

Title 19 – DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30 – Division of Regulation and Licensure
Chapter 20 – Hospitals

PROPOSED AMENDMENT

19 CSR 30-20.015 Administration of the Hospital Licensing Program. The department is deleting sections (5), (7), (9), and (14), and renumbering thereafter; amending new sections (1)–(2), (4)–(6), and (8)–(12); adding new sections (3), (7), and (13)–(21); and amending the hospital license application.

PURPOSE: This amendment describes the license application, survey and reporting process for a hospital, as well as the process for disciplining a hospital license.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) Persons intending to operate a hospital shall submit information to the Department of Health and Senior Services, as set out in the application form (MO 580-0007(8-~~01~~/17)) **which is included herein.** Within thirty (30) days after receipt of the application, the applicant will be notified of any omitted information or documents. After sixty (60) days any incomplete application is null. **The department may deny a license application in any case which it finds that there has been a substantial failure to comply with the requirements for hospitals in Chapter 197, RSMo, and the regulations promulgated thereunder.** Each application for license to operate a hospital shall be accompanied by the appropriate licensing fee, **except applications from governmental units,** required by section 197.050, RSMo. *[Each license shall be issued for the premises and persons named in the application.]*

(2) Each license shall be issued only for the premises **identified on the application for hospital license** and *[person]* entity named in the application. **All locations included in the hospital application for hospital license shall meet the definition of “premises” as stated in 19 CSR 30-20.011. No license shall be issued unless the applicant is in substantial compliance with Chapter 197, RSMo and the regulations promulgated thereunder.** A license, unless sooner revoked, shall be issued for a period of up to a year. If during the period in which a license is in effect, a licensed operator which is a partnership, limited partnership, or corporation undergoes any of the following changes, whether by one (1) or by more than one (1) action, the operator shall within fifteen (15) working days of such change apply for a new license:

- (A) With respect to a partnership, a change in the majority interest of general partners;
- (B) With respect to a limited partnership, a change in the general partner or in the majority interest of limited partners;
- (C) With respect to a corporation, a change in the persons who own, hold or have the power to vote the majority of any class of securities issued by the corporation. If the corporation does not

have stock, a change of owner occurs when the emerging entity has a **new** [one (1)] federal tax number; or

(D) The board of directors with management control is an entity other than the licensed operator.

(3) The operator of a licensed hospital shall notify the department in writing within fifteen (15) days of:

(A) A change of ownership of the hospital;

(B) Any extensive modification, modification or reconstruction of the licensed premises, as identified in the life safety code standards in 42 CFR Part 482 (2018) and 42 CFR Part 485 (2018), which are incorporated by reference in this rule. The Code of Federal Regulations is published by the U.S. Government and is available by calling toll-free (866) 512-1800 or going to <https://bookstore.gpo.gov/>. The address is: U.S. Government Publishing Office, U.S. Superintendent of Documents, Washington, DC 20402-0001. This rule incorporates later amendments and additions to 42 CFR Part 482 (2018) and 42 CFR Part 485 (2018);

(4) [(3)] An operator of two (2) or more licensed hospitals may submit **an** application to the Department of Health **and Senior Services** to operate the hospitals as a single licensed hospital. The two (2) or more licensed hospitals may be separated by a distance which can be traveled in no more than one (1) hour by customary ground transportation in normal weather conditions. The operator shall designate a permanent hospital base from which the one (1) -hour travel distance is determined. If the application is approved, the hospitals may be named on the licensure application and a single license issued. *[Also, an operator of a licensed hospital may submit a proposal to provide, at a minimum, all of the required patient care services at a geographical location which at the time of the proposal is not a part of the licensed hospital. The location shall be within a one (1) -hour travel distance by customary ground transportation in normal weather conditions.]* Before the Department of Health **and Senior Services** approves the application, the applicant shall submit an operational proposal to the director of the Department of Health **and Senior Services** for approval. At a minimum the proposal shall include:

(A) [A description of the patient care services that will be provided at each geographical location and how they will be integrated with patient care services at other geographical locations which will be operated under the single license. The description shall include justification to support the applicant's allegation that the combined patient care hospital services will exceed the current benefits that are derived by the community(ies) where each individual currently licensed hospital is located. Or, if the operator currently is not providing the service within the geographical location contained in the proposal, there shall be evidence the service is needed in that location;

(B) A description of the organizational structure of the proposed single licensed hospital;

(C) Documentation of evidence that the hospital's facilities in each geographical location named in the proposal will be owned or leased by the same operator and that the services are operated under common management;

(D) Assurance that the hospital's operation in each geographical location will be held out to the public under a common name;

(E) Assurance the hospital's services in each geographical location will be subject to the bylaws and operating decisions of the same governing body;

(F) Assurance that members of the medical staff in each geographical location will be directed by a common medical director and will be subject to the same bylaws and operating decisions of a common medical staff;

(G) Assurance the hospital's operations in each geographical location will be administered by a common chief executive officer through appropriate delegation of duties;

(H) Assurance the licensed hospital's services in each geographical location will be integrated and, when services are provided at multiple locations, that they will be supervised by a common director who is provided with adequate assistance in supervision of the services;

(I) Assurance that the single licensed hospital's medical records department is integrated and the records are easily accessible to patient care staff;

(J) Assurance the applicant's proposal is not in violation of other federal, state and local regulations;

(K) Assurance that the applicant, either separately at each geographical location or in combination, will provide all required patient care services, including emergency services in accordance with Chapter 197, RSMo and 19 CSR 30-20.021(3) and in accordance with acceptable standards of practice;

(L) Assurance that services and beds at one (1) geographical location will not be reallocated to another geographical location prior to the operator requesting and obtaining approval from the Certificate of Need program, whenever appropriate, and the Department of Health;

*(M)] Approval from the Certificate of Need program if a **Certificate of Need is required under** [the operator's proposal includes a request to provide a patient care service in a geographical location of the hospital which is not currently a part of the hospital's license when the proposal is subject to the Missouri Certificate of Need law,] sections 197.300–197.367, RSMo;*

[(N) Assurance that skilled nursing unit[, intermediate care unit and residential care unit] services provided within the licensed hospital are physically located at a geographical location of the hospital where all of the required patient care services are provided on-site in accordance with Chapter 197, RSMo and 19 CSR 30-20.021(3);

(O) Assurance that the applicant's proposal will not jeopardize the health and safety of individuals who reside within the geographical locations which will be served by the single licensed hospital. The applicant shall demonstrate that the proposal contains provision for services which exceed or are comparable to the services currently being provided to the community, or will provide adequate justification to convince the Department of Health the service is no longer needed within the geographical location where the service is currently provided; and

*(P)] **(B)** Assurance that the applicant presented the **initial** proposal at a public hearing within the community where the currently licensed hospital(s) is located. The proposal shall provide evidence that the entire community was adequately notified at least two (2) weeks in advance, of the public hearings. The written record of the hearings, including the community response to the proposal, shall be submitted to the Department of Health **and Senior Services** as a part of the applicant's proposal. The Department of Health **and Senior Services** shall be given two (2) weeks advance notice of the public hearings. The Department of Health and Senior Services may consider the information presented as part of the determination process.*

(C) Assurance that the initial applicant is in compliance with Chapter 197, RSMo, and the regulations promulgated thereunder.

(5) [(4)] The license shall state the maximum licensed bed capacity, [the person(s) to whom granted and] the **hospital name, issue date, [and] expiration date** and additional information, such

as a specialty hospital designation, that the department may require. At least forty-five (45) days prior to the expiration date of an existing license, the department shall notify the operator that the license application is due for renewal. *[A re-licensure]* **An annual** application shall be submitted no more than ninety (90) days and not less than thirty (30) days prior to the expiration date of the existing license. Each application for license, except application from governmental units, shall be accompanied by a licensing fee in accordance with section *[197.210]* **197.050**, RSMo.

[(5) Appointed representatives of the Department of Health shall be allowed to inspect a hospital as required in section 197.100, RSMo. The chief executive officer or designee shall grant access to information requested by the department for the purpose of evaluating compliance with hospital licensing requirements. Requested records may include, but are not limited to, incident reports, quality of care reports, peer review reports, committee minutes, policies and procedures, training records, medical records or any other documents which are necessary to complete the inspection. All information and reports obtained by the Department of Health shall be kept confidential as required in section 197.477, RSMo.]

(6) Appointed representatives of the Department of Health **and Senior Services**, Bureau of Hospital *[Licensing and Certification]* **Standards** shall be allowed to review patient medical records and hospital employee personnel records in the course of conducting an investigation of allegations against an employee or previous employees of a hospital or allegations of substandard care regarding a patient *[transferred to the hospital from another licensed facility. The representatives shall first provide written assurance that information obtained from the patient's medical record or from the employee's personnel record will be maintained confidential].*

[(7) The operator shall have a written policy pertaining to employees reporting mismanagement of violations of applicable laws and rules. At a minimum the policy shall include the following provisions:

(A) No supervisor or individual with hiring or firing authority in a licensed hospital shall prohibit any of its employees from discussing the operations of the hospital, either specifically or generally, with any representatives of the department; and

(B) No supervisor or individual with authority to hire and fire in a licensed hospital shall prohibit his/her employees from disclosing information which the employee reasonably believes evidences a violation of any applicable state or federal law or regulation. This subsection shall not be construed as—

1. Permitting an employee to leave his/her assigned work areas during normal work hours without following applicable rules and policies pertaining to leaves, unless the employee is requested by the Department of Health to officially appear before department representatives;

2. Authorizing an employee to represent the employee's personal opinions as the opinions of his/her employer; or

3. Precluding the operator from taking appropriate disciplinary actions against any employee.]

(7) The nursing service administrator shall be a full-time employee and shall have the authority and be accountable for assuring the provision of quality nursing care for those patient areas delineated in the organizational structure.

(8) Survey Process. *[Inspection]*

(A) The department shall conduct licensure compliance *[inspections]* surveys of hospitals as required by section 197.100, RSMo. *[Inspections will normally]* **Initial surveys shall be announced** *[to the facility at least seventy-two (72) hours in advance]*. Complaint investigations *[may]* **shall** be unannounced.

(B) Interviews with staff, patients, and visitors shall be conducted in private, unless otherwise requested by the person being interviewed. Staff serving as a witness to an interview or an observation shall only observe and not participate.

(C) Survey findings shall be provided to the hospital in accordance with procedures and time lines designated by Chapter 197, RSMo.

(D) In addition to the powers to deny, suspend, or revoke a license in the case of a substantial failure to comply provided in section 197.070, RSMo, the department shall use the standards for enforcing hospital licensure regulations in section 197.293, RSMo.

[(9) Inspection Findings.

(A) Whenever an authorized representative of the department finds, during an inspection, that a hospital is not in compliance with the provisions of the Hospital Licensing Law, sections 197.010–197.120, RSMo, , the chief executive officer or designee shall be informed of the general nature of findings in an exit conference conducted prior to the representative’s departure from the premises. Within ten (10) working days after each licensing inspection, a written report shall be prepared by the department detailing the specifics of each deficiency. A copy of the report and a written correction order shall be sent to the hospital’s chief executive officer or designee. The report shall state each deficiency separately and shall reference the specific statute or administrative rule violated. If the facility believes that deficiencies are not applicable or are not based upon laws or rules, a request for review may be submitted to the office of the director of the department.

(B) Should the findings of the inspection constitute an immediate jeopardy and serious threat to the safety or health of the patients, public or hospital staff, a condition of substantial noncompliance shall be considered to exist. The department representative shall verbally convey any determination of substantial noncompliance to the chief executive officer or designee at the exit conference. Findings of substantial noncompliance shall be documented in the normal reporting method described in subsection (9)(A) of this rule.

(C) The following guidelines, applicable to the inspection, shall be used by the licensing representative to determine if a finding during an inspection constitutes an immediate and serious threat to the health and safety of one (1) or more patients. The guidelines used to determine immediate and serious threat serve only as guides for authorized department representatives to use when making the determination.

1. Failure to protect from abuse—

- A. Serious injuries such as head trauma or fractures;*
- B. Non-consensual sexual interactions; e.g., sexual harassment, sexual coercion or sexual assault;*
- C. Unexplained serious injuries that have not been investigated;*
- D. Staff striking or roughly handling an individual;*
- E. Staff yelling, swearing, gesturing or calling an individual derogatory names;*
- F. Bruises around the breast or genital area; or*
- G. Suspicious injuries; e.g., black eyes, rope marks, cigarette burns, unexplained bruising.*

2. *Failure to prevent neglect—*
 - A. *Lack of timely assessment of individuals after injury;*
 - B. *Lack of supervision for individual with known special needs;*
 - C. *Failure to carry out doctor's orders;*
 - D. *Repeated occurrences such as falls which place the individual at risk of harm without intervention;*
 - E. *Access to chemical and physical hazards by individuals who are at risk;*
 - F. *Access to hot water of sufficient temperature to cause tissue injury;*
 - G. *Non-functioning call system without compensatory measures;*
 - H. *Unsupervised smoking by an individual with a known safety risk;*
 - I. *Lack of supervision of cognitively impaired individuals with known elopement risk;*
 - J. *Failure to adequately monitor individuals with known severe self-injurious behavior;*
 - K. *Failure to adequately monitor and intervene for serious medical/surgical conditions;*
 - L. *Use of chemical/physical restraints without adequate monitoring;*
 - M. *Lack of security to prevent abduction of infants;*
 - N. *Improper feeding/positioning of individual with known aspiration risk;*
 - O. *Inadequate supervision to prevent physical altercations; or*
 - P. *Lack of appropriate use, care planning or monitoring of patients when any type of restraint, including but not limited to physical or chemical restraint, is utilized.*
3. *Failure to protect from psychological harm—*
 - A. *Application of chemical/physical restraints without clinical indications;*
 - B. *Presence of behaviors by staff such as threatening or demeaning, resulting in displays of fear, unwillingness to communicate, and recent or sudden changes in behavior by individuals; or*
 - C. *Lack of intervention to prevent individuals from creating an environment of fear.*
4. *Failure to protect from undue adverse medication consequences and/or failure to provide medications as prescribed—*
 - A. *Administration of medication to an individual with a known history of allergic reaction to that medication;*
 - B. *Lack of monitoring and identification of potential serious drug interaction, side effects, and adverse reactions;*
 - C. *Administration of contraindicated medications;*
 - D. *Pattern of repeated medication errors without intervention;*
 - E. *Lack of diabetic monitoring resulting or likely to result in serious hypoglycemic or hyperglycemic reaction; or*
 - F. *Lack of timely and appropriate monitoring required for drug titration.*
5. *Failure to provide adequate nutrition and hydration to support and maintain health—*
 - A. *Food supply inadequate to meet the nutritional needs of the individual;*
 - B. *Failure to provide adequate nutrition and hydration resulting in malnutrition; e.g., severe weight loss, abnormal laboratory values;*
 - C. *Withholding nutrition and hydration without advance directive; or*
 - D. *Lack of potable water supply.*
6. *Failure to protect from widespread nosocomial infections; e.g. failure to practice standard precautions, failure to maintain sterile techniques during invasive procedures and/or failure to identify and treat nosocomial infections—*

- A. *Pervasive improper handling of body fluids or substances from an individual with an infectious disease;*
 - B. *High number of infections or contagious diseases without appropriate reporting, intervention and care;*
 - C. *Pattern of ineffective infection control precautions; or*
 - D. *High number of nosocomial infections caused by cross contamination from staff and/or equipment/supplies.*
7. *Failure to correctly identify individuals—*
- A. *Blood products given to wrong individual;*
 - B. *Surgical procedure/treatment performed on wrong individual or wrong body part;*
 - C. *Administration of medication or treatments to wrong individual; or*
 - D. *Discharge of an infant to the wrong individual.*
8. *Failure to safely administer blood products and safely monitor organ transplantation—*
- A. *Wrong blood type transfused;*
 - B. *Improper storage of blood products;*
 - C. *High number of serious blood reactions;*
 - D. *Incorrect cross match and utilization of blood products or transplantation organs; or*
 - E. *Lack of monitoring for reactions during transfusions.*
9. *Failure to provide safety from fire, smoke and environment hazards and/or failure to educate staff in handling emergency situations—*
- A. *Nonfunctioning or lack of emergency equipment and/or power source;*
 - B. *Smoking in high risk areas;*
 - C. *Incidents such as electrical shock, fires;*
 - D. *Ungrounded/unsafe electrical equipment;*
 - E. *Widespread lack of knowledge of emergency procedures by staff;*
 - F. *Widespread infestation by insects/rodents;*
 - G. *Lack of functioning ventilation, heating or cooling system placing individuals at risk;*
 - H. *Use of non-approved space heaters, such as kerosene, electrical, in resident or patient areas;*
 - I. *Improper handling/disposal of hazardous materials, chemicals and waste;*
 - J. *Locking exit doors in a manner that does not comply with NFPA 101]*
 - [K. *Obstructed hallways and exits preventing egress;*
 - L. *Lack of maintenance of fire or life safety systems; or*
 - M. *Unsafe dietary practices resulting in high potential for food-borne illnesses.*
10. *Failure to provide initial medical screening, stabilization of emergency medical conditions and safe transfer for individuals and women in active labor seeking emergency treatment—*
- A. *Individuals turned away from emergency room (ER) without medical screening exam;*
 - B. *Women with contractions not medically screened for status of labor;*
 - C. *Absence of ER or obstetrical (OB) medical screening records;*
 - D. *Failure to stabilize emergency medical condition; or*
 - E. *Failure to appropriately transfer an individual with an unstabilized emergency medical condition.]*

(9) Plan of Correction. [(10) Settlement Agreement]

(A) *[Ten (10) working days following receipt of the written inspection report, the chief executive officer or designee shall provide the department with a written plan for correcting the cited deficiencies or a request for reconsideration of the deficiency. The plan of correction shall specify the means the hospital will employ for correcting the cited deficiencies and the date that each corrective measure will be completed.]* **If the facility believes that deficiencies are not applicable or are not based upon laws or rules, a request for review may be submitted to the office of the director of the department.** If a request for reconsideration is submitted, the request shall contain a rationale or documentation to provide evidence that the deficiency should not have been cited. Failure of the facility to submit a plan of correction or a request for reconsideration of the deficiency acceptable to the director of the department or designee—within the time frame specified—shall be grounds for the department to *[suspend]* **take disciplinary action against** the facility's license if there remains a substantial failure to comply with the requirements **for hospitals** established under *[sections 197.010–197.120]* **Chapter 197, RSMo and [19 CSR 30-20.011–19 CSR 30-20.070] regulations promulgated thereunder.** The operator has the right to appeal the department's decision in **accordance with** section 197.071, RSMo.

(B) Upon receipt of the required plan of correction for achieving licensure compliance, the department shall review the plan to determine the appropriateness of the corrective action. If the plan is acceptable, the department shall notify the chief executive officer or designee, in writing, and indicate that implementation of the plan should proceed. If the plan is not acceptable, the department shall notify the chief executive officer or designee, in writing, and indicate the reasons why the plan is not acceptable. Within ten (10) *[working]* **calendar** days from the receipt of the notice, a revised, acceptable plan of correction shall be provided to the department.

(10) [(11)] Follow-up [Inspection] Surveys.

(A) Upon expiration of the target dates for correction of deficiencies specified in the approved plan of correction, the department may make a follow-up *[inspection]* **survey** to determine whether the required corrective measures have been acceptably accomplished. If the follow-up *[inspection]* **survey, conducted in accordance with 197.080, RSMo, if applicable,** finds the facility fails to comply with the *[provisions of the Hospital Licensing Law, sections 197.010–197.120, RSMo and 19 CSR 30-20.011–19 CSR 30-20.070]* **the requirements for hospitals in Chapter 197, RSMo, and regulations promulgated thereunder,** the department may *[take action to suspend or to revoke the operator's license to operate the hospital]* **deny, suspend or revoke a license in the case of a substantial failure to comply.** The operator has the right to appeal the department's decision in accordance with section 197.071, RSMo.

(B) **The powers to deny, suspend or revoke a license in the case of a substantial failure to comply in section 197.070, RSMo, are in addition to the standards the department shall use for enforcing hospital licensure regulations in section 197.293, RSMo.**

(11) [(12)] If, for a period in excess of fourteen (14) days, a facility ceases to provide patient care or to otherwise operate as a hospital within the definition of section 197.020.2, RSMo, except in the case of a strike, an act of **God, manmade disaster** or written approval of the department, the facility shall surrender its license to the department. The facility shall not operate again as a hospital until an application for a hospital license is submitted with assurance that the facility complies with the requirements *[in 19 CSR 30-20.030]* **for hospitals in Chapter 197, RSMo, and**

regulations promulgated thereunder and the Department of Health **and Senior Services** issues a license.

(12) [(13)] Requested Suspension of License.

If any hospital wishes to cease operation for a period of time but retain its current hospital license, the Department of Health **and Senior Services**, upon written request from the licensed operator, may grant approval for suspension of the hospital's license for a specified time.

(A) Not less than fourteen (14) days prior to cessation of patient services at the hospital, the licensed operator shall submit to the department a written request for continuance.

(B) The written request for the suspension of the license shall include the reasons for cessation of patient services, the anticipated length of cessation of patient services, what safeguards the hospital will institute to provide security to the institution, the preventive maintenance measures used to assure that all equipment will be kept in good working order and evidence that the hospital is financially solvent to meet the conditions of the request and will remain so throughout the period of cessation of patient services.

(C) Approval may be granted only for the suspension of a hospital's current license if the cessation of patient services is for one (1) of the following reasons:

1. The renovation of the hospital's facility to upgrade to current licensure standards and to correct licensure or federal certification physical plant deficiencies;

2. The transfer of the operation of the hospital to a new operator to allow sufficient time for the new operator to obtain a new license; or

3. Other reasons which will not result in a deterioration of the hospital physical plant or its programs and which will be in the best interest of the citizens it serves.

(D) The suspension of a hospital's current license shall not exceed ninety (90) days beyond the date of cessation of patient services for ownership transfer. The suspension of a hospital's current license shall not exceed one hundred eighty (180) days beyond the date of cessation of patient services for renovation construction. The department may not grant more than one (1) suspension to a hospital's licensed operator within any twelve (12)-month period and shall grant no suspension for a period of more than one hundred eighty (180) days from the date of cessation of inpatient services.

(E) No inpatients shall be housed within the hospital from the initial date of cessation of inpatient services until operation of the hospital is restored with Department of Health approval.

(F) No inpatient services shall be provided in the hospital during the period of time that inpatient services are discontinued.

(G) When suspension of the license is requested for a renovation or construction proposal, the licensed operator shall submit plans for the renovation to the department for review and shall have received the department's approval of those plans prior to the date of cessation of patient services at the hospital.

(H) The licensed operator shall notify the department no less than fourteen (14) days prior to the resumption of inpatient services that the hospital is ready for review/inspection for approval to reoccupy the hospital with inpatients.

(I) Within ten (10) working days of notification, the department shall respond in writing to the licensed operator with the findings of its review/inspection for the resumption of licensed hospital services at the hospital.

[(14) Involuntary Suspension or Revocation of the License.

(A) Whenever the department determines that substantial noncompliance exists in a hospital, the department may immediately suspend or revoke the license of the facility or order cessation of use of any portion of the noncompliant services or buildings.

(B) The department shall document its action in writing in addition to the report detailing the findings of the inspection. A copy shall be submitted to the hospital's chief executive officer or designee.

(C) The hospital shall expedite corrections required to relieve the involuntary suspension or revocation.

(D) The operator may elect to seek appeal or relief from the Administrative Hearing Commission in accordance with section 197.071, RSMo, or the operator may elect to first request a review of the action by the office of the director of the department.]

(13) A certificate of live birth shall be prepared for each child born alive and shall be forwarded to the local registrar, or as otherwise directed by the state registrar within five (5) days after the date of delivery. If the physician or other person in attendance does not certify to the facts of birth within five (5) days after the birth, the person in charge of the institution shall complete and sign the certificate.

(14) When a dead fetus is delivered in an institution, the person in charge of the institution or his/her designated representative shall prepare and, within seven (7) days after delivery, file a report of fetal death with the local registrar or as otherwise directed by the state registrar.

(15) Medical records of deceased patients shall contain the date and time of death, autopsy permit, if granted, disposition of the body, by whom received and when.

(16) The State Anatomical Board shall be notified of an unclaimed dead body. A record of this notification shall be maintained.

(17) The patient's medical records shall be maintained to safeguard against loss, defacement, unauthorized access, and tampering and to prevent damage from fire and water. Medical records shall be preserved in a permanent file in the original, on microfilm, or other electronic media. Patients' medical records shall be retained for a minimum of ten (10) years, except that a minor shall have his/her record retained until his/her twentieth birthday, whichever occurs later. Preservation of medical records may be extended by the hospital for clinical, educational, statistical, or administrative purposes.

(18) Requests for variance from the requirements of 19 CSR 30-20 shall be in writing to the Department of Health and Senior Services. Department determinations in response to variance requests shall be in writing and both requests and determinations shall be made a part of the Department of Health and Senior Services permanent records for the facility.

(A) Requests shall contain at a minimum—

- 1. The section number and text of the rule in question;**
- 2. Specific reasons why compliance with the rule would impose an undue hardship on the operator, including an estimate of any additional cost which might be involved;**
- 3. An explanation of the extenuating factors which may be relevant;**

4. A complete description of the individual characteristics of the facility or patients or any other factors which would fulfill the intent of the rule in question to safeguard the health, safety, and the welfare of the patient, staff, or public if the variance from the requirement is granted; and

5. A length of time the variance is being requested.

(19) The department's written determination shall identify a variance expiration date, if approved. The facility may re-apply for a variance up to ninety (90) days prior to the expiration of a department-approved variance.

(20) Any facility granted a variance by the department shall inform the department in writing if the conditions warranting the variance change. This written notification to the department shall be made within thirty (30) days of the change affecting the variance. The department may revoke the granted variance if the changes in conditions detrimentally impact the health, safety, and the welfare of the patient, staff, or public, as determined by the department.

(21) All previously approved variances shall be submitted at the time of annual licensure renewal.



APPLICATION FOR HOSPITAL LICENSE

INITIAL APPLICATION RENEWAL APPLICATION

<p>In accordance with the requirements of the Missouri Hospital Licensing Law (sections 197.010 through 197.120, RSMo), application is hereby made for a license to conduct and maintain a hospital (see "Definitions," section 197.020, subsection 2., RSMo).</p>		DO NOT WRITE IN THIS SPACE	
		LICENSE NO.	
		DATE	
		CERTIFICATE NO.	
		DATE MAILED	
NAME OF HOSPITAL (NAME TO APPEAR ON LICENSE)		TELEPHONE NO.	
ADDRESS (STREET AND NUMBER)	(CITY)	(ZIP CODE)	(COUNTY)
CHIEF EXECUTIVE OFFICER (FULL NAME)		(TITLE)	
NEXT IN CHARGE (FULL NAME)		(TITLE)	
<p>TYPE OF FACILITY</p> <p><input type="checkbox"/> GENERAL HOSPITAL <input type="checkbox"/> SPECIALTY (SPECIFY REHABILITATION, MENTAL, ETC.)</p>			
OWNERSHIP AND MANAGEMENT (CHECK ONLY ONE)			
<p>A. GOVERNMENTAL</p> <p><input type="checkbox"/> DISTRICT</p> <p><input type="checkbox"/> COUNTY</p> <p><input type="checkbox"/> CITY-COUNTY</p> <p><input type="checkbox"/> CITY</p> <p><input type="checkbox"/> OTHER (EXPLAIN)</p>		<p>B. NON-GOVERNMENTAL</p> <p>NON-PROFIT</p> <p><input type="checkbox"/> CHURCH OPERATED</p> <p><input type="checkbox"/> CHURCH AFFILIATED</p> <p><input type="checkbox"/> OTHER NON-PROFIT</p> <p>PROPRIETARY</p> <p><input type="checkbox"/> INDIVIDUAL</p> <p><input type="checkbox"/> PARTNERSHIP</p> <p><input type="checkbox"/> CORPORATION</p>	
NAME OF GOVERNING BODY			
CHIEF OFFICER OF GOVERNING BODY (FULL NAME)		(TITLE)	
LEGAL NAME OF OPERATING CORPORATION			
IF OPERATED BY MANAGEMENT CONSULTANT, NAME OF FIRM			
FISCAL YEAR		COMPLETED AND RETURNED MOST RECENT ANNUAL SURVEY OF MISSOURI HOSPITALS? (FOR RENEWAL APPL. ONLY)	
MO	DAY	TO	MO DAY
			<input type="checkbox"/> YES <input type="checkbox"/> NO
PROFESSIONAL DATA			
ACTIVE STAFF ▶	NUMBER	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> OSTEOPATHIC <input type="checkbox"/> JOINT
RADIOLOGIST (NAME)	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	PATHOLOGIST (NAME)	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
DIR. OF NURSING SERVICE (NAME)		DIR. MEDICAL RECORDS (NAME)	
DIR. DIETARY SERVICE (NAME)		DIR. PHYSICAL PLANT (NAME)	
ACCREDITED?	ACCREDITED BY		APPLIED FOR ACCREDITATION?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> JCAH <input type="checkbox"/> AOA		<input type="checkbox"/> YES <input type="checkbox"/> NO
SCHOOL OF NURSING	APPROVED FOR RESIDENT-INTERN TRAINING	NUMBER OF RESIDENTS	NUMBER OF INTERNS
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Current Application

will be deleted

BED DESIGNATION BY SERVICES (INDICATE TOTAL NUMBER OF BEDS IN EACH CATEGORY)				
MEDICAL-SURGICAL	ALCOHOL/DRUG ABUSE	LTC TOTAL _____	NEONATAL ICU	OTHER (SPECIFY SERVICE)
OBSTETRICAL	PSYCHIATRIC	SKILLED NURSING _____	NURSERY BASSINETS	
PEDIATRIC	ICU-CCU	INTERMEDIATE CARE _____	REHABILITATION	NUMBER
			TOTAL BEDS	

NOTE: ANY CHANGES IN TOTAL BED COMPLEMENT SINCE LAST APPLICATION (INCREASE OR DECREASE) MUST BE FULLY EXPLAINED.

CERTIFICATION

STATE OF MISSOURI

City of _____
 County of _____

_____ and _____

CHAIRMAN/PRESIDENT OF BOARD OF TRUSTEES, OWNER,
OR ONE PARTNER OF PARTNERSHIP

HOSPITAL CHIEF EXECUTIVE OFFICER

being duly sworn by me on _____ day, _____ and says that _____ have read the foregoing application and that

the statements contained therein are correct and true and of _____ knowledge; and further gives assurance of the ability and

intention of the _____ to comply with the regulations and codes promulgated under the Missouri Hospital Licensing Law (sections 197.010 through 197.120, RSMo).

It is further certified that the _____ will comply with all recommendations for correction and/or improvements as contained in the most recent Licensing Survey Report prepared by the Department of Health and Senior Services and submitted to said Hospital.

Signed _____
CHAIRMAN/PRESIDENT OF BOARD OF TRUSTEES, OWNER,
OR ONE PARTNER OF PARTNERSHIP

Signed _____
HOSPITAL CHIEF EXECUTIVE OFFICER

NOTARY PUBLIC EMBOSSEY OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	USE RUBBER STAMP IN CLEAR AREA BELOW.	
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)		



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF HOSPITAL STANDARDS
APPLICATION FOR HOSPITAL LICENSE

Save

Print

Reset

In accordance with the requirements of the Missouri Hospital Licensing Law, application is hereby made for a license to conduct and maintain a hospital.

DO NOT WRITE IN THIS SPACE	
LICENSE NO.	
LICENSE DATE	
CERTIFICATE NO.	
ISSUE DATE	

NAME OF HOSPITAL (NAME TO APPEAR ON LICENSE)		TELEPHONE NUMBER
LEGAL NAME OF HOSPITAL		
STREET ADDRESS	CITY AND ZIP CODE	COUNTY
CHIEF EXECUTIVE OFFICER (FULL NAME)	TITLE	EMAIL
NEXT IN CHARGE (FULL NAME)	TITLE	EMAIL

The hospital fiscal year starts on (MONTH/DAY) _____ and ends on (MONTH/DAY) _____

OWNERSHIP AND MANAGEMENT (CHECK ONLY ONE)

A. Governmental <input type="checkbox"/> District <input type="checkbox"/> City-County <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> County <input type="checkbox"/> City	B. Non-Governmental Non-Profit <input type="checkbox"/> Church Operated <input type="checkbox"/> Church Affiliated <input type="checkbox"/> Other Non-Profit <input type="checkbox"/> Other (specify) _____ Proprietary <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
---	---

LEGAL NAME OF OPERATING ENTITY _____

IF OPERATED BY MANAGEMENT CONSULTANT, NAME OF FIRM _____

C. Attach an organizational chart which details all executive boards and/or supervisory boards for any entity that maintains management authority over the hospital or an ownership interest in this hospital of more than 50% to include the directors of each required service.

THE HOSPITAL HAS COMPLETED AND RETURNED THE MOST RECENT ANNUAL SURVEY OF MISSOURI HOSPITALS
 YES NO

ACCREDITATION

ACCREDITED <input type="checkbox"/> YES <input type="checkbox"/> NO	ACCREDITED BY _____	DEEMED <input type="checkbox"/> YES <input type="checkbox"/> NO
--	---------------------	--

BED DESIGNATION BY SERVICES (indicate total beds in each category). If any of the beds have been converted to non-patient use please do not include those beds on the list.

MEDICAL-SURGICAL	PSYCHIATRIC	OBSTETRICAL	NEONATAL ICU	NURSERY BASSINETS (NOT INCLUDED IN BED COUNT)
REHABILITATION	ICU-CCU	PEDIATRIC	LONG TERM CARE	ALCOHOL/DRUG ABUSE
OTHER (SPECIFY SERVICE) _____			TOTAL BEDS	CHANGE FROM PREVIOUS TOTAL?
ER BAYS/BEDS (NOT INCLUDED IN BED COUNT)	OR SUITES (NOT INCLUDED IN BED COUNT)	SWING BEDS (NOT INCLUDED IN BED COUNT)		

NOTE: ATTACH AN EXPLANATION FOR ANY CHANGES IN TOTAL BED COMPLEMENT SINCE LAST APPLICATION

OTHER

Construction/Renovation

1. New hospitals - attach Certificate of Need approvals if applicable.
2. Renovations or construction projects during this licensure period should be submitted in accordance with 19 CSR 30-20.030.
3. Provide a copy of all DHSS current, approved variances.
 - a. If new variance(s) is requested, please submit in accordance with 19 CSR 30-20.015.

Premises

For all locations that will be identified as premises, as defined by 19 CSR 30-20.011, please provide a map or drawing of the premises to illustrate the location of each building. Attach a listing of all building with each listed by name, address and type of patient service offered.

Co-location status

Is there another provider or licensed entity, or a satellite location of another provider or licensed entity, that occupies space in a building used by the hospital, or in one or more entire buildings located on the same campus as buildings used by the hospital?

YES NO

If answer is yes, then list the name and Medicare identification (i.e. 26xxxx) number of the co-located provider or licensed entity.

NAME OF CO-LOCATION PROVIDER, LICENSED ENTITY OR SATELLITE LOCATION	MEDICARE IDENTIFICATION NUMBER

CERTIFICATION

We the undersigned hereby certify that we have read the foregoing application and that the statements contained therein are true and correct to the best of our knowledge, and further assure the ability and intention of the _____ to comply with Missouri statutes and regulations pertaining to hospital licensure.
(NAME OF ENTITY)

CHAIR OF THE GOVERNING BODY SIGNATURE	PRINT NAME	DATE
CHIEF EXECUTIVE OFFICER SIGNATURE	PRINT NAME	DATE

*AUTHORITY: sections 192.006, **197.065, and 197.297, RSMo 2016 and 197.080**[, and 197.293], RSMo [2000] **Supp. 2018.** * This rule was previously filed as 13 CSR 50-20.015. Original rule filed April 9, 1985, effective July 11, 1985. Amended: Filed Nov. 4, 1992, effective June 7, 1993. Amended: Filed Nov. 21, 1995, effective July 30, 1996. Amended: Filed Oct. 6, 1998, effective April 30, 1999. Amended: Filed June 28, 2001, effective Feb. 28, 2002. Amended: Filed April 30, 2004, effective Dec. 30, 2004. *Original authority: 192.006, RSMo 1993, amended 1995; 197.080, RSMo 1953, amended 1993, 1995; and 197.293, RSMo 2000.*

PUBLIC COST: This proposed amendment will not cost public entities more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support or in opposition to this proposed amendment with the Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*