

REQUEST FOR HOSPICE OPTIONAL SERVICES FOR ASSISTED LIVING CENTERS

Provider's name _____

Address _____

Prior to providing hospice care to any resident in the assisted living center this form must be completed and submitted with the requested information to the Department of Health (DOH) for approval. DOH will review your submitted information. Upon approval DOH will provide a new license listing all optional services the assisted living center has been approved to provide according to ARSD 44:70:04:14.

Provide an answer or submit the requested information to DOH:

Does the provider have current approval for medication administration? Yes No

Provide a copy of the current license for the licensed nurse responsible for delegating medication administration to the unlicensed assistive personnel.

A copy of a month's schedule that identifies unlicensed assistive personnel are scheduled twenty-four hours a day.

The facility and the Medicare certified hospice provider have a written agreement delineating responsibilities? Yes No

A written agreement is required for each certified hospice provider chosen by the resident or family. Availability of the written agreement(s) will be requested at the time of the survey.

The required staff education has been provided? Yes No

The documentation for the staff education will be reviewed at the time of the survey. The education must include:

- Ambulation;
- Changing an occupied bed;
- Positioning a resident on their side in bed;
- Toileting using a bedpan;
- Partial bed bath;
- Transfer using a gait belt;
- Emptying a urinary drainage bag;
- Hospice history and philosophy;
- Ethical and privacy considerations;
- Definitions of team roles and eligibility;
- Communication techniques;
- Spiritual care services;
- Bereavement and grief explorations; and
- Alternative therapies.

Is the facility equipped with an automatic sprinkler system? Yes No

At least two staff shall be on duty at all times if the hospice resident(s) care requires additional staffing or becomes incapable of self-preservation.

Administrator's Signature _____ Date _____