F.R § 482.60 through 482.62, and C.F.R. § 482.15 on the effective date of this chapter.

009.05 REHABILITATION HOSPITAL REQUIREMENTS. Each licensee of a rehabilitation hospital must satisfy all the elements of the Conditions of Participation for Hospitals as set out in 42 C.F.R § 482, and C.F.R. § 482.15 on the effective date of this chapter and the following:

- (A) The direction and supervision of all rehabilitation services is provided by a fulltime physician member of the medical staff who is trained in rehabilitation medicine;
- (B) Physical therapy, occupational therapy, speech pathology, and audiology, social work, psychological, and vocational services must be organized and supervised by qualified professional personnel credentialed in Nebraska when required and who have been approved by the licensee;
- (C) A written preadmission screening procedure is implemented to review each prospective patient's condition and medical history to determine whether the patient

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is likely to benefit significantly from an intensive inpatient rehabilitation program prior to accepting the patient for treatment;

- (D) A plan of treatment for each inpatient is established, implemented, reviewed, and revised as needed by a physician in consultation with other professional personnel who provide services to the patient; and
- (E) There must be a multidisciplinary team approach in the rehabilitation of each inpatient, as documented by periodic clinical entries made in the patient's medical record to note the patient's status in relationship to goal attainment. Team conferences must be held at least every 2 weeks to determine the appropriateness of treatment.

009.06 RURAL EMERGENCY HOSPITAL REQUIREMENTS. A licensee of a rural emergency hospital must satisfy all of the elements of the Conditions for Participation for Rural Emergency Hospitals as set out in C.F.R §§ 485.500 to 485.546 on the effective date of this chapter.