

STATE OF COLORADO

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

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Colorado Department
of Public Health
and Environment

Date: June 23, 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: **Request for Comment on the Proposed Regulations regarding the Licensure of CCs, CCECs, and Off-Campus Locations**

This memorandum contains a draft of the proposed changes to 6 CCR 1011-1, Chapter IX - Community Clinics and 6 CCR 1011-1, Chapter IV - General Hospitals as well as a table summarizing the more substantive amendments.

Stakeholder Comments. Please direct comments and concerns about the proposed regulations by **Friday, July 22, 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.

Rulemaking. The Department anticipates that the rulemaking hearing for these proposed regulations will be on **September 21, 2011**.

SUMMARY OF CHANGES

Chapter IV. Authorizes off campus primary clinics in operation prior to September 30, 2011 that are added to the hospital licensed either as a renewal or amended license by February 29, 2012 to meet either existing or new occupancy Life Safety Code requirements.

Chapter IX. The draft proposal changes facility nomenclature such that "community clinics" are called "primary care clinics" and "community clinics and emergency centers" are called "community emergency centers". The draft also reorganizes all the provisions under the following chapter and subchapter headings:

- Chapter IX - Community Clinics
 - Subchapter IX.A - Primary Care Clinics and Community Emergency Centers
 - Subchapter IX.B - Additional Requirements for Community Emergency Centers

The more substantive amendments are listed in the table below for your reference; however, to determine the full extent of the changes, please review the entire draft proposal.

SUMMARY OF CHANGE	<i>Under the current regulations:</i>	<i>Under the proposed regulations:</i>
1. Exempts certain federally designated facilities from community clinic licensure in conformance with HB 11-1101 and HB 11-1323	– Federally Qualified Health Centers (FQHCs) are included while Rural Health Clinics (RHCs) are not	– Specifies that FQHCs and RHCs do not meet the definition of community clinic <i>{see Section 2.101 (2)(b) & (c)}</i>
2. Deletes language authorizing community emergency centers to interrupt services during a given 24 hour period	– emergency center services may opt to temporarily interrupt operations (e.g., for an hour in a given 24-hour period)	– prohibits interruption of services during a 24 hour period <i>{see Section 2.101 (3) and deleted language under Section 6.102 (3)(b)}</i>
3. Amends the definition of "emergency care"	– emergency or emergent care is defined as treatment for a medical condition manifesting itself by acute symptoms of a sufficiently severe nature that are life, limb, or disability threats requiring immediate attention, where any delay in treatment could be reasonably expected to place the health of the individual in serious jeopardy, or seriously impair bodily functions, or cause serious dysfunction of any bodily organ or part.	– emergency care is defined as treatment of patients arriving by any means to include ambulance transport who have medical conditions, including acute illness or trauma, that if not treated immediately could result in loss of life, loss of limb, or permanent disability <i>{see Section 2.101 (4)}</i>

SUMMARY OF CHANGE	<i>Under the current regulations:</i>	<i>Under the proposed regulations:</i>
4. Amends the definition of "primary care"	<ul style="list-style-type: none"> – primary care is defined as: a practice that deals with the individual rather than an organ system or an abnormal physiology and provides an array of services covering the preventive, diagnostic, and therapeutic needs of patients, including referral and coordination of care to the services. 	<ul style="list-style-type: none"> – primary care is defined as: health care services that provide comprehensive first contact with the patient and continuing routine care for the entire body rather than a specific organ system. For the purposes of community clinics, primary care includes preventive, diagnostic, and therapeutic services as well as referral and coordination of care <i>{see Section 2.101 (8)}</i>
5. Authorizes primary care clinics to become off-campus locations (OCLs)	<ul style="list-style-type: none"> – community clinics are prohibited from being listed as OCLs under the license of a general hospital 	<ul style="list-style-type: none"> – primary care clinics, other than those providing inpatient care, are authorized to become listed as OCLs under the license of a general hospital <i>{see Section 2.101 (9)(a)(ii)}</i>
6. Requires primary care clinics to have signage as to when it is open and how to obtain services when it is closed	<ul style="list-style-type: none"> – signage requirements are not explicit 	<ul style="list-style-type: none"> – primary care clinics must have signage regarding hours of operation and a process for obtaining medical services when the clinic is closed <i>{see Section 6.102 (2)(a)}</i>
7. Limits seasonal closures to certain community emergency centers	<ul style="list-style-type: none"> – there is no limitation on which emergency centers can conduct seasonal closures 	<ul style="list-style-type: none"> – limits seasonal closures to community emergency centers in non metropolitan areas that experience seasonal population influx <i>{see Section 6.102 (3)(b)}</i>
8. Establishes additional requirements for community emergency centers that conduct seasonal closures	<ul style="list-style-type: none"> – emergency centers must post directions and a "hot" or "tip" phone to summon care immediately 	<ul style="list-style-type: none"> – in addition to having "hot" or "tip" phones, emergency centers that conduct seasonal closures must: report closures to the Department; use certain signage during the closure; conduct fire drills and review procedures to be followed in case of a fire or evacuation emergency within specified timeframes <i>{see Section 6.102 (3)(b)}</i>

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6 CCR 1011-1, Chapter IV - General Hospitals

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4.102 COMPLIANCE WITH THE LIFE SAFETY CODE

- (1) (c) An off-campus location in operation prior to January 1, 2011 may meet either the existing or the new occupancy Life Safety Code requirements, if it is added to the hospital license at the first renewal licensure that occurs on or after April 1, 2011.
- (i) NOTWITHSTANDING THE TIMELINES ESTABLISHED IN PARAGRAPH (1)(c), ABOVE, OFF-CAMPUS PRIMARY CARE CLINIC SERVICES IN OPERATION PRIOR TO SEPTEMBER 30, 2011, MAY BE ADDED TO THE HOSPITAL LICENSE THROUGH EITHER A RENEWAL OR AMENDED LICENSE APPLICATION SUBMITTED ON OR BEFORE FEBRUARY 29, 2012.

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6 CCR 1011-1, Chapter IX - Community Clinics

SUBCHAPTER IX.A - PRIMARY CARE CLINICS AND COMMUNITY EMERGENCY CENTERS **SUBCHAPTER IX.B - ADDITIONAL REQUIREMENTS FOR COMMUNITY EMERGENCY CENTERS**

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

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

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

Division Director
Colorado Department of Public Health and Environment
Health Facilities Division

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

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

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

10 PART 1. STATUTORY AUTHORITY AND APPLICABILITY

11 1.101 STATUTORY AUTHORITY. AUTHORITY TO ESTABLISH MINIMUM STANDARDS THROUGH REGULATION AND
12 TO ADMINISTER AND ENFORCE SUCH REGULATIONS IS PROVIDED BY SECTIONS 25-1.5-103 AND 25-3-101, C.R.S.,
13 ET SEQ.

14 1.102 APPLICABILITY

15 (1) PRIMARY CARE CLINICS AND COMMUNITY EMERGENCY CENTERS SHALL MEET APPLICABLE FEDERAL AND
16 STATE 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~~
24 ~~other state agencies.~~

25 (4) ~~3.6 Corporate Health Care Entities or Health Care Networks . A community clinic or a~~
26 ~~community clinic and emergency center that is part of a larger, corporate health care system or~~
27 ~~health care network may fulfill the administrative record requirements, the policies and~~
28 ~~procedures requirements, and the medical records requirements of this Chapter IX through a~~
29 ~~central system common to the entire organization, providing that the intent of the requirements of~~
30 ~~this Chapter is met—, AND THE SPECIFIC POLICIES APPLICABLE TO THE FACILITY HAVE BEEN IDENTIFIED~~
31 ~~AND MADE ACCESSIBLE, AS APPROPRIATE, TO COMMUNITY 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
36 may not be enough to meet the needs of patients being served and those needs must still be met.

37 (6) ~~13.6—The community clinic or and the community clinic and emergency center shall be~~
38 ~~constructed and maintained to ensure access to all patients and to ensure the safety of patients.~~

1 **Section 2. LICENSE**

2 ~~2.1 A community clinic or a community clinic and emergency center shall be licensed and meet all of the~~
3 ~~licensure requirements in chapter II and the requirements of this Chapter IX of the Colorado~~
4 ~~Department of Public Health and Environment's Standards for Hospitals and Health Facilities.~~

5 ~~2.2 A community clinic or a community clinic and emergency center shall be in compliance with all other~~
6 ~~applicable state, local, and federal laws.~~

7 **Part 2. Section 4. DEFINITIONS**

8 2.101

9 (1) ~~4.9~~ "Anesthetizing location" – means any area of a facility that has been designated to be used
10 for the administration of nonflammable inhalation anesthetic agents in the course of examination
11 or treatment, including the use of such agents for relative analgesia.

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

15 (a) ~~(b)~~ A facility which is used as an office for the private practice of a physician(s) except
16 when:

17 (i) ~~4)~~ it holds itself out to the public or other health care providers as a community clinic
18 ~~or a community clinic and emergency center or as a similar facility with a similar~~
19 ~~name or variation thereof which creates confusion in the mind of the public,~~
20 ~~indicating that it is capable of providing the same care as required by these~~
21 ~~regulations and or in fact provides the same level of care as required by these~~
22 ~~regulations, and in the case of an emergency center, of providing 24-hour~~
23 ~~emergency care;~~

24 (ii) ~~2)~~ it is operated or used by a person or entity different than the physician(s).

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

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

29 (c) A RURAL HEALTH CLINIC. *{Explanatory note: this change is prompted by House Bill 11-*
30 *1323.}*

31 (3) "COMMUNITY EMERGENCY CENTER" MEANS A HEALTH CARE ENTITY THAT PROVIDES EMERGENCY CARE
32 24 HOURS PER DAY, 7 DAYS PER WEEK AND MAY ALSO PROVIDE PRIMARY CARE. *{Note to stakeholders:*
33 *this proposed language as well as new language under Section 6.102 (2)(b) allows for seasonal*
34 *closure whereby the facility ceases operations for a continuous period. However, as proposed,*
35 *this language does not allow for temporary closure during a 24-hour period while the facility is*
36 *in operation.}*

37 (4) ~~4.2~~ "Emergency or emergent care"~~–~~ Emergency or emergent care is defined as treatment for a
38 medical condition manifesting itself by acute symptoms of a sufficiently severe nature that are life,
39 limb, or disability threats requiring immediate attention, where any delay in treatment could be
40 reasonably expected to place the health of the individual in serious jeopardy, or seriously impair

- 1 ~~bodily functions, or cause serious dysfunction of any bodily organ or part.~~ MEANS THE TREATMENT
2 OF PATIENTS ARRIVING BY ANY MEANS TO INCLUDE AMBULANCE TRANSPORT WHO HAVE MEDICAL
3 CONDITIONS, INCLUDING ACUTE ILLNESS OR TRAUMA, THAT IF NOT TREATED IMMEDIATELY COULD RESULT
4 IN LOSS OF LIFE, LOSS OF LIMB, OR PERMANENT DISABILITY.
- 5 (5) "FEDERALLY QUALIFIED HEALTH CENTER (FQHC)" MEANS A FACILITY THAT MEETS THE DEFINITION UNDER
6 SECTION 1861 (aa)(4) OF THE FEDERAL "SOCIAL SECURITY ACT", 42 U.S.C. SECTION 1395X (aa)(4)
7 WHICH PROVIDES FOR THE DELIVERY OF COMPREHENSIVE PRIMARY AND AFTER HOURS CARE IN
8 UNDERSERVED AREAS.
- 9 (6) ~~4.3 "Inpatient care" for the purposes in OF THIS Chapter IX of these regulations, "inpatient care"~~
10 ~~shall be defined as~~ MEANS extended care or stay in the facility beyond the primary care or general
11 services normally rendered which would include an overnight stay or a continuous period of care
12 exceeding twenty-four (24) hours, but not to exceed 72 hours. ~~4.1 (b) HOWEVER, the 72-hour~~
13 ~~limit on inpatient stays shall not apply to PRISON FACILITIES the Department of Corrections~~
14 ~~providing medical services pursuant to article 1 of title 17.~~
- 15 (7) ~~4.6~~ "Plan review" – means the review by the Department, or its designee, of new construction,
16 previously unlicensed space, or remodeling to ensure compliance by the facility with the National
17 Fire Protection Association (NFPA) Life Safety Code and with this Chapter IX. Plan review
18 consists of the analysis of construction plans/documents and onsite inspections, where
19 warranted. For the purposes of the ~~National Fire Protection Association~~ NFPA requirements, the
20 Department is the authority having jurisdiction for state licensure.
- 21 (8) ~~4.4 "Primary care" Primary care is defined as a practice that deals with the individual rather~~
22 ~~than an A SPECIFIC organ system or an abnormal physiology and provides an array of services~~
23 ~~covering the preventive, diagnostic, and therapeutic needs of patients, including referral and~~
24 ~~coordination of care to the services.~~ MEANS HEALTH CARE SERVICES THAT PROVIDE COMPREHENSIVE
25 FIRST CONTACT WITH THE PATIENT AND CONTINUING ROUTINE CARE FOR THE ENTIRE BODY RATHER THAN
26 A SPECIFIC ORGAN SYSTEM. FOR THE PURPOSES OF COMMUNITY CLINICS, PRIMARY CARE INCLUDES
27 PREVENTIVE, DIAGNOSTIC, AND THERAPEUTIC SERVICES AS WELL AS REFERRAL AND COORDINATION OF
28 CARE.
- 29 (9) "PRIMARY CARE CLINIC" MEANS A HEALTH CARE ENTITY, INCLUDING A PRISON FACILITY THAT PROVIDES
30 PRIMARY CARE. ~~1.1 "Community clinic" or Community Clinic and Emergency Center. A~~
31 ~~"community clinic" or a "community clinic and emergency center" is defined as a comprehensive~~
32 ~~community-based medical facility which includes general or primary care services, preventive~~
33 ~~health services, diagnostic or therapeutic outpatient services, appropriate inpatient services,~~
34 ~~and/or emergent care services. The emergency center (emergency services available 24 hours)~~
35 ~~portion of the license shall be an optional component, and a community clinic may be licensed as~~
36 ~~a "community clinic" or as a "community clinic and emergency center." A "community clinic" or a~~
37 ~~"community clinic and emergency center" includes accommodations for inpatient stays, unless~~
38 ~~otherwise exempted by statutory provisions or by a waiver of the requirement by the Department~~
39 ~~under section 10.1. A "community clinic" or a "community clinic and emergency center" may~~
40 ~~include general and primary care providers participating in the medically indigent program~~
41 ~~pursuant to article 15 of title 26. No waiver of inpatient accommodation requirements as required~~
42 ~~under section 10.1 of these regulations shall be necessary for medically indigent program~~
43 ~~providers who provide only primary care and other outpatient services during normal business~~
44 ~~hours. No waiver of inpatient accommodation requirements as required under section 10.1 Of the~~
45 ~~regulations shall be necessary for a community clinic or a community clinic and emergency center~~
46 ~~located within a licensed hospital, but not licensed as part of the hospital, and has an admission~~
47 ~~or transfer agreement with that hospital. 1.5 Exclusions. The term community clinic or a~~
48 ~~community clinic and emergency center~~ HOWEVER, THE TERM "PRIMARY CARE CLINIC" DOES NOT
49 INCLUDE THE FOLLOWING:

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

23 **Part 3. DEPARTMENT OVERSIGHT**

24 3.100 APPLICATION FEES. RESERVED.

25 3.200 COMMERCIAL PROFESSIONAL LIABILITY INSURANCE

26 3.201 ~~Section 12. LIABILITY 12.4~~ Community clinics ~~or community clinic and emergency centers~~ shall
27 submit evidence to the Colorado Department of Public Health and Environment that they maintain
28 at least \$300,000 professional liability insurance per incident and \$900,000 annual aggregate per
29 year in order to demonstrate compliance with the Health Care Availability Act of 1988.

30 **Part 4. FIRE SAFETY AND PHYSICAL PLANT STANDARDS**

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

32 4.101 ~~4.9~~ PLAN REVIEW AND PLAN REVIEW FEES. This Section ~~4.9~~ 4.101 applies to community
33 clinics ~~and community clinics and emergency centers~~ with the exception of: facilities operated in
34 prisons ~~under the auspices of the Department of Corrections~~ AND SCHOOL BASED FACILITIES
35 SUBJECT TO CONSTRUCTION PLAN REVIEW BY THE DIVISION OF FIRE SAFETY, PURSUANT TO C.R.S. 24-
36 33.5-1203 (1)(p) (2010).

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

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

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

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

6 (ii) Additions of previously uninspected or unlicensed square footage to an existing
7 occupancy and the building permit for such addition is issued on or after July 1,
8 2009 or if no permit is required by the local jurisdiction, construction began on or
9 after July 1, 2009.

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

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

13 (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.

14
15 (ii) Notwithstanding paragraph 4.101 (1)(b)(i) above, the fee for a
16 qualifying community clinics is: \$1,250.

17 (2) ~~(b)~~ Remodeling

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

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

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

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

28 (iv) Changes to egress components, specifically the alteration of a structural
29 element, relocation, or addition of an egress component. Examples of egress
30 components include, but are not limited to, corridors, stairwells, exit enclosures,
31 and points of refuge.

- 1 (v) Installation of any new sprinkler systems or the addition, removal or relocation of
2 20 or more sprinkler heads.
- 3 (vi) Installation of any new fire alarm system, or addition, removal or relocation of 20
4 or more fire alarm system appliances including, but not limited to, pull stations,
5 detectors and notification devices.
- 6 (vii) Installation, removal or renovation of any kitchen hood suppression system.
- 7 (viii) Essential electrical system: replacement or addition of a generator or transfer
8 switch. However, replacement of either the generator or transfer switch with one
9 having the same exact performance specifications is considered maintenance
10 and not subject to plan review.
- 11 (b) ~~2~~ Remodeling plan review fees:

12 (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.

- 13
- 14 (ii) Notwithstanding paragraph ~~13.10, (b) (2) (i)~~ 4.101 (2)(b)(i) above, the fee for a
15 qualifying community clinic is: \$750.

16 4.102 COMPLIANCE WITH THE LIFE SAFETY CODE

17 (1) ~~13.8~~ Applicable facilities shall be compliant with the National Fire Protection Association (NFPA)
18 101, Life Safety Code (2000), which is hereby incorporated by reference. Such incorporation by
19 reference, as provided for in 6 CCR 1011-1, Chapter II, excludes later amendments to or editions
20 of referenced material.

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

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

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

- 1 (i) ~~(1)~~ When differing fire safety standards are imposed by federal, state or local
2 jurisdictions, the most stringent shall apply.
- 3 (ii) ~~(2)~~ Any story containing an exterior door or an exterior window that opens to
4 grade level shall be counted as a story.
- 5 (d) This paragraph applies to community clinics and not to community-clinics and emergency
6 centers.
- 7 (i) ~~(4)~~ Notwithstanding 6 CCR 1011-1, Chapter II, Section 2.3.5 (A), only
8 community clinics that contain an anesthetizing location shall be required to have
9 an intact, two-hour fire rated separation wall, floor or ceiling assembly between
10 the facility and all adjacent occupancies under the following circumstances:
- 11 (A) ~~(i)~~ For each applicant seeking an initial license on or after January 1,
12 2011, except for an applicant that has submitted building plans to the
13 Department and obtained a building permit prior to January 1, 2011 from
14 the local authority having jurisdiction.
- 15 (B) ~~(ii)~~ For each licensee that submits building plans to the Department or
16 obtains a building permit on or after January 1, 2011 for relocations in
17 whole or in part to another physical structure.
- 18 (C) ~~(iii)~~ For each licensee that submits building plans to the Department or
19 obtains a building permit on or after January 1, 2011 to add previously
20 un-inspected or unlicensed square footage to an existing license. For the
21 purposes of compliance with this section, the two-hour fire rated
22 separation shall be around either the entire perimeter of the added
23 square footage or the entire perimeter of the facility.
- 24 (D) ~~(iv)~~ For each licensee that creates a new anesthetizing location on or
25 after January 1, 2011, within an existing community clinic.
- 26 (ii) ~~(2)~~ The alternatives authorized under 6 CCR 1011-1, Chapter II, Section 2.3.5
27 (B) are applicable to community clinics subject to Section ~~43.8(d)(1)~~ 4.102
28 (1)(d)(i).

29 4.103 COMPLIANCE WITH AIA GUIDELINES

- 30 (1) ~~43.40~~ The "Guidelines for Design and Construction of Health Care Facilities" (2006 Edition),
31 American Institute of Architects (AIA), may be used by the Department in resolving health,
32 building, and life safety issues for construction initiated or systems installed on or after July 1,
33 2009. The AIA Guidelines are hereby incorporated by reference. Such incorporation by reference,
34 as provided for in 6 CCR 1011-1, Chapter II, excludes later amendments to or editions of
35 referenced material.

36 **Part 5. FACILITY OPERATIONS**

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

38 **5.200 HOUSEKEEPING SERVICES**

39 5.201 ORGANIZATION AND STAFFING

1 (1) ~~13.4 Housekeeping.~~ Housekeeping services to ensure that the premises are clean and orderly
2 at all times shall be provided and maintained.

3 5.202 PROGRAMMATIC FUNCTIONS

4 (1) ~~13.1 Pest Control.~~ Policies shall be developed and procedures implemented for the effective
5 control of insects, rodents, and other pests.

6 5.203 EQUIPMENT AND SUPPLIES. RESERVED.

7 5.204 FACILITIES

8 (1) ~~13.4 Housekeeping.~~ Appropriate janitorial storage shall be maintained.

9 (2) THERE SHALL BE SEPARATE CLEAN AND SOILED UTILITY ROOMS/JANITORIAL STORAGE.

10 **5.300 MAINTENANCE SERVICES**

11 5.301 ORGANIZATION AND STAFFING

12 (1) ~~13.6~~ The community clinic ~~or and the community clinic and emergency center~~ shall be
13 constructed and maintained to ensure access AND EGRESS to all patients, STAFF AND VISITORS ~~and~~
14 ~~to ensure the safety of patients.~~

15 (2) ~~13.3 Preventive Maintenance.~~ A preventive maintenance program SHALL BE IMPLEMENTED to
16 ensure that all essential mechanical, electrical and patient care equipment is maintained in safe
17 operating condition. ~~shall be provided.~~

18 5.302 PROGRAMMATIC FUNCTIONS

19 (1) ~~13.3 Preventive Maintenance.~~ Emergency systems, and all essential equipment and supplies
20 shall be inspected and maintained on a frequent or as needed basis IN ACCORDANCE WITH
21 MANUFACTURER'S INSTRUCTIONS AND AS APPROPRIATE IN ACCORDANCE WITH THE FACILITY'S POLICIES
22 AND PROCEDURES.

23 5.303 EQUIPMENT AND SUPPLIES. RESERVED.

24 5.304 FACILITIES. RESERVED.

25 **5.400 WASTE DISPOSAL**

26 5.401 ORGANIZATION AND STAFFING. RESERVED.

27 5.402 PROGRAMMATIC FUNCTIONS

28 (1) ~~13.2 Waste Disposal.~~ All wastes shall be disposed in compliance with local, state and federal
29 laws.

30 5.403 EQUIPMENT AND SUPPLIES. RESERVED.

31 5.404 FACILITIES. RESERVED.

32 **5.500 LINEN AND LAUNDRY.** THIS SECTION 5.500 IS APPLICABLE ONLY IF THE COMMUNITY CLINIC USES
33 LINEN DURING THE PROVISION OF PATIENT CARE SERVICES.

1 5.501 ORGANIZATION AND STAFFING

2 (1) ~~13.5 Laundry and Linens.~~ Laundry and linen services shall be provided by in-house staff or by
3 contract.

4 5.502 PROGRAMMATIC FUNCTIONS. RESERVED.

5 5.503 EQUIPMENT AND SUPPLIES. RESERVED.

6 5.504 FACILITIES

7 (1) ~~13.5~~ Separate clean and soiled linen areas shall be provided and maintained.

8 **Part 6. GOVERNANCE AND LEADERSHIP Section 3. ORGANIZATIONAL STRUCTURE**

9 **6.100 GOVERNING BODY**

10 6.101 ORGANIZATION AND STAFFING

11 (1) ~~3.1~~ The community clinic or a community clinic and emergency center shall have a governing
12 body which shall have responsibility for the oversight of the organization and the provider staff.

13 (2) ~~3.1~~ The governing body shall meet as necessary.

14 (3) ~~3.1~~ The governing body shall adopt the general bylaws or policies by which the community clinic
15 or a community clinic and emergency center operates. These by-

16 6.102 PROGRAMMATIC FUNCTIONS. THE GOVERNING BOARD SHALL:

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

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

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

23 ~~Section 9. AVAILABILITY OF SERVICES~~

24 (a) PRIMARY CARE CLINIC

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

27 (ii) ~~9.4~~ The community clinic shall POST SIGNAGE, ON OR NEAR THE FRONT ENTRANCE
28 INDICATING: HOURS OF OPERATION AND provide an emergency referral number
29 and/or a procedure for the provision of OBTAINING medical services when the
30 clinic is not open for regular service.

31 (b) COMMUNITY EMERGENCY CENTER

32 (i) ~~9.2 The Community Clinic and Emergency Center.~~ The community clinic and
33 emergency center shall maintain operations on a 24-hour basis, every day of the
34 year, UNLESS THE FACILITY CONDUCTS SEASONAL CLOSURES.

- 1 (ii) A COMMUNITY EMERGENCY CENTER IN A NON-METROPOLITAN AREA THAT EXPERIENCES
2 SEASONAL POPULATION INFLUX MAY CHOOSE TO ONLY OPERATE EACH YEAR DURING
3 SPECIFIED TIMES. A FACILITY THAT CONDUCTS SEASONAL CLOSURES SHALL DEVELOP
4 AND IMPLEMENT A WRITTEN PLAN THAT ADDRESSES:
- 5 (A) REPORTING THE SEASONAL CLOSURE TO THE DEPARTMENT 30 DAYS PRIOR TO
6 SUCH CLOSURE AND THE RESUMPTION OF SERVICES 30 DAYS PRIOR TO SUCH
7 RESUMPTION.
- 8 (B) SIGNAGE DURING THE CLOSURE. THE FACILITY SHALL POST SIGNAGE VISIBLE
9 FROM ADJACENT MAJOR ROADWAYS INDICATING THAT THE FACILITY IS CLOSED
10 FOR THE SEASON. THE FACILITY SHALL REMOVE ANY OTHER SIGNAGE THAT
11 INDICATES THAT EMERGENCY CARE IS AVAILABLE AT THE FACILITY.
- 12 (C) ACCESS TO ALTERNATIVE EMERGENCY SERVICES DURING THE CLOSURE. THE
13 FACILITY SHALL ESTABLISH A PROCESS FOR MAKING SERVICES AVAILABLE
14 WITHIN 30 MINUTES OR SOONER IF MEDICALLY NECESSARY FOR PERSONS WHO
15 PRESENT AT A CLOSED FACILITY. Clear directions at the front and/or
16 emergency entrance to the facility that can be easily understood by
17 persons approaching the COMMUNITY emergency center shall be posted
18 in a conspicuous location with an appropriate communications device,
19 such as a "hot phone" or "tip and ring phone" so that care can be
20 summoned immediately and an appropriate response by the facility can
21 be made.
- 22 (D) HOW LICENSED AMBULANCE SERVICES AND OTHER APPROPRIATE EMERGENCY
23 RESPONSE ORGANIZATIONS WILL BE ALERTED ABOUT THE PERIODS DURING
24 WHICH THE FACILITY IS CLOSED.
- 25 (E) FIRE DRILLS, PROCEDURES IN CASE OF FIRE, EVACUATION AND RELOCATION
26 PROCEDURES. FIRE DRILLS SHALL BE CONDUCTED AT LEAST ONCE EVERY
27 THREE MONTHS THAT THE FACILITY IS OPEN IN ACCORDANCE WITH THE LIFE
28 SAFETY CODE. WITHIN 24 HOURS OF RESUMPTION OF SERVICES, A FIRE DRILL
29 SHALL BE CONDUCTED DURING ALL SHIFTS. WITHIN 24 HOURS OF BEGINNING
30 WORK (EITHER INITIALLY OR AFTER RESUMPTION OF SERVICE) ALL STAFF SHALL
31 BE ORIENTED TO THE PROCEDURES IN CASE OF FIRE AS WELL THEIR
32 RESPONSIBILITIES DURING A FIRE OR EVACUATION AND RELOCATION
33 EMERGENCY.

34 ~~9.2 If a community clinic and emergency center chooses to temporarily interrupt~~
35 ~~operations or access to services for any part of the 24-hour period, a~~
36 ~~means of making services made available within 30 minutes or sooner if~~
37 ~~medically necessary shall be instituted. Any seasonal interruption in~~
38 ~~services, such as seasonal closures, shall be reported to the Department~~
39 ~~prior to such closure, and all signage that would indicate that services~~
40 ~~are available shall be removed. Protocols shall be developed by the~~
41 ~~medical director to establish appropriate response times for on-call staff~~
42 ~~for differing emergent situations that would present themselves at the~~
43 ~~facility. Clear directions at the front and/or emergency entrance to the~~
44 ~~facility that can be easily understood by persons approaching the~~
45 ~~emergency center shall be posted in a conspicuous location with an~~
46 ~~appropriate communications device, such as a "hot phone" or "tip and~~
47 ~~ring phone", so that care can be summoned immediately and an~~
48 ~~appropriate response by the facility can be made.~~

49 **6.200 ADMINISTRATOR**

1 6.201 ORGANIZATION AND STAFFING

2 (1) ~~3.4 Administrator~~. The governing body of the community clinic or a community clinic and
3 emergency center shall appoint an administrator or a designated person who is principally
4 responsible for directing the daily operation of the community clinic or a community clinic and
5 emergency center. The administrator shall develop clear lines of authority and responsibility for
6 the provider staff.

7 6.202 PROGRAMMATIC FUNCTIONS

8 (1) ~~3.4~~ The administrator, in conjunction with the provider staff, or a representative committee from
9 the provider staff, shall develop policies and procedures for the operation of the facility. The
10 policies and procedures shall be approved by the governing body and reviewed periodically and
11 revised as needed.

12 **6.300 MEDICAL STAFF**

13 6.103 ~~3.2 Medical Director~~ . The governing body of the community clinic or a community clinic and
14 emergency center shall appoint a medical director for the facility. Such medical director shall be a
15 physician, licensed under the laws of the state of Colorado, who is a member of the facility's staff.
16 ~~3.3 Provider Staff~~ . The community clinic or a community clinic and emergency center shall have
17 an organized provider staff under the direction of. The medical director that shall be responsible
18 for the quality of medical care provided to patients in the facility.

19 ~~3.5 Government Entities~~ . A community clinic or a community clinic and emergency center wholly owned
20 and operated by the state or any of its political subdivisions shall be governed, directed,
21 administered, and staffed according to the statutory provisions establishing such facilities.

22 **Part 7. PERSONNEL**

23 7.101 ORGANIZATION AND STAFFING

24 (1) ~~4.2 Personnel~~ . The administrator shall develop and maintain personnel policies and
25 procedures.

26 (2) ~~4.2~~ Personnel employed by the community clinic or a community clinic and emergency center
27 shall have qualifications as met by education, training, and experience necessary to meet the
28 medical needs of the patients.

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

31 7.102 PROGRAMMATIC FUNCTIONS

32 (1) ~~4.2~~ Personnel shall be oriented and trained upon employment and kept abreast of new health
33 care services developments and new technology through in-services and other educational
34 programs.

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

36 8.101 ORGANIZATION AND STAFFING

37 (1) ~~5.1~~ All THE community clinics or community clinic and emergency centers shall maintain a clinical
38 medical record system as established by the facility's written patient care policies. Medical
39 records shall be systematically organized and easily accessible.

1 (2) ~~5.1~~ A designated member of the staff shall be responsible for maintaining medical records and for
2 ensuring that they are completely and accurately documented.

3 8.102 PROGRAMMATIC FUNCTIONS

4 (1) ~~5.2~~ ~~An individual medical record for each patient that receives services from any community~~
5 ~~clinic or a community clinic and emergency center~~ CONTENT. EACH PATIENT'S MEDICAL RECORD
6 shall contain, ~~but not necessarily be limited to~~, the following:

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

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

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

14 (d) signatures of the physician or other health care professionals making entries into the medical
15 record.

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

17 (2) POLICIES AND PROCEDURES. THE COMMUNITY CLINIC SHALL HAVE POLICIES AND PROCEDURES
18 REGARDING THE MAINTENANCE OF HEALTH CARE RECORDS.

19 (3) RECORD RETENTION

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

24 (b) ~~5.2~~ Medical records for minors must be retained for the period of minority plus 10 years
25 after the last patient usage.

26 (4) ~~5.4~~ CONFIDENTIALITY. All necessary precautions shall be taken to protect the confidentiality of the
27 information contained within.

28 8.103 EQUIPMENT AND SUPPLIES. RESERVED.

29 8.104 FACILITIES. RESERVED.

30 **Part 9. ~~Section 11.~~ INFECTION CONTROL**

31 9.101 ORGANIZATION AND STAFFING. RESERVED.

32 9.102 PROGRAMMATIC FUNCTIONS

33 (1) ~~11.1~~ ~~All community clinics or community clinic and emergency centers~~ THE COMMUNITY CLINIC
34 shall develop AND IMPLEMENT a plan for infection control that is adequate to avoid the sources of
35 and prevent the transmission of infections and communicable diseases. The facility shall develop
36 a system for identifying, reporting, investigating and controlling infections and communicable

1 diseases of patients and personnel. Sterilization procedures shall be developed and implemented
2 in necessary service areas.

3 9.103 EQUIPMENT AND SUPPLIES. RESERVED.

4 9.104 FACILITIES. RESERVED.

5 **Part 10. PATIENT RIGHTS.** THE COMMUNITY CLINIC SHALL BE IN COMPLIANCE WITH 6 CCR 1011-1,
6 CHAPTER II, PART 6.

7 **Part 11 ~~Section 6.~~ SERVICE PROVISION GENERAL PATIENT SERVICES**

8 **Section 4. ~~STAFFING~~**

9 11.101 ORGANIZATION AND STAFFING

10 (1) ~~3.3 Provider Staff~~. The community clinic ~~or a community clinic and emergency center~~ shall have
11 an organized provider staff under the direction of the medical director. ~~that that shall be~~
12 ~~responsible for the quality of medical care provided to patients in the facility.~~

13 (2) ~~4.1 Provider Staff~~. There shall be adequate provider staff to meet the preventive, diagnostic,
14 and therapeutic needs of the patient population being served.

15 (3) ~~4.1 Provider Staff~~. The provider staff shall participate in the quality management program; and,
16 in coordination with the administrator / participate in the enforcement of policies and procedures
17 or rules and regulations of the facility.

18 **11.102 PROGRAMMATIC FUNCTIONS**

19 (1) ~~6.1 Care From Licensed Practitioner~~. The policies of the community clinic ~~or community clinic~~
20 ~~and emergency center~~ shall ensure that every patient is under the care of a physician or, if
21 applicable, a physician assistant or advanced practice nurse with appropriate specialization ~~and~~
22 ~~registered pursuant to 12-38-111.5.~~

23 (2) ~~6.2 Patient Care Policy~~. The facility shall have written patient care policies. The policies shall
24 include but are not limited to the following:

25 (a) a description of the services furnished directly and those furnished through agreements,
26 arrangements with, or referrals to other facilities or other health care service providers;

27 (b) protocols for:

28 (i) the medical management of health problems, including the conditions requiring
29 medical consultation and/or patient referral, ~~the maintenance of health care~~
30 ~~records, and procedures for periodic review and evaluation of the services~~
31 ~~furnished by the facility; (1) protocols shall include:~~

32 (ii) ~~(A) a description of the scope of medical acts that may be undertaken by the~~
33 ~~physician assistant, or advanced practice nurse, or other provider staff under the~~
34 ~~supervision of a physician or other authorized licensed practitioner;~~

35 (iii) ~~and (B) protocols to be followed for acts of medical diagnosis and treatment that~~
36 ~~may be undertaken without direct, over the shoulder physician supervision.~~

1 ~~6.2 (2) Protocols are not intended to mandate the development of practice guidelines for physicians or~~
2 ~~other licensed provider staff practicing in the facility.~~

3 10.103 EQUIPMENT AND SUPPLIES. RESERVED.

4 10.104 FACILITIES. RESERVED.

5 **Section 8. ANCILLARY SERVICES**

6 **Part 12. NURSING SERVICES.** RESERVED.

7 **Part 13. PHARMACY**

8 13.101 ORGANIZATION AND STAFFING. RESERVED.

9 13.102 PROGRAMMATIC FUNCTIONS

10 (1) ~~8.4~~ Pharmaceutical methods, procedures, and controls which ensure the appropriation,
11 acquisition, storage, dispensing, administration, and control of pharmaceuticals shall be
12 developed in accordance with applicable state and federal laws regulating the practice of
13 pharmacy.

14 **Part 14. LABORATORY SERVICES**

15 14.101 ORGANIZATION AND STAFFING

16 (1) ~~8.2~~ Laboratory services essential to the treatment and diagnosis of the patient (both primary care
17 and emergency patients) shall be available. Laboratory services shall be provided directly or by
18 contract.

19 14.102 PROGRAMMATIC FUNCTIONS

20 (1) ~~8.2~~ Services ~~provided directly~~ shall be provided pursuant to the "Clinical Laboratory Improvement
21 Amendments (CLIA). of 1988," and the corresponding regulations (~~42 USC 263a and 42 CFR~~
22 ~~493~~).

23 14.103 EQUIPMENT AND SUPPLIES. RESERVED.

24 14.104 FACILITIES. RESERVED.

25 **Part 15. RADIOLOGICAL SERVICES**

26 15.101 ORGANIZATION AND STAFFING

27 (1) ~~8.3~~ Radiological services essential to the treatment and diagnosis of the patient shall be
28 available. Radiological services shall be provided directly or by contract or plan. ~~X-rays, films,~~
29 ~~scans, and other imaging records shall be maintained by the facility for a period of five years, if~~
30 ~~services are provided directly.~~

31 15.102 PROGRAMMATIC FUNCTIONS

32 (1) ~~8.3~~ Services ~~provided directly~~ shall be provided pursuant to the regulations of the Department of
33 Public Health and Environment pertaining to radiation control (6 CCR 1007-1).

34 15.103 EQUIPMENT AND SUPPLIES. RESERVED.

1 15.104 FACILITIES. RESERVED.

2 **Part 16. DIETARY SERVICES**

3 16.101 ORGANIZATION AND STAFFING

4 (1) ~~10.4 (g)~~ There shall be food service available to serve adequate meals to patients "required to
5 stay" in any community clinic ~~or a community clinic and emergency center~~ for more than six
6 hours, if necessary or consistent with medical treatment or evaluation needed. Being "required to
7 stay" is defined as a condition which requires the patient to stay in the facility for extended
8 treatment or until transportation to another facility can be arranged. It does not apply to outpatient
9 visits that may require extensive waiting before receiving services if the patient is able to leave
10 after services are rendered or is able to reschedule a visit if service cannot be provided in a timely
11 manner.

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

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

17 16.102 PROGRAMMATIC FUNCTIONS

18 (1) ~~(b)~~ All food shall be pre-packaged and require microwave heating only and disposable products
19 for preparation and service shall be used unless the facility DEVELOPS AND IMPLEMENTS POLICIES
20 AND PROCEDURES FOR THE SAFE STORAGE, PREPARATION AND SERVING OF FOODS. ~~meets the~~
21 ~~requirements of the Rules and Regulations Governing the Sanitation of Food Service~~
22 ~~Establishments in the State of Colorado, Colorado Department of Health, 1990 or the intent of~~
23 ~~such regulations as applicable and appropriate.~~ (e) Food shall, at all times, be prepared, stored,
24 and served properly so as to prevent the development and spread of food borne disease.
25 *{Explanatory note: state statute - C.R.S. 25-4-1601 (14)(c) now exempts "hospitals and health*
26 *facility patient feeding operations licensed by the Department" from the definition of retail*
27 *food establishment. Therefore, referencing regulations for food retail establishments, as the*
28 *striketyped current language does, is not compliant with current statute.}*

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

31 16.103 EQUIPMENT AND SUPPLIES. RESERVED.

32 16.104 FACILITIES

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

35 **Part 17. INPATIENT CARE**

36 **Section 10. INPATIENT SERVICES**

37 17.101 ORGANIZATION AND STAFFING

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

39 (a) PRISON FACILITIES.

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

3 (c) COMMUNITY EMERGENCY CENTERS.

4 THE FOLLOWING STANDARDS APPLY ONLY TO INPATIENT CARE SERVICES.

5 (2) A FACILITY THAT PROVIDES INPATIENT CARE SHALL INCLUDE THE NECESSARY STAFFING, INCLUDING
6 LICENSED STAFF, TO MEET THE NEEDS OF THE PATIENT. ~~40.3. (a) Necessary staffing includes the~~
7 ~~licensed staff with the ability to meet the needs of the patient and the regulatory requirements~~
8 ~~imposed by other state laws on the use of such licensed staff.~~

9 17.102 PROGRAMMATIC FUNCTIONS

10 (1) ~~40.1 Limited Stay.~~ A community clinic or a community clinic and emergency center may
11 provide inpatient services to ill or injured persons where PATIENTS FOR WHOM a determination has
12 been made that transportation to a hospital or other appropriate facility when TRANSFER TO
13 ANOTHER FACILITY WITH a higher level of care is not immediately necessary provided that BECAUSE
14 the needs of such patients can be met BY AN INPATIENT STAY AT the facility during a short stay not
15 to exceed 72 hours. "Meeting the needs of patients" shall include THE PROVISION OF appropriate
16 licensed provider staff, patient care services, equipment and supplies, and physical plant. ~~(Eff.~~
17 ~~06/30/2009)~~

18 40.1 (a) ~~The Department may waive the requirement for inpatient services after a review of~~
19 ~~applicant materials for licensure provided that the facility demonstrates that it meets the definition~~
20 ~~of a facility under this Chapter IX of the regulations, with the exception of the inpatient~~
21 ~~component, and is not the private practice of an independent, licensed physician.~~

22 (2) ADMISSIONS

23 (a) ~~40.3 Admissions.~~ Any community clinic or a community clinic and emergency center
24 providing inpatient services THE COMMUNITY CLINIC shall develop admissions policies and
25 procedures, which include but shall not be limited to appropriateness of admissions, and
26 the necessary staffing to provide those services,

27 (b) ~~40.2~~ Each patient shall have a visible means of identification placed securely on his or
28 her person until discharge.

29 (3) CARE PLANNING

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

32 (3) ~~40.5 Discharge Planning.~~ For those community clinics or community clinic and emergency
33 centers that offer inpatient care, documentation of discharge and follow-up shall be included in
34 the patient record to ensure the provision of post-discharge care. DISCHARGE PLANNING. THE
35 COMMUNITY CLINIC SHALL CONDUCT DISCHARGE PLANNING.

36 17.103 EQUIPMENT AND SUPPLIES. RESERVED.

37 17.104 FACILITIES

38 (1) ~~40.2 Patient Care Unit.~~ A community clinic or a community clinic and emergency center
39 providing inpatient care shall establish and maintain a patient care unit.

1 (2) PATIENT ROOMS

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

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

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

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

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

13 18.101 ORGANIZATION AND STAFFING. RESERVED.

14 18.102 PROGRAMMATIC FUNCTIONS

15 (1) ~~7.2- Triage Protocols~~ . A community clinic ~~or a community clinic and emergency center~~ shall
16 have in place emergency medical protocols to provide triage and stabilization procedures to be
17 initiated by on-duty staff; and to ~~provide~~ SECURE air or ground transportation with pre-arranged
18 destinations, including transfer agreements with a hospital(s).

19 18.103 EQUIPMENT AND SUPPLIES. RESERVED.

20 18.104 FACILITIES. RESERVED.

21 **Part 19. Reserved.**

22 **Part 20 ~~8.1-~~ OBSTETRICS**

23 20.101 ORGANIZATION AND STAFFING

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

29 20.102 PROGRAMMATIC FUNCTIONS. RESERVED.

30 20.103 EQUIPMENT AND SUPPLIES. RESERVED.

31 20.104 FACILITIES. RESERVED.

32 **Part 21. OUTPATIENT SURGERY**

33 21.101 ORGANIZATION AND STAFFING

Draft: 062311

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

4 21.102 PROGRAMMATIC FUNCTIONS. RESERVED.

5 21.103 EQUIPMENT AND SUPPLIES. RESERVED.

6 21.104 FACILITIES. RESERVED.

7

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
12 at least one of the provider staff on duty at all times ~~shall be~~ WHO IS qualified in basic cardiac life
13 support 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~~
19 ~~equipment and supplies, including basic obstetric supplies,~~ DRUGS necessary for the level of
20 services to stabilize the patient as specified by the provider staff and by the specific needs of the
21 community being served.

22 **Parts 14-17 RESERVED.**

23 **Part 18. EMERGENCY SERVICES**

24 18.101 ORGANIZATION AND STAFFING. RESERVED.

25 18.102 PROGRAMMATIC FUNCTIONS

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

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

31 18.102 EQUIPMENT AND SUPPLIES

- 1 (1) ~~7.1 Services and Equipment~~. COMMUNITY emergency centers shall provide at a minimum the
2 following services and equipment, both adult and pediatric as applicable:
- 3 (a) an emergency call system.;
- 4 (b) oxygen.;
- 5 (c) ventilation assistance equipment, including airways, manual breathing bag.;
- 6 (d) continuous electrocardiogram monitoring with cardiac defibrillator OR AUTOMATED EXTERNAL
7 DEFIBRILLATORS.;
- 8 (e) intravenous therapy supplies.;
- 9 (f) laryngoscope and endotracheal tubes.;
- 10 (g) suction equipment.;
- 11 (h) indwelling urinary catheters.;
- 12 (i) ~~drugs and~~ other emergency medical equipment and supplies, including basic obstetric
13 supplies, necessary for the level of services to stabilize the patient as specified by the
14 provider staff and by the specific needs of the community being served.

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