

STATE OF COLORADO

John W. Hickenlooper, Governor
Christopher E. Urbina, MD, MPH
Executive Director and Chief Medical Officer

Dedicated to protecting and improving the health and environment of the people of Colorado

4300 Cherry Creek Dr. S. Laboratory Services Division
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Colorado Department
of Public Health
and Environment

Date: August 9, 2011

From: Lorraine Dixon-Jones
Policy Analyst, Health Facilities and Emergency Medical Services Division

To: Administrators of Community Clinics (CCs), Community Clinics and Emergency Centers (CCECs), and General Hospitals

Re: Rulemaking Notice and Request for Additional Comment on the Proposed Regulations regarding the Licensure of CCs, CCECs, and Off-Campus Locations

This memorandum contains:

- a draft dated 08/09/11 of the proposed changes to 6 CCR 1011-1, Chapter IX - Community Clinics and 6 CCR 1011-1, Chapter IV - General Hospitals. This draft updates the draft dated 06/23/11.
- the notice for rulemaking scheduled for September 21, 2011.

Stakeholder Comments. Thank you for the comments you provided on the previous draft. Please direct any additional comments and concerns about the proposed regulations by **August 26, 2011** via:

- e-mail (lorraine.dixon@state.co.us), or
- fax (303-753-6214, attention Lorraine Dixon-Jones).

Please indicate in the subject of your e-mail or on the front of the faxed document that the correspondence concerns the proposed regulation regarding changes to Chapter IX - Community Clinics.

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NOTICE OF PUBLIC RULE-MAKING HEARING BEFORE THE COLORADO BOARD OF HEALTH

NOTICE is hereby given pursuant to the provisions of Section 24-4-103, C.R.S., that the Colorado Board of Health will conduct a public rule-making hearing on September 21, 2011 in the Sabin-Cleere Conference Room of the Colorado Department of Public Health and Environment, Bldg. A, First Floor, 4300 Cherry Creek Drive, South, Denver, CO 80246, to consider the promulgation of amendments to Standards for Hospitals and Health Facilities, 6 CCR 1011-1, Chapters IV - General Hospitals and IX - Community Clinics and Community Clinics and Emergency Centers. The Board meeting commences in the morning. For the specific time this hearing is scheduled, please consult the meeting agenda on the Board's Web site at <http://www.cdphe.state.co.us/op/bh/index.html> on or after Friday, September 9, 2011, or call (303) 692-3464.

The purpose of this hearing is to receive public comments on the revision of licensure standards established in Chapters IX and IV. Specifically, the proposed amendments to Chapter IX - Community Clinics and Community Clinics and Emergency Centers: 1) exempt federally qualified health centers and rural health clinics from licensure requirements in accordance with state statute; 2) authorize certain types of community clinics to become off-campus locations of a general hospital; 3) amend provisions regarding inpatient care; 4) define the services to be provided by the types of community clinics and establish additional standards to include, but not be limited to, care planning and signage requirements; and 5) make technical changes including but not limited to updating obsolete references, changing terminology, and reorganizing provisions. The proposed amendments to Chapter IV - General Hospitals: 1) authorize community clinics added to the hospital license as off-campus locations to meet either "existing" or "new" occupancy requirements under the Life Safety Code; 2) exempt off-campus locations from plan review if added to the hospital license by a specified date; and 3) make conforming amendments to align with changes made in Chapters IV and IX regarding off-campus locations.

The proposed rules have been developed by the Health Facilities and Emergency Medical Services Division of the Colorado Department of Public Health and Environment pursuant to Section 25-1.5-103, and 25-3101- et.seq, C.R.S.

Copies of the proposed rules may be obtained by contacting the Colorado Department of Public Health and Environment, Health Facilities and Emergency Medical Services Division (HFD A-2), 4300 Cherry Creek Drive S., Denver, CO 80246, (303) 692-2800. The proposed amendments will also be available on the Board's Web site at <http://www.cdphe.state.co.us/op/bh/index.html> under "Notices of Upcoming Public Rulemaking Hearings and Draft Proposed Rules."


The Board encourages all interested persons to participate in the hearing by providing written data, views, or comments, or by making oral comments at the hearing. At the discretion of the Chair, oral testimony at the hearing may be limited to five minutes or less depending on the number of persons wishing to comment.

The Board requests submission of written materials no later than September 6, 2011 to allow the Board sufficient time to review the comments prior to the meeting. Persons wishing to submit written comments or views should submit them to:

Colorado Board of Health
ATTN: Jamie L. Thornton, Program Assistant
Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South EDO-A5
Denver, Colorado 80246-1530
FAX: 303-691-7702, e-mail: Jamie.thornton@state.co.us

The proposed revisions to be considered at the hearing, together with the proposed statement of basis and purpose, specific statutory authority and regulatory analysis will be available for inspection at the above address by any person at least five working days prior to the hearing.

Dated this 1 day of July 2011.



Christopher E. Urbina, MD, MPH
Executive Director/Chief Medical Officer

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2
3 **6 CCR 1011-1, Chapter IV - General Hospitals**
4

5

6 4.102 COMPLIANCE WITH THE LIFE SAFETY CODE

7 (1) (c) An off-campus location in operation prior to January 1, 2011 may meet either the existing or the
8 new occupancy Life Safety Code requirements, if it is added to the hospital license at the first
9 renewal licensure that occurs on or after April 1, 2011.

10 (i) NOTWITHSTANDING THE TIMELINES ESTABLISHED IN PARAGRAPH (1)(c), ABOVE, OFF-CAMPUS
11 PRIMARY CARE CLINIC SERVICES IN OPERATION PRIOR TO SEPTEMBER 30, 2011, MAY BE
12 ADDED TO THE HOSPITAL LICENSE THROUGH EITHER A RENEWAL OR AMENDED LICENSE
13 APPLICATION SUBMITTED ON OR BEFORE FEBRUARY 29, 2012.

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17 **6 CCR 1011-1, Chapter IX - Community Clinics**
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20 **SUBCHAPTER IX.A - PRIMARY CARE CLINICS AND COMMUNITY EMERGENCY CENTERS**
21 **SUBCHAPTER IX.B - ADDITIONAL REQUIREMENTS FOR COMMUNITY EMERGENCY CENTERS**

22 Copies of these regulations may be obtained at cost by contacting:

23 Division Director
24 Colorado Department of Public Health and Environment
25 Health Facilities Division
26 4300 Cherry Creek Drive South
27 Denver, Colorado 80222-1530
28 Main switchboard: (303) 692-2800

29 These chapters of regulation incorporate by reference (as indicated within) material originally published
30 elsewhere. Such incorporation, however, excludes later amendments to or editions of the referenced material.
31 Pursuant to 24-4-103 (12.5), C.R.S., the Health Facilities Division of the Colorado Department of Public Health
32 And Environment maintains copies of the incorporated texts in their entirety which shall be available for public
33 inspection during regular business hours at:

34 Division Director
35 Colorado Department of Public Health and Environment

*Regular type = existing language. ~~Striketype~~ = deletion of existing language. SMALL CAPS = new language. **Highlights** = changes from 06/23/11 draft.*

1 Health Facilities Division
2 4300 Cherry Creek Drive South
3 Denver, Colorado 80222-1530
4 Main switchboard: (303) 692-2800

5 Certified copies of material shall be provided by the division, at cost, upon request. Additionally, any material
6 that has been incorporated by reference after July 1, 1994 may be examined in any state publications
7 depository library. Copies of the incorporated materials have been sent to the state publications depository and
8 distribution center, and are available for interlibrary loan.

9
10 **SUBCHAPTER IX.A - PRIMARY CARE CLINICS AND COMMUNITY EMERGENCY CENTERS**

11 **PART 1. STATUTORY AUTHORITY AND APPLICABILITY**

12 1.101 STATUTORY AUTHORITY. AUTHORITY TO ESTABLISH MINIMUM STANDARDS THROUGH REGULATION AND TO
13 ADMINISTER AND ENFORCE SUCH REGULATIONS IS PROVIDED BY SECTIONS 25-1.5-103 AND 25-3-101, C.R.S., ET SEQ.

14 1.102 APPLICABILITY

15 (1) PRIMARY CARE CLINICS AND COMMUNITY EMERGENCY CENTERS SHALL MEET APPLICABLE FEDERAL AND STATE
16 STATUTES AND REGULATIONS, INCLUDING BUT NOT LIMITED TO:

17 (a) THIS SUBCHAPTER IX.A - PRIMARY CARE CLINICS AND COMMUNITY EMERGENCY CENTERS.

18 (b) 6 CCR 1011-1, CHAPTER II.

19 (2) CONTRACTED SERVICES SHALL MEET THE STANDARDS ESTABLISHED HEREIN.

20 (3) WHEN DIFFERING STANDARDS ARE IMPOSED BY FEDERAL, STATE, OR LOCAL JURISDICTIONS, THE MOST
21 STRINGENT STANDARD SHALL APPLY.

22 ~~13.7 Building Requirements. The community clinic or the community clinic and emergency center shall~~
23 ~~demonstrate compliance with the building and fire safety requirements of local governments and other~~
24 ~~state agencies.~~

25 (4) ~~3.6 Corporate Health Care Entities or Health Care Networks . A community clinic or a community clinic~~
26 ~~and emergency center that is part of a larger, corporate health care system or health care network may~~
27 fulfill the administrative record requirements, the policies and procedures requirements, and the medical
28 records requirements of this Chapter IX through a central system common to the entire organization,
29 providing that the intent of the requirements of this Chapter is met—, AND THE SPECIFIC POLICIES
30 APPLICABLE TO THE FACILITY HAVE BEEN IDENTIFIED AND MADE ACCESSIBLE, AS APPROPRIATE, TO COMMUNITY
31 CLINIC STAFF.

32 (5) Policy Statement — The following regulations are the minimum standards necessary, to operate a
33 community clinic or a community clinic and emergency center. Facilities shall always operate by
34 providing a level of care that meets the needs of the patients being served. This may necessitate
35 standards that exceed the minimum. Patient populations vary widely and the minimum standard may not
36 be enough to meet the needs of patients being served and those needs must still be met.

1 (6) ~~13.6~~ The community clinic or ~~and the community clinic and emergency center~~ shall be constructed and
2 maintained to ensure access to all patients and to ensure the safety of patients.

3 **Section 2. LICENSE**

4 2.1 ~~A community clinic or a community clinic and emergency center shall be licensed and meet all of the~~
5 licensure requirements in chapter II and the requirements of this Chapter IX of the Colorado Department
6 of Public Health and Environment's Standards for Hospitals and Health Facilities.

7 2.2 ~~A community clinic or a community clinic and emergency center shall be in compliance with all other~~
8 applicable state, local, and federal laws.

9 **Part 2. Section 1. DEFINITIONS**

10 2.101

11 (1) ~~4.9~~ "Anesthetizing location" – means any area of a facility that has been designated to be used for the
12 administration of nonflammable inhalation anesthetic agents in the course of examination or treatment,
13 including the use of such agents for relative analgesia.

14 (2) "COMMUNITY CLINIC " MEANS A PRIMARY CARE CLINIC OR A COMMUNITY EMERGENCY CENTER. ~~4.5 Exclusions.~~
15 ~~The term community clinic or a community clinic and emergency center does not include the following:~~
16 HOWEVER, THE TERM "COMMUNITY CLINIC" DOES NOT INCLUDE THE FOLLOWING:

17 (a) ~~(b)~~ A facility which is used as an office for the private practice of a physician(s) ~~except when~~
18 **UNLESS:**

19 (i) ~~4)~~ ~~it holds itself out to the public or other health care providers as a community clinic or a~~
20 ~~community clinic and emergency center or as a similar facility with a similar name or~~
21 ~~variation thereof which creates confusion in the mind of the public, indicating IT~~
22 ~~INDICATES that it is capable of providing the same care as required by these regulations~~
23 ~~and or in fact provides the same level of care as required by these regulations; and in~~
24 ~~the case of an emergency center, of providing 24-hour emergency care; {Explanatory~~
25 ~~note: this entire paragraph is existing language. The highlights here indicate~~
26 ~~changes to striketype.}~~

27 (ii) ~~2)~~ it is operated or used by a person or entity different than the physician(s); **OR**

28 (iii) ~~3)~~ patients are charged a fee for the use of the facility in addition to the physician(s)
29 professional fee.

30 (b) A FEDERALLY QUALIFIED HEALTH CENTER. *{Explanatory note: this change is prompted by House*
31 *Bill 11-1101.}*

32 (c) A RURAL HEALTH CLINIC. *{Explanatory note: this change is prompted by House Bill 11-1323.}*

33 (3) "COMMUNITY EMERGENCY CENTER" MEANS A HEALTH CARE ENTITY THAT PROVIDES EMERGENCY CARE 24
34 HOURS PER DAY, 7 DAYS PER WEEK EVERY DAY OF THE YEAR, **UNLESS OTHERWISE AUTHORIZED HEREIN.** A
35 COMMUNITY EMERGENCY CENTER MAY ALSO PROVIDE PRIMARY CARE.

36 (4) ~~4.2~~ "Emergency or emergent care" ~~Emergency or emergent care is defined as treatment for a~~
37 ~~medical condition manifesting itself by acute symptoms of a sufficiently severe nature that are life, limb,~~
38 ~~or disability threats requiring immediate attention, where any delay in treatment could be reasonably~~

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changes from 06/23/11 draft.

- 1 ~~expected to place the health of the individual in serious jeopardy, or seriously impair bodily functions, or~~
2 ~~cause serious dysfunction of any bodily organ or part.~~ MEANS THE TREATMENT OF PATIENTS ARRIVING BY
3 ANY MEANS TO INCLUDE AMBULANCE TRANSPORT WHO HAVE MEDICAL CONDITIONS, INCLUDING ACUTE ILLNESS
4 OR TRAUMA, THAT IF NOT TREATED IMMEDIATELY COULD RESULT IN LOSS OF LIFE, LOSS OF LIMB, OR PERMANENT
5 DISABILITY.
- 6 (5) "FEDERALLY QUALIFIED HEALTH CENTER (FQHC)" MEANS A FACILITY THAT MEETS THE DEFINITION UNDER
7 SECTION 1861 (aa)(4) OF THE FEDERAL "SOCIAL SECURITY ACT", 42 U.S.C. SECTION 1395X (aa)(4) WHICH
8 PROVIDES FOR THE DELIVERY OF COMPREHENSIVE PRIMARY AND AFTER HOURS CARE IN UNDERSERVED AREAS.
- 9 (6) **"GOVERNING BODY" MEANS THE BOARD OF TRUSTEES, DIRECTORS, OR OTHER GOVERNING ENTITY IN WHOM**
10 **THE ULTIMATE AUTHORITY AND RESPONSIBILITY FOR THE CONDUCT OF THE CLINIC IS VESTED.**
- 11 (7) ~~4.3 "Inpatient care" for the purposes in OF THIS Chapter IX of these regulations, "inpatient care" shall~~
12 ~~be defined as~~ MEANS extended care or stay in the facility beyond the primary care or general services
13 normally rendered which would include an overnight stay or a continuous period of care exceeding
14 twenty-four (24) hours, but not to exceed 72 hours. ~~4.4 (b) HOWEVER, the 72-hour limit on inpatient~~
15 ~~stays shall not apply to PRISON FACILITIES the Department of Corrections providing medical services~~
16 ~~pursuant to article I of title 17.~~
- 17 (8) ~~4.6~~ "Plan review" – means the review by the Department, or its designee, of new construction,
18 previously unlicensed space, or remodeling to ensure compliance by the facility with the National Fire
19 Protection Association (NFPA) Life Safety Code and with this Chapter IX. Plan review consists of the
20 analysis of construction plans/documents and onsite inspections, where warranted. For the purposes of
21 the ~~National Fire Protection Association~~ NFPA requirements, the Department is the authority having
22 jurisdiction for state licensure.
- 23 (9) ~~4.4 "Primary care" Primary care is defined as a practice that deals with the individual rather than an A~~
24 ~~SPECIFIC organ system or an abnormal physiology and provides an array of services covering the~~
25 ~~preventive, diagnostic, and therapeutic needs of patients, including referral and coordination of care to~~
26 ~~the services.~~ **MEANS HEALTH CARE PROVIDED FOR THE ENTIRE BODY RATHER THAN A SPECIFIC ORGAN SYSTEM**
27 **THAT INCLUDES: COMPREHENSIVE ASSESSMENT, EVALUATION AND TREATMENT FOR A HEALTH CARE CONCERN;**
28 **CONTINUING ROUTINE CARE; AND PREVENTIVE, DIAGNOSTIC, AND THERAPEUTIC SERVICES.**
- 29 (10) "PRIMARY CARE CLINIC" MEANS A HEALTH CARE ENTITY, INCLUDING A PRISON FACILITY THAT PROVIDES PRIMARY
30 CARE. ~~1.1 "Community clinic" or Community Clinic and Emergency Center. A "community clinic" or a~~
31 ~~"community clinic and emergency center" is defined as a comprehensive community-based medical~~
32 ~~facility which includes general or primary care services, preventive health services, diagnostic or~~
33 ~~therapeutic outpatient services, appropriate inpatient services, and/or emergent care services. The~~
34 ~~emergency center (emergency services available 24 hours) portion of the license shall be an optional~~
35 ~~component, and a community clinic may be licensed as a "community clinic" or as a "community clinic~~
36 ~~and emergency center." A "community clinic" or a "community clinic and emergency center" includes~~
37 ~~accommodations for inpatient stays, unless otherwise exempted by statutory provisions or by a waiver~~
38 ~~of the requirement by the Department under section 10.1. A "community clinic" or a "community clinic~~
39 ~~and emergency center" may include general and primary care providers participating in the medically~~
40 ~~indigent program pursuant to article 15 of title 26. No waiver of inpatient accommodation requirements~~
41 ~~as required under section 10.1 of these regulations shall be necessary for medically indigent program~~
42 ~~providers who provide only primary care and other outpatient services during normal business hours. No~~
43 ~~waiver of inpatient accommodation requirements as required under section 10.1 Of the regulations shall~~
44 ~~be necessary for a community clinic or a community clinic and emergency center located within a~~
45 ~~licensed hospital, but not licensed as part of the hospital, and has an admission or transfer agreement~~
46 ~~with that hospital. 1.5 Exclusions. The term community clinic or a community clinic and emergency~~
47 ~~center~~ HOWEVER, THE TERM "PRIMARY CARE CLINIC" DOES NOT INCLUDE THE FOLLOWING:

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- 1 (a) ~~A facility that is licensed as part of or a department of a general hospital and is not freestanding;~~
2 SERVICES OF A GENERAL HOSPITAL THAT ARE:
- 3 (i) ON THE HOSPITAL CAMPUS AND LICENSED AS A DEPARTMENT OR SERVICE OF THE HOSPITAL.
- 4 (ii) LISTED AS AN OFF-CAMPUS LOCATION UNDER THE LICENSE OF A GENERAL HOSPITAL.
5 HOWEVER, THIS PARAGRAPH (a)(ii) DOES NOT INCLUDE PRIMARY CARE CLINICS THAT PROVIDE
6 INPATIENT CARE.
- 7 (11) ~~4.7~~ "Qualifying community clinic" ~~for the purposes of plan review, means a PRIMARY CARE clinic with a~~
8 total interior physical plant square footage of under 2,500 square feet where the services do not include
9 treatment that renders patients incapable of self-preservation without the assistance of others during an
10 emergency situation. ~~(Qualifying community clinics do not include community clinics and emergency~~
11 ~~centers.)~~
- 12 (12) ~~4.10~~ "Relative analgesia" ~~means a state of sedation and partial block of pain perception produced in~~
13 a patient by the inhalation of concentrations of nitrous oxide insufficient to produce loss of
14 consciousness; i.e., conscious sedation.
- 15 (13) "RURAL HEALTH CLINIC" MEANS A FACILITY THAT MEETS THE DEFINITION UNDER SECTION 1861 (aa)(2) OF THE
16 FEDERAL "SOCIAL SECURITY ACT", 42 U.S.C. SECTION 1395X (aa)(2) WHICH PROVIDES FOR THE DELIVERY OF
17 BASIC OUTPATIENT PRIMARY CARE IN UNDERSERVED, NON-URBAN AREAS.
- 18 (14) ~~4.8~~ "Structural element" ~~for the purposes of plan review, means an element relating to load bearing~~
19 or to the scheme (layout) of a building as opposed to a screening or ornamental element. Structural
20 elements of a building include but are not limited to: floor joists, rafters, wall and partition studs,
21 supporting columns and foundations.

22 Part 3. DEPARTMENT OVERSIGHT

23 3.100 APPLICATION FEES. RESERVED.

24 3.200 COMMERCIAL PROFESSIONAL LIABILITY INSURANCE

25 3.201 ~~Section 12. LIABILITY 12.1~~ Community clinics or ~~community clinic and emergency centers~~ shall submit
26 evidence to the Colorado Department of Public Health and Environment that they maintain at least
27 \$300,000 professional liability insurance per incident and \$900,000 annual aggregate per year in order
28 to demonstrate compliance with the Health Care Availability Act of 1988.

29 Part 4. FIRE SAFETY AND PHYSICAL PLANT STANDARDS

30 ~~Section 13. PHYSICAL PLANT AND ENVIRONMENT [Eff. 06/30/2009]~~

31 4.101 ~~43.9~~ PLAN REVIEW AND PLAN REVIEW FEES. This Section ~~43.9~~ 4.101 applies to community clinics
32 and ~~community clinics and emergency centers~~ with the exception of: facilities operated in prisons under
33 the auspices of the Department of Corrections **AND FACILITIES SUBJECT TO CONSTRUCTION PLAN REVIEW BY**
34 **THE DIVISION OF FIRE SAFETY, PURSUANT TO C.R.S. 24-33.5-1203 (1)(p) (2010).** *{Explanatory note: this*
35 *language is designed to prevent duplication of effort regarding plan review between the Division of*
36 *Fire Safety (Department of Public Safety) and the Division of Health Facilities and Emergency*
37 *Services (CDPHE). It is a codification of existing Department policy and is not intended to increase*
38 *the scope of licensure. As such, it is not intended to incorporate school based clinics that are not*
39 *currently subject to licensure, i.e., those providing episodic care.}*

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Plan review and plan review fees are required as listed below. If the facility has been approved by the Department to use more than one building for the direct care of patients on its campus, each building is subject to the applicable base fee plus square footage costs, or in the case of a qualifying community clinic, to the set fee. Fees are nonrefundable and shall be submitted prior to the Department initiating a plan review for a facility.

(1) ~~(a)~~ Initial Licensure, Additions, Relocations

(a) 4) Plan review is applicable to the following, and includes new facility construction and new occupancy of existing structures:

(i) Applications for an initial license, when such initial license is not a change of ownership and the application is submitted on or after July 1, 2009.

(ii) Additions of previously uninspected or unlicensed square footage to an existing occupancy and the building permit for such addition is issued on or after July 1, 2009 or if no permit is required by the local jurisdiction, construction began on or after July 1, 2009.

(iii) Relocations of a currently licensed facility in whole or in part to another physical plant, where the occupancy date occurs on or after July 1, 2009.

(b) 2) Initial licensure, addition, and relocation plan review fees:

(i) Base fee of \$2,250, plus square footage costs as shown in the table below.

Square Footage	Cost per Square Foot	Explanatory Note
0-25,000 sq ft	\$0.10	This is the cost for the first 25,000 sq ft of any plan submitted.
25,001+ sq ft	\$0.02	This cost is applicable to the additional square footage over 25,000 sq ft.

(ii) Notwithstanding paragraph 43.9, ~~(a) (2) (i)~~ 4.101 (1)(b)(i) above, the fee for a qualifying community clinics is: \$1,250.

(2) ~~(b)~~ Remodeling

(a) 4) Plan review is applicable to remodeling for which the application for the building permit from the local authority having jurisdiction is dated on or after July 1, 2009, or if no permit is required by the local jurisdiction, construction began on or after July 1, 2009. Remodeling includes, but is not limited to:

(i) Alteration, in patient sleeping areas, of a structural element subject to Life Safety Code standards, such as egress door widths and smoke or fire resisting walls.

(ii) Relocation, removal or installation of walls that results in alteration of 25% or more of the existing habitable square footage or 50% or more of a smoke compartment.

(iii) Conversion of existing space into rooms with inpatient or observation beds.

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- 1 (iv) Changes to egress components, specifically the alteration of a structural element,
2 relocation, or addition of an egress component. Examples of egress components
3 include, but are not limited to, corridors, stairwells, exit enclosures, and points of refuge.
- 4 (v) Installation of any new sprinkler systems or the addition, removal or relocation of 20 or
5 more sprinkler heads.
- 6 (vi) Installation of any new fire alarm system, or addition, removal or relocation of 20 or
7 more fire alarm system appliances including, but not limited to, pull stations, detectors
8 and notification devices.
- 9 (vii) Installation, removal or renovation of any kitchen hood suppression system.
- 10 (viii) Essential electrical system: replacement or addition of a generator or transfer switch.
11 However, replacement of either the generator or transfer switch with one having the
12 same exact performance specifications is considered maintenance and not subject to
13 plan review.

14 (b) ~~2)~~ Remodeling plan review fees:

15 (i) Base fee of \$1,750, plus square footage costs as shown in the table below.

Square Footage	Cost per Square Foot	Explanatory Note
0-20,000 sq ft	\$0.07	This is the cost for the first 20,000 sq ft of any plan submitted.
20,001+ sq ft	\$0.02	This cost is applicable to the additional square footage over 20,000 sq ft.

16
17 (ii) Notwithstanding paragraph ~~4.10, (b) (2) (i)~~ 4.101 (2)(b)(i) above, the fee for a
18 qualifying community clinic is: \$750.

19 4.102 COMPLIANCE WITH THE LIFE SAFETY CODE

20 (1) ~~4.8~~ Applicable facilities shall be compliant with the National Fire Protection Association (NFPA) 101,
21 Life Safety Code (2000), which is hereby incorporated by reference. Such incorporation by reference, as
22 provided for in 6 CCR 1011-1, Chapter II, excludes later amendments to or editions of referenced
23 material.

24 (a) Facilities licensed on or before March 11, 2003 shall meet Chapter 21, Existing Ambulatory Health
25 Care Occupancies, NFPA 101. However, a qualifying community clinic shall meet Chapter 39,
26 Existing Business Occupancies, NFPA 101.

27 (b) Facilities licensed on or after March 12, 2003 or portions of facilities that undergo remodeling on or
28 after March 12, 2003 shall meet Chapter 20, New Ambulatory Health Care Occupancies, NFPA
29 101. In addition, if the remodel represents a modification of more than 50 percent of the total
30 interior of the physical plant, the entire facility shall be renovated to meet Chapter 20, NFPA
31 101. However, a qualifying community clinic shall meet Chapter 38, New Business occupancies,
32 NFPA 101. In addition, if the remodel represents a modification of more than 50 percent of the

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1 total interior of the physical plant, the entire facility shall be renovated to meet Chapter 38,
2 NFPA 101.

3 (c) Notwithstanding NFPA 101 Life Safety Code (2000) provisions to the contrary:

4 (i) ~~(1)~~ When differing fire safety standards are imposed by federal, state or local
5 jurisdictions, the most stringent shall apply.

6 (ii) ~~(2)~~ Any story containing an exterior door or an exterior window that opens to grade
7 level shall be counted as a story.

8 (d) This paragraph applies to community clinics and not to community ~~clinics~~ and emergency centers.

9 (i) ~~(1)~~ Notwithstanding 6 CCR 1011-1, Chapter II, Section 2.3.5 (A), only community
10 clinics that contain an anesthetizing location shall be required to have an intact, two-
11 hour fire rated separation wall, floor or ceiling assembly between the facility and all
12 adjacent occupancies under the following circumstances:

13 (A) ~~(i)~~ For each applicant seeking an initial license on or after January 1, 2011,
14 except for an applicant that has submitted building plans to the Department and
15 obtained a building permit prior to January 1, 2011 from the local authority
16 having jurisdiction.

17 (B) ~~(ii)~~ For each licensee that submits building plans to the Department or obtains
18 a building permit on or after January 1, 2011 for relocations in whole or in part
19 to another physical structure.

20 (C) ~~(iii)~~ For each licensee that submits building plans to the Department or obtains
21 a building permit on or after January 1, 2011 to add previously un-inspected or
22 unlicensed square footage to an existing license. For the purposes of
23 compliance with this section, the two-hour fire rated separation shall be around
24 either the entire perimeter of the added square footage or the entire perimeter
25 of the facility.

26 (D) ~~(iv)~~ For each licensee that creates a new anesthetizing location on or after
27 January 1, 2011, within an existing community clinic.

28 (ii) ~~(2)~~ The alternatives authorized under 6 CCR 1011-1, Chapter II, Section 2.3.5 (B) are
29 applicable to community clinics subject to Section ~~43-8 (d) (1)~~ 4.102 (1)(d)(i).

30 **4.103 COMPLIANCE WITH AIA GUIDELINES**

31 (1) ~~43-40~~ The "Guidelines for Design and Construction of Health Care Facilities" (2006 Edition), American
32 Institute of Architects (AIA), may be used by the Department in resolving health, building, and life safety
33 issues for construction initiated or systems installed on or after July 1, 2009. The AIA Guidelines are
34 hereby incorporated by reference. Such incorporation by reference, as provided for in 6 CCR 1011-1,
35 Chapter II, excludes later amendments to or editions of referenced material.

36 **Part 5. FACILITY OPERATIONS**

37 **5.100 CENTRAL MEDICAL SURGICAL SUPPLY SERVICES.** RESERVED.

38 **5.200 HOUSEKEEPING SERVICES**

- 1 5.201 ORGANIZATION AND STAFFING
- 2 (1) ~~43.4 Housekeeping.~~ Housekeeping services to ensure that the premises are clean and orderly at all
3 times shall be provided and maintained.
- 4 5.202 PROGRAMMATIC FUNCTIONS
- 5 (1) ~~43.1 Pest Control.~~ Policies shall be developed and procedures implemented for the effective control of
6 insects, rodents, and other pests.
- 7 5.203 EQUIPMENT AND SUPPLIES. RESERVED.
- 8 5.204 FACILITIES
- 9 (1) ~~43.4 Housekeeping.~~ Appropriate janitorial storage shall be maintained.
- 10 (2) THERE SHALL BE SEPARATE CLEAN AND SOILED UTILITY ROOMS OR **AREAS. CLEAN AND SOILED UTILITY AREAS**
11 **SHALL BE SEPARATED IN SUCH A WAY AS TO PREVENT CROSS-CONTAMINATION OF EQUIPMENT AND SUPPLIES.**
12
- 13 **5.300 MAINTENANCE SERVICES**
- 14 5.301 ORGANIZATION AND STAFFING
- 15 (1) ~~43.6 The community clinic or and the community clinic and emergency center shall be constructed and~~
16 maintained to ensure access AND EGRESS to all patients, STAFF AND VISITORS ~~and to ensure the safety of~~
17 ~~patients.~~
- 18 (2) ~~43.3 Preventive Maintenance.~~ A preventive maintenance program SHALL BE IMPLEMENTED to ensure
19 that all essential mechanical, electrical and patient care equipment is maintained in safe operating
20 condition. ~~shall be provided.~~
- 21 5.302 PROGRAMMATIC FUNCTIONS
- 22 (1) ~~43.3 Preventive Maintenance.~~ Emergency systems, and all essential equipment and supplies shall be
23 inspected and maintained on a frequent or as needed basis IN ACCORDANCE WITH MANUFACTURER'S
24 INSTRUCTIONS AND AS APPROPRIATE IN ACCORDANCE WITH THE FACILITY'S POLICIES AND PROCEDURES.
- 25 5.303 EQUIPMENT AND SUPPLIES. RESERVED.
- 26 5.304 FACILITIES. RESERVED.
- 27 **5.400 WASTE DISPOSAL**
- 28 5.401 ORGANIZATION AND STAFFING. RESERVED.
- 29 5.402 PROGRAMMATIC FUNCTIONS
- 30 (1) ~~43.2 Waste Disposal.~~ All wastes shall be disposed in compliance with local, state and federal laws.
- 31 5.403 EQUIPMENT AND SUPPLIES. RESERVED.
- 32 5.404 FACILITIES. RESERVED.

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1 **5.500 LINEN AND LAUNDRY.** THIS SECTION 5.500 IS APPLICABLE ONLY IF THE COMMUNITY CLINIC USES LINEN
2 DURING THE PROVISION OF PATIENT CARE SERVICES.

3 5.501 ORGANIZATION AND STAFFING

4 (1) ~~13.5 Laundry and Linens.~~ Laundry and linen services shall be provided by in-house staff or by
5 contract.

6 5.502 PROGRAMMATIC FUNCTIONS. RESERVED.

7 5.503 EQUIPMENT AND SUPPLIES. RESERVED.

8 5.504 FACILITIES

9 (1) ~~13.5~~ Separate clean and soiled linen areas shall be provided and maintained.

10 **Part 6. GOVERNANCE AND LEADERSHIP Section 3. ~~ORGANIZATIONAL STRUCTURE~~**

11 **6.100 GOVERNING BODY**

12 6.101 ORGANIZATION AND STAFFING

13 (1) ~~3.1~~ The community clinic ~~or a community clinic and emergency center~~ shall have a governing body
14 which shall have responsibility for the oversight of the organization and the provider staff.

15 (2) ~~3.1~~ The governing body shall meet as necessary.

16 (3) ~~3.1~~ The governing body shall adopt the general bylaws or policies by which the community clinic ~~or a~~
17 ~~community clinic and emergency center~~ operates. ~~These by-~~

18 6.102 PROGRAMMATIC FUNCTIONS. THE GOVERNING **BOARD BODY** SHALL:

19 (1) ENSURE THAT PATIENTS RECEIVE CARE IN A SAFE SETTING.

20 (2) DEVELOP AND IMPLEMENT ~~6.2~~ The facility shall have written patient care policies. The policies shall
21 include but not be limited to the following: (b) ... procedures for periodic review and evaluation of the
22 services furnished by the facility.

23 (3) ESTABLISH THE COMMUNITY CLINIC'S HOURS OF OPERATION AND FACILITATE ACCESSIBILITY IF THE FACILITY IS
24 CLOSED.

25 ~~Section 9. AVAILABILITY OF SERVICES~~

26 (a) PRIMARY CARE CLINIC

27 (i) ~~9.1 The Community Clinic.~~ The PRIMARY CARE ~~community~~ clinic shall maintain regular
28 hours for services.

29 (ii) ~~9.1~~ The ~~community~~ clinic shall POST SIGNAGE, ON OR NEAR THE FRONT ENTRANCE
30 INDICATING: HOURS OF OPERATION AND ~~provide~~ an emergency referral number and/or a
31 procedure for the ~~provision of~~ OBTAINING medical services when the clinic is not open for
32 regular service.

- 1 (b) COMMUNITY EMERGENCY CENTER. ~~9.2 The Community Clinic and Emergency Center.~~ The
2 community clinic and emergency center shall maintain operations on a 24-hour basis, every day
3 of the year, **EXCEPT AS AUTHORIZED BELOW.**
- 4 **(i) SERVICE INTERRUPTION DURING A 24-HOUR PERIOD. COMMUNITY EMERGENCY CENTERS IN**
5 **NON-METROPOLITAN AREAS THAT DO NOT HAVE THE DEMAND TO SUPPORT 24-HOUR**
6 **SERVICES MAY TEMPORARILY INTERRUPT OPERATIONS FOR ANY PART OF THE 24-HOUR**
7 **PERIOD. A FACILITY THAT CONDUCTS SUCH SERVICE INTERRUPTIONS SHALL DEVELOP AND**
8 **IMPLEMENT A WRITTEN PLAN THAT ADDRESSES:**
- 9 **(A) ACCESS TO ALTERNATIVE EMERGENCY SERVICES DURING THE SERVICE**
10 **INTERRUPTION. THE FACILITY SHALL ESTABLISH A PROCESS FOR MAKING SERVICES**
11 **AVAILABLE WITHIN 30 MINUTES OR SOONER IF MEDICALLY NECESSARY FOR PERSONS**
12 **WHO PRESENT AT A CLOSED FACILITY. Clear directions at the front and/or**
13 **emergency entrance to the facility that can be easily understood by**
14 **persons approaching the COMMUNITY emergency center shall be posted in**
15 **a conspicuous location with an appropriate communications device, such**
16 **as a “hot phone” or “tip and ring phone” so that care can be summoned**
17 **immediately and an appropriate response by the facility can be made.**
- 18 **(B) HOW LICENSED AMBULANCE SERVICES AND OTHER APPROPRIATE EMERGENCY**
19 **RESPONSE ORGANIZATIONS WILL BE ALERTED ABOUT THE PERIODS DURING WHICH**
20 **THE FACILITY IS CLOSED.**
- 21 **(C) REPORTING TO THE DEPARTMENT ANY CHANGES IN HOURS OF OPERATION.**
- 22 (ii) SEASONAL CLOSURES. A COMMUNITY EMERGENCY CENTER IN A NON-METROPOLITAN AREA
23 THAT EXPERIENCES SEASONAL POPULATION INFLUX MAY CHOOSE TO ONLY OPERATE EACH
24 YEAR DURING SPECIFIED TIMES. A FACILITY THAT CONDUCTS SEASONAL CLOSURES SHALL
25 DEVELOP AND IMPLEMENT A WRITTEN PLAN THAT ADDRESSES:
- 26 (A) REPORTING THE SEASONAL CLOSURE TO THE DEPARTMENT **AT LEAST** 30 DAYS PRIOR
27 TO SUCH CLOSURE AND THE RESUMPTION OF SERVICES **AT LEAST** 30 DAYS PRIOR TO
28 SUCH RESUMPTION.
- 29 (B) SIGNAGE DURING THE CLOSURE. THE FACILITY SHALL POST SIGNAGE VISIBLE FROM
30 ADJACENT MAJOR ROADWAYS INDICATING THAT THE FACILITY IS CLOSED FOR THE
31 SEASON. THE FACILITY SHALL REMOVE ANY OTHER SIGNAGE THAT INDICATES THAT
32 EMERGENCY CARE IS AVAILABLE AT THE FACILITY.
- 33 (C) ACCESS TO ALTERNATIVE EMERGENCY SERVICES DURING THE CLOSURE. THE
34 FACILITY SHALL ESTABLISH A PROCESS FOR MAKING SERVICES AVAILABLE WITHIN 30
35 MINUTES OR SOONER IF MEDICALLY NECESSARY FOR PERSONS WHO PRESENT AT A
36 CLOSED FACILITY. Clear directions at the front and/or emergency entrance to
37 the facility that can be easily understood by persons approaching the
38 COMMUNITY emergency center shall be posted in a conspicuous location with an
39 appropriate communications device, such as a “hot phone” or “tip and ring
40 phone” so that care can be summoned immediately and an appropriate
41 response by the facility can be made.
- 42 (D) HOW LICENSED AMBULANCE SERVICES AND OTHER APPROPRIATE EMERGENCY
43 RESPONSE ORGANIZATIONS WILL BE ALERTED ABOUT THE PERIODS DURING WHICH
44 THE FACILITY IS CLOSED.

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- (E) FIRE DRILLS, PROCEDURES IN CASE OF FIRE, EVACUATION AND RELOCATION PROCEDURES. FIRE DRILLS SHALL BE CONDUCTED AT LEAST ONCE EVERY THREE MONTHS THAT THE FACILITY IS OPEN IN ACCORDANCE WITH THE LIFE SAFETY CODE. **PRIOR TO ACCEPTING PATIENTS OR WITHIN 24 HOURS OF RESUMPTION OF SERVICES: ALL STAFF AND ALL SHIFTS SHALL PARTICIPATE IN A FIRE DRILL AND ALL STAFF SHALL BE ORIENTED TO THE PROCEDURES IN CASE OF FIRE AS WELL AS THEIR RESPONSIBILITIES DURING A FIRE OR EVACUATION AND RELOCATION EMERGENCY.**

~~9.2 If a community clinic and emergency center chooses to temporarily interrupt operations or access to services for any part of the 24-hour period, a means of making services made available within 30 minutes or sooner if medically necessary shall be instituted. Any seasonal interruption in services, such as seasonal closures, shall be reported to the Department prior to such closure, and all signage that would indicate that services are available shall be removed. Protocols shall be developed by the medical director to establish appropriate response times for on-call staff for differing emergent situations that would present themselves at the facility. Clear directions at the front and/or emergency entrance to the facility that can be easily understood by persons approaching the emergency center shall be posted in a conspicuous location with an appropriate communications device, such as a "hot phone" or "tip and ring phone", so that care can be summoned immediately and an appropriate response by the facility can be made.~~

6.200 ADMINISTRATOR

6.201 ORGANIZATION AND STAFFING

- (1) ~~3.4 Administrator.~~ The governing body of the community clinic ~~or a community clinic and emergency center~~ shall appoint an administrator or a designated person who is principally responsible for directing the daily operation of the community clinic ~~or a community clinic and emergency center~~. The administrator shall develop clear lines of authority and responsibility for the provider staff.

6.202 PROGRAMMATIC FUNCTIONS

- (1) ~~3.4~~ The administrator, in conjunction with the provider staff, or a representative committee from the provider staff, shall develop policies and procedures for the operation of the facility. The policies and procedures shall be approved by the governing body and reviewed periodically and revised as needed.

6.300 MEDICAL STAFF

- 6.103 ~~3.2~~ Medical Director. The governing body of the community clinic ~~or a community clinic and emergency center~~ shall appoint a medical director for the facility. Such medical director shall be a physician, licensed under the laws of the state of Colorado, who is a member of the facility's staff. ~~3.3 Provider Staff.~~ ~~The community clinic or a community clinic and emergency center shall have an organized provider staff under the direction of.~~ The medical director ~~that~~ shall be responsible for the quality of medical care provided to patients in the facility.

- ~~3.5 Government Entities.~~ A community clinic ~~or a community clinic and emergency center~~ wholly owned and operated by the state or any of its political subdivisions shall be governed, directed, administered, and staffed according to the statutory provisions establishing such facilities.

Part 7. PERSONNEL

7.101 ORGANIZATION AND STAFFING

- (1) ~~4.2 Personnel.~~ The administrator shall develop and maintain personnel policies and procedures.

1 (2) ~~4.2 Personnel employed by the community clinic or a community clinic and emergency center~~ shall
2 have qualifications as met by education, training, and experience necessary to meet the medical needs
3 of the patients.

4 (3) SERVICES SHALL BE PROVIDED IN ACCORDANCE WITH FACILITY POLICY, STATE PRACTICE ACTS, AND
5 PROFESSIONAL STANDARDS OF PRACTICE.

6 7.102 PROGRAMMATIC FUNCTIONS

7 (1) ~~4.2 Personnel shall be oriented and trained upon employment~~ **AND UPON THE RESUMPTION OF SERVICES**
8 **AFTER A SEASONAL CLOSURE. PERSONNEL SHALL BE** and kept abreast of new health care services
9 developments and new technology through in-services and other educational programs.

10 **Part 8. ~~Section 5.~~ MEDICAL RECORDS**

11 8.101 ORGANIZATION AND STAFFING

12 (1) ~~5.1 All THE community clinics or community clinic and emergency centers~~ shall maintain a clinical
13 medical record system as established by the facility's written patient care policies. Medical records shall
14 be systematically organized and easily accessible.

15 (2) ~~5.1~~ A designated member of the staff shall be responsible for maintaining medical records and for
16 ensuring that they are completely and accurately documented.

17 8.102 PROGRAMMATIC FUNCTIONS

18 (1) ~~5.2 An individual medical record for each patient that receives services from any community clinic or a~~
19 ~~community clinic and emergency center~~ CONTENT. EACH PATIENT'S MEDICAL RECORD shall contain, but
20 not necessarily be limited to, the following:

21 (a) identification and social data, evidence of consent forms, relevant medical history, assessment of
22 the health status and health care needs of the patient, and a brief summary of the episode,
23 disposition, and instructions to the patient per visit;

24 (b) reports of physical examinations, diagnostic and laboratory test results, reports of x-rays, scans, and
25 other radiological imaging studies, and consultative findings;

26 (c) all physician's orders, reports of treatments and medications, and other information necessary to
27 monitor the patient's progress;

28 (d) signatures of the physician or other health care professionals making entries into the medical
29 record;,-

30 (e) DOCUMENTATION OF DISCHARGE PLANNING IF INPATIENT CARE WAS PROVIDED.

31 (2) POLICIES AND PROCEDURES. THE COMMUNITY CLINIC SHALL **DEVELOP AND IMPLEMENT** POLICIES AND
32 PROCEDURES REGARDING THE MAINTENANCE OF HEALTH CARE RECORDS.

33 (3) RECORD RETENTION

34 (a) ~~5.2~~ Medical records for adults (persons 18 years of age or over) shall be retained for no less
35 than 10 years after the last patient usage. ~~8.3~~ X-rays, films, scans, and other imaging records
36 shall be maintained by the facility for a period of five years, if services are provided directly.

- 1 (b) ~~5-2~~ Medical records for minors must be retained for the period of minority plus 10 years after
2 the last patient usage.
- 3 (4) ~~5-4~~ CONFIDENTIALITY. All necessary precautions shall be taken to protect the confidentiality of the
4 information contained within.
- 5 8.103 EQUIPMENT AND SUPPLIES. RESERVED.
- 6 8.104 FACILITIES. RESERVED.
- 7 **Part 9. ~~Section 11.~~ INFECTION CONTROL**
- 8 9.101 ORGANIZATION AND STAFFING. RESERVED.
- 9 9.102 PROGRAMMATIC FUNCTIONS
- 10 (1) ~~11.1 All community clinics or community clinic and emergency centers~~ THE COMMUNITY CLINIC shall
11 develop AND IMPLEMENT a plan for infection control that is adequate to avoid the sources of and prevent
12 the transmission of infections and communicable diseases. The facility shall develop a system for
13 identifying, reporting, investigating and controlling infections and communicable diseases of patients
14 and personnel. Sterilization procedures shall be developed and implemented in necessary service
15 areas.
- 16 9.103 EQUIPMENT AND SUPPLIES. RESERVED.
- 17 9.104 FACILITIES. RESERVED.
- 18 **Part 10. PATIENT RIGHTS.** THE COMMUNITY CLINIC SHALL BE IN COMPLIANCE WITH 6 CCR 1011-1, CHAPTER II,
19 PART 6.
- 20 **Part 11 ~~Section 6.~~ SERVICE PROVISION GENERAL PATIENT SERVICES**
- 21 **~~Section 4.~~ STAFFING**
- 22 11.101 ORGANIZATION AND STAFFING
- 23 (1) ~~3-3 Provider Staff~~ . The community clinic ~~or a community clinic and emergency center~~ shall have an
24 organized provider staff under the direction of the medical director. ~~that that shall be responsible for the~~
25 ~~quality of medical care provided to patients in the facility.~~
- 26 (2) ~~4.1 Provider Staff~~. There shall be adequate provider staff to meet the preventive, diagnostic, and
27 therapeutic needs of the patient population being served.
- 28 (3) ~~4.1 Provider Staff~~. The provider staff shall participate in the quality management program; and, in
29 coordination with the administrator / participate in the enforcement of policies and procedures or rules
30 and regulations of the facility.
- 31 **11.102 PROGRAMMATIC FUNCTIONS**
- 32 (1) ~~6-1 Care From Licensed Practitioner~~. The policies of the community clinic ~~or community clinic and~~
33 ~~emergency center~~ shall ensure that every patient is under the care of a physician or, if applicable, a
34 physician assistant or advanced practice nurse with appropriate specialization ~~and registered pursuant~~
35 ~~to 12-38-111.5.~~

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- 1 (2) ~~6.2 Patient Care Policy~~. The facility shall have written patient care policies. The policies shall include
2 but are not limited to the following:
- 3 (a) a description of the services furnished directly and those furnished through agreements,
4 arrangements with, or referrals to other facilities or other health care service providers;
- 5 (b) protocols for:
- 6 (i) the medical management of health problems, including the conditions requiring medical
7 consultation and/or patient referral, ~~the maintenance of health care records, and~~
8 ~~procedures for periodic review and evaluation of the services furnished by the facility;~~
9 ~~(1) protocols shall include:~~
- 10 (ii) ~~(A) a description of the scope of medical acts that may be undertaken by the physician~~
11 ~~assistant, or advanced practice nurse, or other provider staff under the supervision of a~~
12 ~~physician or other authorized licensed practitioner;~~
- 13 (iii) ~~and (B) protocols to be followed for acts of medical diagnosis and treatment that may~~
14 ~~be undertaken without direct, over the shoulder physician supervision.~~
- 15 (iv) **COORDINATION OF CARE WITH OTHER FACILITIES OR HEALTH CARE SERVICE PROVIDERS.**
- 16 ~~6.2 (2) Protocols are not intended to mandate the development of practice guidelines for physicians or other~~
17 ~~licensed provider staff practicing in the facility.~~

18 10.103 EQUIPMENT AND SUPPLIES. RESERVED.

19 10.104 FACILITIES. RESERVED.

20 **Section 8. ANCILLARY SERVICES**

21 **Part 12. NURSING SERVICES.** RESERVED.

22 **Part 13. PHARMACY**

23 13.101 ORGANIZATION AND STAFFING. RESERVED.

24 13.102 PROGRAMMATIC FUNCTIONS

- 25 (1) ~~8.4~~ Pharmaceutical methods, procedures, and controls which ensure the appropriation, acquisition,
26 storage, dispensing, administration, and control of pharmaceuticals shall be developed in accordance
27 with applicable state and federal laws regulating the practice of pharmacy.

28 **Part 14. LABORATORY SERVICES**

29 14.101 ORGANIZATION AND STAFFING

- 30 (1) ~~8.2~~ Laboratory services essential to the treatment and diagnosis of the patient (both primary care and
31 emergency patients) shall be available. Laboratory services shall be provided directly or by contract.

32 14.102 PROGRAMMATIC FUNCTIONS

- 33 (1) ~~8.2~~ Services ~~provided directly~~ shall be provided pursuant to the "Clinical Laboratory Improvement
34 Amendments (CLIA), of 1988," ~~and the corresponding regulations (42 USC 263a and 42 CFR 493).~~

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1 14.103 EQUIPMENT AND SUPPLIES. RESERVED.

2 14.104 FACILITIES. RESERVED.

3 **Part 15. RADIOLOGICAL SERVICES**

4 15.101 ORGANIZATION AND STAFFING

5 (1) ~~8-3~~ Radiological services essential to the treatment and diagnosis of the patient shall be available.
6 Radiological services shall be provided directly or by contract or plan. ~~X-rays, films, scans, and other~~
7 ~~imaging records shall be maintained by the facility for a period of five years, if services are provided~~
8 ~~directly.~~

9 15.102 PROGRAMMATIC FUNCTIONS

10 (1) ~~8-3~~ Services ~~provided directly~~ shall be provided pursuant to the regulations of the Department of Public
11 Health and Environment pertaining to radiation control (6 CCR 1007-1).

12 15.103 EQUIPMENT AND SUPPLIES. RESERVED.

13 15.104 FACILITIES. RESERVED.

14 **Part 16. DIETARY SERVICES**

15 16.101 ORGANIZATION AND STAFFING

16 (1) ~~10.4 (g)~~ There shall be food service available to serve adequate meals to patients "required to stay" in
17 any community clinic ~~or a community clinic and emergency center~~ for more than six hours, if necessary
18 or consistent with medical treatment or evaluation needed. Being "required to stay" is defined as a
19 condition which requires the patient to stay in the facility for extended treatment or until transportation to
20 another facility can be arranged. It does not apply to outpatient visits that may require extensive waiting
21 before receiving services if the patient is able to leave after services are rendered or is able to
22 reschedule a visit if service cannot be provided in a timely manner.

23 (2) ~~(e)~~ A person shall be assigned the responsibility for food preparation and service and shall have no
24 other assigned duties during such assignment.

25 (3) ~~Nutrition~~ ~~Dietary services shall be provided in the following manner:~~ ~~10.4 (a)~~ Dietary or nutrition
26 consultation shall be provided by a qualified person for routine dietary needs and on call consultation
27 available for special dietary needs.

28 16.102 PROGRAMMATIC FUNCTIONS

29 (1) ~~(b)~~ All food shall be pre-packaged and require microwave heating only and disposable products for
30 preparation and service shall be used unless the facility DEVELOPS AND IMPLEMENTS POLICIES AND
31 PROCEDURES FOR THE SAFE STORAGE, PREPARATION AND SERVING OF FOODS. ~~meets the requirements of~~
32 ~~the Rules and Regulations Governing the Sanitation of Food Service Establishments in the State of~~
33 ~~Colorado, Colorado Department of Health, 1990 or the intent of such regulations as applicable and~~
34 ~~appropriate. (e) Food shall, at all times, be prepared, stored, and served properly so as to prevent the~~
35 ~~development and spread of food borne disease. {Explanatory note: state statute - C.R.S. 25-4-1601~~
36 ~~(14)(c) now exempts "hospitals and health facility patient feeding operations licensed by the~~
37 ~~Department" from the definition of retail food establishment. Therefore, referencing regulations for~~

1 *food retail establishments, as the striketyed current language does, is not compliant with current*
2 *statute.}*

3 (2) ~~(f)~~ Catering and alternative methods of meal provision shall be allowed if patient needs and the intent of
4 this part of the regulations are met.

5 16.103 EQUIPMENT AND SUPPLIES. RESERVED.

6 16.104 FACILITIES

7 (1) ~~(d)~~ The food service area shall be an area separate from the employee lounge or other areas used by
8 facility personnel or the public.

9 **Part 17. INPATIENT CARE**

10 ~~Section 10.~~**INPATIENT SERVICES**

11 17.101 ORGANIZATION AND STAFFING

12 (1) THE FACILITY MAY PROVIDE INPATIENT CARE. INPATIENT CARE IS ONLY AUTHORIZED IN:

13 (a) PRISON FACILITIES.

14 (b) COMMUNITY CLINICS, IF SUCH INPATIENT BEDS WERE ADDED TO THE LICENSE ON OR BEFORE
15 SEPTEMBER 30, 2011.

16 (c) COMMUNITY EMERGENCY CENTERS.

17 THE FOLLOWING STANDARDS APPLY ONLY TO INPATIENT CARE SERVICES.

18 (2) A FACILITY THAT PROVIDES INPATIENT CARE SHALL INCLUDE THE NECESSARY STAFFING, INCLUDING LICENSED
19 STAFF, TO MEET THE NEEDS OF THE PATIENT. ~~10.3. (a) Necessary staffing includes the licensed staff with~~
20 ~~the ability to meet the needs of the patient and the regulatory requirements imposed by other state laws~~
21 ~~on the use of such licensed staff.~~

22 17.102 PROGRAMMATIC FUNCTIONS

23 (1) ~~10.1 Limited Stay.~~ A community clinic authorized **TO PROVIDE INPATIENT SERVICES UNDER SECTION**
24 **17.101 (1)** ~~or a community clinic and emergency center~~ may provide inpatient **SUCH** services to ill or
25 injured persons where PATIENTS FOR WHOM a determination has been made that ~~transportation to a~~
26 ~~hospital or other appropriate facility when~~ TRANSFER TO ANOTHER FACILITY WITH a higher level of care is
27 not immediately necessary ~~provided that~~ BECAUSE the needs of such patients can be met BY AN
28 INPATIENT **CARE** STAY AT the facility during a short stay not to exceed 72 hours. "Meeting the needs of
29 patients" shall include THE PROVISION OF appropriate licensed provider staff, patient care services,
30 equipment and supplies, and physical plant. ~~[Eff. 06/30/2009]~~

31 ~~10.1 (a) The Department may waive the requirement for inpatient services after a review of applicant~~
32 ~~materials for licensure provided that the facility demonstrates that it meets the definition of a facility~~
33 ~~under this Chapter IX of the regulations, with the exception of the inpatient component, and is not the~~
34 ~~private practice of an independent, licensed physician.~~

35 (2) ADMISSIONS

1 (a) ~~10.3 Admissions~~. Any community clinic or a community clinic and emergency center providing
2 inpatient services. THE COMMUNITY CLINIC shall develop admissions policies and procedures,
3 which include but shall not be limited to appropriateness of admissions, and the necessary
4 staffing to provide those services,

5 (b) ~~10.2~~ Each patient shall have a visible means of identification placed securely on his or her
6 person until discharge.

7 (3) CARE PLANNING

8 (a) AN INDIVIDUALIZED CARE PLAN SHALL BE PREPARED FOR EACH PATIENT, REVIEWED, AND REVISED AS
9 NEEDED.

10 (3) ~~10.5 Discharge Planning~~. For those community clinics or community clinic and emergency centers that
11 offer inpatient care, documentation of discharge and follow-up shall be included in the patient record to
12 ensure the provision of post-discharge care. DISCHARGE PLANNING. THE COMMUNITY CLINIC SHALL
13 CONDUCT DISCHARGE PLANNING.

14 17.103 EQUIPMENT AND SUPPLIES. RESERVED.

15 17.104 FACILITIES

16 (1) ~~10.2 Patient Care Unit~~. A community clinic or a community clinic and emergency center providing
17 inpatient care shall establish and maintain a patient care unit.

18 (2) PATIENT ROOMS

19 (a) Each patient room shall have adequate space to meet the needs of the patient. In general, the
20 standard shall be 100 square feet for each single patient room or 80 square feet per bed for
21 multiple-BED bedrooms and include sufficient illumination to meet patient needs for treatment.

22 (b) EACH PATIENT ROOM SHALL INCLUDE SUFFICIENT ILLUMINATION TO MEET PATIENT NEEDS FOR
23 TREATMENT.

24 (b) Each patient shall have direct access to a call system which signals the provider staff on duty.

25 (3) BATHING FACILITIES. The facility shall provide patient bathing facilities for patients staying overnight.

26 **Part 18. ~~Section 7. EMERGENCY SERVICES PROVISIONS~~**

27 18.101 ORGANIZATION AND STAFFING. RESERVED.

28 18.102 PROGRAMMATIC FUNCTIONS

29 (1) ~~7.2 Triage Protocols~~. A community clinic or a community clinic and emergency center shall have in
30 place emergency medical protocols to provide triage and stabilization procedures to be initiated by on-
31 duty staff; and to provide SECURE air or ground transportation with pre-arranged destinations, including
32 transfer agreements with a hospital(s).

33 18.103 EQUIPMENT AND SUPPLIES. RESERVED.

34 18.104 FACILITIES. RESERVED.

35 **Part 19. Reserved.**

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1 **Part 20 8.4- OBSTETRICS**

2 20.101 ORGANIZATION AND STAFFING

3 (1) A community clinic ~~or a community clinic and emergency center~~ may provide for routine pre-natal care
4 and for necessary emergency obstetrical services according to emergency triage protocols of the
5 facility. However, the facility shall not provide services for the routine delivery of newborn infants and
6 care of obstetrical patients and newborn infants unless the facility can meet the requirements for a
7 birthing center in Chapter XXII of the regulations.

8 20.102 PROGRAMMATIC FUNCTIONS. RESERVED.

9 20.103 EQUIPMENT AND SUPPLIES. RESERVED.

10 20.104 FACILITIES. RESERVED.

11 **Part 21. OUTPATIENT SURGERY**

12 21.101 ORGANIZATION AND STAFFING

13 (1) ~~6.3-~~ Outpatient surgical procedures commonly performed in a physician's office may be performed in
14 any community clinic ~~or a community clinic and emergency center~~ if adequate staffing, equipment, and
15 supplies are available.

16 21.102 PROGRAMMATIC FUNCTIONS. RESERVED.

17 21.103 EQUIPMENT AND SUPPLIES. RESERVED.

18 21.104 FACILITIES. RESERVED.

19

1 **SUBCHAPTER IX.B - ADDITIONAL REQUIREMENTS FOR COMMUNITY EMERGENCY CENTERS**

2 **Part 1. STATUTORY AUTHORITY AND APPLICABILITY**

3 1.101 STATUTORY AUTHORITY. RESERVED.

4 1.102 APPLICABILITY. IN ADDITION TO THE REQUIREMENTS ESTABLISHED IN SUBCHAPTER IX.A, COMMUNITY
5 EMERGENCY CENTERS SHALL ALSO MEET THE REQUIREMENTS OF THIS SUBCHAPTER IX.B.

6 **Parts 2-5 RESERVED.**

7 **Part 6. GOVERNANCE AND LEADERSHIP. RESERVED.**

8 **Part 7-10. RESERVED.**

9 **Part 11. GENERAL PATIENT CARE SERVICES**

10 11.101 ORGANIZATION AND STAFFING

11 (1) ~~4.1 Provider Staff~~. If the facility is operating as a an A COMMUNITY emergency center, SHALL HAVE at
12 least one of the provider staff on duty at all times shall be WHO IS qualified in basic cardiac life support
13 and advanced cardiac life support.

14 **Part 12. NURSING SERVICES. RESERVED.**

15 **Part 13. PHARMACY**

16 13.101 ORGANIZATION AND STAFFING. RESERVED.

17 13.102 PROGRAMMATIC FUNCTIONS

18 (1) COMMUNITY EMERGENCY CENTERS SHALL HAVE ~~7.1 (i) drugs and other emergency medical equipment and~~
19 ~~supplies, including basic obstetric supplies,~~ DRUGS necessary for the level of services to stabilize the
20 patient as specified by the provider staff and by the specific needs of the community being served.

21 **Parts 14-17 RESERVED.**

22 **Part 18. EMERGENCY SERVICES**

23 18.101 ORGANIZATION AND STAFFING. RESERVED.

24 18.102 PROGRAMMATIC FUNCTIONS

25 (1) AT MINIMUM, COMMUNITY EMERGENCY CENTERS SHALL PROVIDE THE FOLLOWING SERVICES, BOTH ADULT AND
26 PEDIATRIC AS APPLICABLE: BASIC AND ADVANCED LIFE SUPPORT, IV THERAPY, OXYGEN THERAPY, **VENTILATION**
27 **CARE RESPIRATORY ASSISTANCE**, AND EMERGENCY OBSTETRICS.

28 (1) ~~9.2~~ Protocols shall be developed by the medical director to establish appropriate response times for on-
29 call staff for differing emergent situations that would present themselves at the facility.

30 18.102 EQUIPMENT AND SUPPLIES

31 (1) ~~7.1 Services and Equipment~~. COMMUNITY emergency centers shall provide at a minimum the following
32 services and equipment, both adult and pediatric as applicable:

*Regular type = existing language. ~~Striketype~~ = deletion of existing language. SMALL CAPS = new language. **Highlights** = changes from 06/23/11 draft.*

- 1 (a) an emergency call system.;
- 2 (b) oxygen.;
- 3 (c) ventilation assistance equipment, including airways, manual breathing bag.;
- 4 (d) continuous electrocardiogram monitoring with cardiac defibrillator OR AUTOMATED EXTERNAL
- 5 DEFIBRILLATORS.;
- 6 (e) intravenous therapy supplies.;
- 7 (f) laryngoscope and endotracheal tubes.;
- 8 (g) suction equipment.;
- 9 (h) indwelling urinary catheters.;
- 10 (i) ~~drugs and~~ other emergency medical equipment and supplies, including basic obstetric supplies,
- 11 necessary for the level of services to stabilize the patient as specified by the provider staff and
- 12 by the specific needs of the community being served.
- 13
- 14
- 15