

44:70:04:14(8) Optional Services for acceptance of residents who have elected Hospice services. Notification to the Department of Health must occur within 48 hours of the resident electing hospice services or upon discharge, transfer, death, or when the resident is no longer capable of self-preservation.

INITIAL NOTIFICATION

Provider's Name _____ Address _____

Resident's Name _____ Date of Birth _____

Provide the following dates:

- _____ When the physician identified the terminal illness.
- _____ When the resident elected Hospice.
- _____ When the hospice services were implemented in the ALC.
- _____ When the required training and competency evaluation was completed.
- _____ When the contract was signed with the Medicare Certified Hospice agency chosen by the resident or family members.

The name, address, phone number, and the contact person for the Medicare Certified Hospice agency:

THE RESIDENT IS NO LONGER CAPABLE OF SELF-PRESERVATION

On what date did the resident become no longer capable of self-preservation? _____

Is the facility equipped with an automatic sprinkler system? YES NO

Are two staff members on duty at all times? YES NO

Does the hospice plan of care provide for adequate 24 hour bedside care by family or the hospice agency during their visits? YES NO

Provide to the DOH a copy of the schedule and the resident's individualized plan of care indicating how the 24 hour bedside care is provided during this time.

FINAL NOTIFICATION

Provider's Name _____ Address _____

Resident's Name _____

Provide the date for the resident's:

Discharge: _____ Transfer _____ Death _____

Administrator's signature _____ Date _____