

Assisted Living & Hospice Care

a communications checklist

This checklist has been designed to help Assisted Living communities and hospice agencies ensure that information required by RCFE regulations is recorded and maintained. References to CCR Title 22 or the Health & Safety Code are included. When a resident begins receiving hospice care, use this checklist to make sure your records are complete!

RESIDENT'S NAME: _____

Hospice Care Plan Requirements

(refer to agreed upon Hospice Care Plan for page numbers.)

Page #s

- _____ Hospice Care plan has been approved by the facility, the hospice agency, and the resident or surrogate decision maker. 87633(a)(4)
- _____ Name, office address, business telephone and 24-hour emergency number of hospice agency. 87633(b)(1)
- _____ Designation of primary contact person at hospice agency. 87633(b)(3)
- _____ Name, office address, business telephone and 24-hour emergency number of the resident's physician. 87633(b)(1)
- _____ Designation of resident's primary and alternate caregiver at the facility. 87633(b)(3)
- _____ Description of the services (type and frequency) to be provided in the facility by hospice. 87633(b)(2)
- _____ Description of the services (type and frequency) to be provided by the facility. 87633(b)(4)
- _____ Responsibility of both parties for storing and handling medications, medical supplies, equipment, and appliances. 87633(b)(4)(A)
- _____ Name or job function of hospice staff that will control and supervise storage and administration of controlled drugs. 87633(b)(4)(B)
- _____ Documentation of identified training needs, including who will provide training. To be completed before hospice services begin. 87633(b)(6)
- _____ Responsibility of both parties for record keeping. 87633(b)(4)
- _____ Responsibility of both parties for communication. 87633(b)(4)
- _____ Notification of hospice in lieu of 911 clarified with written guidelines and training on the expected course of illness and symptoms of impending death. HSC 1569.73
- _____ Any services to be provided by family, friends or clergy. 87633(b)(5)

General Requirements

- Written request by resident or surrogate decision maker for hospice services. 87633(h)(1)
- Copy of any Advanced Directives or DNR. 87633(h)(1)
- Name, address, phone, and 24 hour emergency phone number of hospice and surrogate decision maker (easily accessible to all). 87633(h)2
- Written certification from the medical director or physician member of the hospice and the resident's physician, if the individual has an attending physician. 87633(h)(3)
- Local fire authority notified if resident is bedridden. 87633(l)
- Statement from roommate granting access to shared space for shared apartment (if applicable). 87633(h)(5)
- Community Care Licensing notified that resident has entered hospice, and upon termination of services. 87632(d)(2) and 87633(g)
- Keep a record of dosage of medications, stored centrally for each resident. 87633(k)
- Keep a record of hospice related training on file for three years. 87633(f)
- Ensure that the care plan for each resident is current and that it accurately reflects the services being provided. 87633(d).
- Ensure that the hospice care plan complies with all regulations pertaining to RCFEs. 87633(c)
- Ensure that 4 hours of the initial 40 hours of staff training are specific to postural supports, restricted conditions, and hospice care. H&S Code 1569.696 (effective January 1, 2016)
- Ensure that 4 hours of the ongoing 20 hours of annual ongoing training are specific to postural supports, restricted conditions, and hospice care. H&S Code 1569.696 (effective January 1, 2016)