

**California Code of Regulations, Title 22. Social Security**  
**Division 5. Licensing and Certification of Health Facilities, Home Health Agencies,**  
**Clinics, and Referral Agencies**  
**Chapter 1. General Acute Care Hospitals**

**Administration**

**§ 70701. Governing Body**

(a) The governing body shall:

(1) Adopt written bylaws in accordance with legal requirements and its community responsibility which shall include but not be limited to provision for:

(A) Identification of the purposes of the hospital and the means of fulfilling them.

(B) Appointment and reappointment of members of the medical staff.

(C) Appointment and reappointment of one or more dentists, podiatrists, and/or clinical psychologists to the medical staff respectively, when dental, podiatric, and/or clinical psychological services are provided.

(D) Formal organization of the medical staff with appropriate officers and bylaws.

(E) Membership on the medical staff which shall be restricted to physicians, dentists, podiatrists, and clinical psychologists competent in their respective fields, worthy in character and in professional ethics. No hospital shall discriminate with respect to employment, staff privileges or the provision of professional services against a licensed clinical psychologist within the scope of his/her licensure, or against a licensed physician and surgeon or podiatrist on the basis of whether the physician and surgeon or podiatrist holds an M.D., D.O. or D.P.M. degree. Wherever staffing requirements for a service mandate that the physician responsible for the service be certified or eligible for certification by an appropriate American medical board, such position may be filled by an osteopathic physician who is certified or eligible for certification by the equivalent appropriate American Osteopathic Board.

(F) Self-government by the medical staff with respect to the professional work performed in the hospital, periodic meetings of the medical staff to review and analyze at regular intervals their clinical experience and requirement that the medical records of the patients shall be the basis for such review and analysis.

(G) Preparation and maintenance of a complete and accurate medical record for each patient.

(2) Appoint an administrator whose qualifications, authority and duties shall be defined in a written statement adopted by the governing body.

(3) The Department shall be notified in writing whenever a change of administrator occurs.

(4) Provide appropriate physical resources and personnel required to meet the needs of the patients and shall participate in planning to meet the health needs of the community.

(5) Take all reasonable steps to conform to all applicable federal, state and local laws and regulations, including those relating to licensure, fire inspection and other safety measures.

(6) Provide for the control and use of the physical and financial resources of the hospital.

(7) Require that the medical staff establish controls that are designed to ensure the achievement and maintenance of high standards of professional ethical practices including provision that all members of the medical staff be required to demonstrate their ability to perform surgical and/or other procedures competently and to the satisfaction of an appropriate committee or committees of the staff, at the time of original application for appointment to the staff and at least every two years thereafter.

(8) Assure that medical staff by-laws, rules and regulations are subject to governing body approval, which approval shall not be withheld unreasonably.

(9) These by-laws shall include an effective formal means for the medical staff, as a liaison, to participate in the development of all hospital policy.

### **§ 70703. Organized Medical Staff**

(a) Each hospital shall have an organized medical staff responsible to the governing body for the adequacy and quality of the care rendered to patients.

(1) The medical staff shall be composed of physicians and, where dental or podiatric services are provided, dentists or podiatrists.

(2) As required by section 1316.5 of the Health and Safety Code:

(A) Where clinical psychological services are provided by clinical psychologists, in a health facility owned and operated by the state, the facility shall establish rules and medical staff bylaws that include provisions for medical staff membership and clinical privileges for clinical psychologists within the scope of their licensure as psychologists.

(B) Where clinical psychological services are provided by clinical psychologists, in a health facility not owned or operated by this state, the facility may enable the appointment of clinical psychologists to the medical staff.

(b) The medical staff, by vote of the members and with the approval of the governing body, shall adopt written by-laws which provide formal procedures for the evaluation of staff applications and credentials, appointments, reappointments, assignment of clinical privileges, appeals mechanisms and such other subjects or conditions which the medical staff and governing body deem appropriate. The medical staff shall abide by and establish a means of enforcement of its by-laws. Medical staff by-laws, rules and regulations shall not deny or restrict within the scope of their licensure, the voting right of staff members or assign staff members to any special class or category of staff membership, based upon whether such staff members hold an M.D., D.O., D.P.M., or D.D.S. degree or clinical psychology license.

(c) The medical staff shall meet regularly. Minutes of each meeting shall be retained and filed at the hospital.

(d) The medical staff by-laws, rules, and regulations shall include, but shall not be limited to, provision for the performance of the following functions: executive review, credentialing, medical records, tissue review, utilization review, infection control, pharmacy and therapeutics, and assisting the medical staff members impaired by chemical dependency and/or mental illness to obtain necessary rehabilitation services. These functions may be performed by individual committees, or when appropriate, all functions or more than one function may be performed by a single committee. Reports of activities and recommendations relating to these functions shall be made to the executive committee and the governing body as frequently as necessary and at least quarterly.

(e) The medical staff shall provide in its by-laws, rules and regulations for appropriate practices and procedures to be observed in the various departments of the hospital. In this connection the practice of division of fees, under any guise whatsoever, shall be prohibited and any such division of fees shall be cause for exclusion from the staff.

(f) The medical staff shall provide for availability of staff physicians or psychologists for emergencies among the in-hospital population in the event that the attending physician or psychologist or his or her alternate is not available.

(g) The medical staff shall participate in a continuing program of professional education. The results of retrospective medical care evaluation shall be used to determine the continuing education needs. Evidence of participation in such programs shall be available.

(h) The medical staff shall develop criteria under which consultation will be required. These criteria shall not preclude the requirement for consultations on any patient when the director of the service, chairman of a department or the chief of staff determines a patient will benefit from such consultation.

#### **§ 70705. Medical Staff, Residents, Interns and Students**

(a) The hospital shall not permit any physician, dentist, podiatrist, or clinical psychologist or any medical, dental, podiatric or clinical psychology resident, intern or student to perform any service for which a license, certificate of registration or other form of approval is required unless such person is licensed, registered, approved or is exempted therefrom under the provisions of the State Medical Practice Act, the State Dental Practice Act, the State Podiatric Practice Act, or the State Psychology Licensing Law and, further, unless such services are performed under the direct supervision of licensed practitioner whenever so required by law.

(b) If patient care is provided by residents, interns and medical students, such care shall be in accordance with the provisions of a program approved by and in conformity with: the Council on Education of the American Medical Association, the American Osteopathic Association Board of Trustees through the Committee on postdoctoral training and the Bureau of Professional Education, the American Dental Association, the American Podiatry Association, or the Education and Training Board of the American

Psychological Association and/or the residency training programs of the respective specialty boards.

(c) Except in an emergency, all other patient care by interns, house officers, residents or persons with equivalent titles, not provided as specified in subdivision (b) of this section, must be provided by a practitioner with a current license to practice in California.

### **§ 70706. Interdisciplinary Practice and Responsibility for Patient Care**

(a) In any facility where registered nurses will perform functions requiring standardized procedures pursuant to Section 2725 of the Business and Professions Code, or in which licensed or certified healing arts professionals who are not members of the medical staff will be granted privileges pursuant to Section 70706.1 there shall be a Committee on Interdisciplinary Practice established by and accountable to the Governing Body, for establishing policies and procedures for interdisciplinary medical practice.

(b) The Committee on Interdisciplinary Practice shall include, as a minimum, the director of nursing, the administrator or designee, and an equal number of physicians appointed by the Executive Committee of the medical staff, and registered nurses appointed by the director of nursing. When the hospital has a psychiatric unit and one or more clinical psychologists on its medical staff, one or more clinical psychologists shall be appointed to the Committee on Interdisciplinary Practice by the Executive Committee of the medical staff. Licensed or certified health professionals other than registered nurses who are performing or will perform functions as in (a) above shall be included in the Committee.

(c) The Committee on Interdisciplinary Practice shall establish written policies and procedures for the conduct of its business. Policies and procedures shall include but not be limited to:

(1) Provision for securing recommendations from members of the medical staff in the medical specialty, or clinical field of practice under review, and from persons in the appropriate nonmedical category who practice in the clinical field or specialty under review.

(2) Method for the approval of standardized procedures in accordance with Sections 2725 of the Business and Professions Code in which affirmative approval of the administrator or designee and a majority of the physician members and a majority of the registered nurse members would be required and that prior to such approval, consultation shall be obtained from facility staff in the medical and nursing specialties under review.

(3) Providing for maintaining clear lines of responsibility of the nursing service for nursing care of patients and of the medical staff for medical services in the facility.

(4) Intended line of approval for each recommendation of the Committee.

### **§ 70706.1. Granting of Non-physician Privileges**

(a) Registered Nurses. The Committee on Interdisciplinary Practice shall be responsible for recommending policies and procedures for the granting of expanded role privileges to registered nurses, whether or not employed by the facility, to provide for the assessment, planning, and direction of the diagnostic and therapeutic care of a patient

in a licensed health facility. These policies and procedures will be administered by the Committee on Interdisciplinary Practice which shall be responsible for reviewing credentials and making recommendations for the granting and/or rescinding of such privileges.

(b) Physician's Assistant. A physician's assistant who practices in a licensed facility shall be supervised by a physician approved by the Division of Allied Health Professions of the Medical Board of California who is a member of the active medical staff of that facility. Physician's assistants shall apply to and be approved by the Executive Committee of the medical staff of the facility in which the physician's assistant wishes to practice.

### **§ 70706.2. Standardized Procedures**

(a) The Committee on Interdisciplinary Practice shall be responsible for:

(1) Identifying functions and/or procedures which require the formulation and adoption of standardized procedures under Section 2725 of the Business and Professions Code in order for them to be performed by registered nurses in the facility, and initiating the preparation of such standardized procedures in accordance with this section.

(2) The review and approval of all such standardized procedures covering practice by registered nurses in the facility.

(3) Recommending policies and procedures for the authorization of employed staff registered nurses to perform the identified functions and/or procedures. These policies and procedures may be administered by the Committee on Interdisciplinary Practice or by delegation to the director of nursing.

(b) Each standardized procedure shall:

(1) Be in writing and show date or dates of approval including approval by the Committee on Interdisciplinary Practice.

(2) Specify the standardized procedure functions which registered nurses are authorized to perform and under what circumstances.

(3) State any specific requirements which are to be followed by registered nurses in performing all or part of the functions covered by the particular standardized procedure.

(4) Specify any experience, training or special education requirements for performance of the functions.

(5) Establish a method for initial and continuing evaluation of the competence of those registered nurses authorized to perform the functions.

(6) Provide for a method of maintaining a written record of those persons authorized to perform the functions.

(7) Specify the nature and scope of review and/or supervision required for the performance of the standardized procedure functions; for example, if the function is to be performed only under the immediate supervision of a physician, that limitation must be clearly stated. If physician supervision is not required, that fact should be clearly stated.

(8) Set forth any specialized circumstances under which the registered nurse is to communicate immediately with a patient's physician concerning the patient's condition.

(9) State any limitations on settings or departments within the facility where the standardized procedure functions may be performed.

(10) Specify any special requirements for procedures relating to patient recordkeeping.

(11) Provide for periodic review of the standardized procedure.

(c) If nurses have been approved to perform procedures pursuant to a standardized procedure, the names of the nurses so approved shall be on file in the office of the director of nursing.

### **§ 70729. Advertising**

No hospital shall make or disseminate any false or misleading statement or advertise by any manner or means any false claims regarding services provided by the hospital.

### **§ 70731. Alcoholic and/or Tubercular Patients**

(a) Any licensee who holds out or advertises, by any means, the capability of providing specialized treatment of alcoholics and/or tubercular patients shall:

(1) Establish a distinct part for each type of patient treated.

(2) Obtain Department approval.

### **§ 70754. Special Hospital Transfer Agreement**

A special hospital shall have an effective written agreement with a general acute care hospital in the same geographic area for the provision of surgical and anesthesia services and any other service which may be required and which the special hospital does not provide.

### **§ 70757. First Aid and Referrals**

(a) If a hospital does not maintain an emergency medical service, its employees shall exercise reasonable care to determine whether an emergency exists, render necessary lifesaving first aid and shall direct the persons seeking emergency care to the nearest hospital which can render the needed services and shall assist the persons seeking emergency care in obtaining such services, including transportation services, in every way reasonable under the circumstances.

(b) Hospitals not providing emergency medical service shall not advertise or make any other representation to the public that may convey or connote the availability of such service. The posting of signs to designate entrances for use by outpatients and ambulances such as ambulance entrance, referred patients, outpatient service or other words of similar connotation is not prohibited. Such hospitals may represent to the public in any form or manner and only in its entirety, the phrase first aid and referral service.

### **§ 70759. Exercise Stress Testing**

Where exercise stress testing is performed, there shall be appropriate monitoring and resuscitative equipment and persons trained in cardiopulmonary resuscitative techniques physically present.

### **§ 70761. Medical Library**

(a) Each hospital shall maintain a medical library consistent with the needs of the hospital.

(b) The medical library shall be located in a convenient location, and its contents shall be organized, easily accessible and available through authorized personnel at all times.

(c) The library shall contain modern textbooks in basic sciences and other current textbooks, journals and magazines pertinent to the clinical services maintained in the hospital.

### **§ 70763. Medical Photography**

The hospital shall have a policy regarding the obtaining of consent for medical photography.

### **§ 70765. Conference Room**

Suitable space for conferences shall be provided in the hospital.

## **Employee/Personnel Records and Requirements**

### **§ 70719. Personnel Policies.**

(a) Each hospital shall adopt written personnel policies concerning qualifications, responsibilities and conditions of employment for each type of personnel, which shall be available to all personnel. Such policies shall include but not be limited to:

(1) Wage scales, hours of work and all employee benefits.

(2) A plan for orientation of all personnel to policies and objectives of the hospital and for on-the-job training where necessary.

(3) A plan for at least an annual evaluation of employee performance.

(b) Personnel policies shall require that employees and other persons working in or for the hospital familiarize themselves with these and such other regulations as are applicable to their duties.

(c) Hospitals shall furnish written evidence of a plan for growth and development of the hospital staff through:

(1) Designation of a staff member qualified by training and experience who shall be responsible for staff education.

(2) Reference material relevant to the services provided by the hospital which shall be readily accessible to the staff.

## **§ 70721. Employees**

- (a) The hospital shall recruit qualified personnel and provide initial orientation of new employees, a continuing in-service training program and competent supervision designed to improve patient care and employee efficiency.
- (b) If language or communication barriers exist between hospital staff and a significant number of patients, arrangements shall be made for interpreters or for the use of other mechanisms to insure adequate communications between patients and personnel.
- (c) The hospital shall designate a member of the staff as a patient discharge planning coordinator.
- (d) All employees of the hospital having patient contact, including students, interns and residents, shall wear an identification tag bearing their name and vocational classification.
- (e) Appropriate employees shall be given training in methods of hospital infection control and cardiopulmonary resuscitation.
- (f) Uniform rules shall be established for each classification of employees concerning the conditions of employment. A written statement of all such rules shall be provided each employee upon commencing employment.

## **§ 70723. Employee Health Examinations and Health Records**

- (a) Personnel evidencing signs or symptoms indicating the presence of an infectious disease shall be medically screened prior to having patient contact. Those employees determined to have infectious potential as defined by the Infection Control Committee shall be denied or removed from patient contact until it has been determined that the individual is no longer infectious.
- (b) A health examination, performed by a person lawfully authorized to perform such an examination, shall be required as a requisite for employment and must be performed within one week after employment. Written examination reports, signed by the person performing the examination, shall verify that employees are able to perform assigned duties.
  - (1) Initial examination for tuberculosis shall include a test for tuberculosis infection that is recommended by the federal Centers for Disease Control and Prevention (CDC) and licensed by the federal Food and Drug Administration (FDA). If the result is positive, a chest X-ray shall be obtained. If a person has a previously documented positive tuberculosis test result, a test for tuberculosis infection need not be done but a baseline chest X-ray shall be obtained.
  - (2) Policies and Procedures that address the identification, employment utilization and medical referral of persons with positive tuberculosis tests including those who have converted from negative to positive shall be written and implemented.
  - (3) An annual tuberculosis test shall be performed on those individuals with a previously documented negative tuberculosis test. If an individual with a previously documented



negative tuberculosis test has a subsequent positive tuberculosis test result, a chest X-ray shall be obtained.

(4) Less frequent testing for tuberculosis, but never less than every four years, may be adopted as hospital policy when documented in writing as approved by the Infection Control Committee, the medical staff and the health officer of the health jurisdiction in which the facility is located.

(c) Employee health records shall be maintained by the hospital and shall include the records of all required health examinations. Such records shall be kept a minimum of three years following termination of employment.

(d) Personnel shall be made aware of recommended vaccinations for preventable diseases that can be prevented by vaccination.

#### **§ 70725. Employee Personnel Records**

All hospitals shall maintain personnel records of all employees. Such records shall be retained for at least three years following termination of employment. The record shall include the employee's full name, Social Security number, the license or registration number, if any, brief resume of experience, employment classification, date of beginning employment and date of termination of employment. Records of hours and dates worked by all employees during at least the most recent six-month period shall be kept on file at the place of employment.

#### **§ 70727. Job Descriptions**

Job descriptions detailing the functions of each classification of employee shall be written and shall be available to all personnel.

### **Medical Records**

#### **§ 70747. Medical Records Service**

(a) The hospital shall maintain a medical record service which shall be conveniently located and adequate in size and equipment to facilitate the accurate processing, checking, indexing and filing of all medical records.

(b) The medical records service shall be under the supervision of a registered health information administrator or registered health information technician. The registered health information administrator or registered health information technician shall be assisted by such qualified personnel as are necessary for the conduct of the service.

#### **§ 70749. Patient Health Record Content**

(a) Each inpatient medical record shall consist of at least the following items:

(1) Identification sheets which include but are not limited to the following:

(A) Name.

(B) Address on admission.

(C) Identification number (if applicable).

1. Social Security.
2. Medicare.
3. Medi-Cal.
- (D) Age.
- (E) Sex.
- (F) Martial status.
- (G) Religion.
- (H) Date of admission.
- (I) Date of discharge.
- (J) Name, address and telephone number of person or agency responsible for patient.
- (K) Name of patient's admitting licensed health care practitioner acting within the scope of his or her professional licensure.
- (L) Initial diagnostic impression.
- (M) Discharge or final diagnosis.
- (2) History and physical examination.
- (3) Consultation reports.
- (4) Order sheet including medication, treatment and diet orders.
- (5) Progress notes including current or working diagnosis.
- (6) Nurses' notes which shall include but not be limited to the following:
  - (A) Concise and accurate record of nursing care administered.
  - (B) Record of pertinent observations including psychosocial and physical manifestations as well as incidents and unusual occurrences, and relevant nursing interpretation of such observations.
  - (C) Name, dosage and time of administration of medications and treatment. Route of administration and site of injection shall be recorded if other than by oral administration.
  - (D) Record of type of restraint and time of application and removal. The time of application and removal shall not be required for soft tie restraints used for support and protection of the patient.
- (7) Vital sign sheet.
- (8) Reports of all laboratory tests performed.
- (9) Reports of all X-ray examinations performed.
- (10) Consent forms, when applicable.
- (11) Anesthesia record including preoperative diagnosis, if anesthesia has been administered.

(12) Operative report including preoperative and postoperative diagnoses, description of findings, technique used, tissue removed or altered, if surgery was performed.

(13) Pathology report, if tissue or body fluid was removed.

(14) Labor record, if applicable.

(15) Delivery record, if applicable.

(16) A discharge summary which shall briefly recapitulate the significant findings and events of the patient's hospitalization, his condition on discharge and the recommendations and arrangements for future care.

### **§ 70751. Medical Record Availability**

(a) Records shall be kept on all patients admitted or accepted for treatment. All required patient health records, either as originals or accurate reproductions of the contents of such originals, shall be maintained in such form as to be legible and readily available upon the request of:

(1) The admitting licensed healthcare practitioner acting within the scope of his or her professional licensure.

(2) The non-physician granted privileges pursuant to Section 70706.1.

(3) The hospital or its medical staff or any authorized officer, agent or employee of either.

(4) Authorized representatives of the Department.

(5) Any other person authorized by law to make such a request.

(b) The medical record, including X-ray films, is the property of the hospital and is maintained for the benefit of the patient, the medical staff and the hospital. The hospital shall safeguard the information in the record against loss, defacement, tampering or use by unauthorized persons.

(c) Patient records including X-ray films or reproduction thereof shall be preserved safely for a minimum of seven years following discharge of the patient, except that the records of unemancipated minors shall be kept at least one year after such minor has reached the age of 18 years and, in any case, not less than seven years.

(d) If a hospital ceases operation, the Department shall be informed within 48 hours of the arrangements made for safe preservation of patient records as above required.

(e) If ownership of a licensed hospital changes, both the previous licensee and the new licensee shall, prior to the change of ownership, provide the Department with written documentation that:

(1) The new licensee will have custody of the patients' records upon transfer of the hospital and that the records are available to both the new and former licensee and other authorized persons; or

(2) Arrangements have been made for the safe preservation of patient records, as above required, and that the records are available to both the new and former licensees and other authorized persons.

(f) Medical records shall be filed in an easily accessible manner in the hospital or in an approved medical record storage facility off the hospital premises.

(g) Medical records shall be completed promptly and authenticated or signed by a licensed healthcare practitioner acting within the scope of his or her professional licensure within two weeks following the patient's discharge. Medical records may be authenticated by a signature stamp or computer key, in lieu of a signature by a licensed healthcare practitioner acting within the scope of his or her professional licensure, only when that licensed healthcare practitioner acting within the scope of his or her professional licensure, has placed a signed statement in the hospital administrative offices to the effect that he/she is the only person who:

(1) Has possession of the stamp or key.

(2) Will use the stamp or key.

(h) Medical records shall be indexed according to patient, disease, operation and licensed healthcare practitioner acting within the scope of his or her professional licensure.

(i) By July 1, 1976 a unit medical record system shall be established and implemented with inpatient, outpatient and emergency room records combined.

(j) The medical record shall be closed and a new record initiated when a patient is transferred to a different level of care within a hospital which has a distinct part skilled nursing or intermediate care service.

### **§ 70753. Transfer Summary**

A transfer summary shall accompany the patient upon transfer to a skilled nursing or intermediate care facility or to the distinct part skilled nursing or intermediate care service unit of the hospital. The transfer summary shall include essential information relative to the patient's diagnosis, hospital course, medications, treatments, dietary requirement, rehabilitation potential, known allergies and treatment plan and shall be signed by the licensed healthcare practitioner acting within the scope of his or her professional licensure.

## **Medical Service**

### **§ 70201. Medical Service Definition.**

Medical service means those preventive, diagnostic and therapeutic measures performed by or at the request of members of the organized medical staff.

### **§ 70203. Medical Service General Requirements.**

(a) A committee of the medical staff shall be assigned responsibility for:

(1) Recommending to the governing body the delineation of medical privileges.

(2) Developing, maintaining and implementing written policies and procedures in consultation with other appropriate health professionals and administration. Policies

shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.

(3) Developing and instituting, in conjunction with members of the medical staff and other hospital services, a continuing cardiopulmonary resuscitation training program.

(4) Determining what emergency equipment and supplies should be available in all areas of the hospital.

(b) The responsibility and accountability of the medical service to the medical staff and administration shall be defined.

(c) The following shall be available to all patients in the hospital:

(1) Electrocardiographic testing.

(2) Pulmonary function testing.

(3) Intermittent positive pressure breathing apparatus.

(4) Cardiac monitoring capability.

(5) Suction.

(d) Periodically, an appropriate committee of the medical staff shall evaluate the services provided and make appropriate recommendations to the executive committee of the medical staff and administration.

#### **§ 70205. Medical Service Staff.**

A physician shall have overall responsibility for the medical service. This physician shall be certified or eligible for certification in internal medicine by the American Board of Internal Medicine. If such an internist is not available, a physician, with training and experience in internal medicine, shall be responsible for the service.

#### **§ 70207. Medical Service Equipment and Supplies**

There shall be adequate equipment and supplies maintained related to the nature of the needs and the services offered.

#### **§ 70209. Medical Service Space.**

There shall be adequate space maintained to meet the needs of the service.

### **Records and Reporting**

#### **§ 70733. Records and Reports**

(a) Each hospital shall maintain copies of the following applicable documents on file in the administrative offices of the hospital:

(1) Articles of incorporation or partnership agreement.

(2) Bylaws or rules and regulations of the governing body.

(3) Bylaws and rules and regulations of the medical staff.

- (4) Minutes of the meetings of the governing body and the medical staff.
  - (5) Reports of inspections by local, state and federal agents.
  - (6) All contracts, leases and other agreements required by these regulations.
  - (7) Patient admission roster.
  - (8) Reports of unusual occurrences for the preceding two years.
  - (9) Personnel records.
  - (10) Policy manuals.
  - (11) Procedure manuals
  - (12) Minutes and reports of the hospital Infection Control Committee.
  - (13) Any other records deemed necessary for the direct enforcement of these regulations by the Department.
- (b) The records and reports mentioned or referred to above shall be made available for inspection by any duly authorized officer, employee or agent of the Department.

#### **§ 70735. Annual Reports**

All hospitals shall submit annual reports to the Department on forms supplied by the Department and by the date specified on the form.

#### **§ 70736. Sterilization Reporting Requirements**

- (a) All hospitals performing tubal ligations, vasectomies, and hysterectomies shall submit to the Department a quarterly report containing the following information:
- (1) The total number of such sterilizations performed, including diagnoses and types of procedures employed.
  - (2) The number and type of such sterilizations performed by each physician on the medical staff preserving the anonymity of the physicians and patient.
  - (3) Demographic and medical data as required by the Department.

#### **§ 70737. Reporting**

(a) Reportable Disease or Unusual Occurrences. All cases of reportable diseases shall be reported to the local health officer in accordance with Section 2500, Article 1, Subchapter 4, Chapter 4, Title 17, California Administrative Code. Any occurrence such as epidemic outbreak, poisoning, fire, major accident, disaster, other catastrophe or unusual occurrence which threatens the welfare, safety or health of patients, personnel or visitors shall be reported as soon as reasonably practical, either by telephone or by telegraph, to the local health officer and to the Department. The hospital shall furnish such other pertinent information related to such occurrences as the local health officer or the Department may require.

(b) Testing for Phenylketonuria. Hospitals to which maternity patients or infants 30 days of age or under may be admitted shall comply with the requirements governing testing

for phenylketonuria (PKU) contained in Section 6500 of Title 17, California Administrative Code.

(c) Rhesus (Rh) Hemolytic Disease of the Newborn. Hospitals to which maternity patients may be admitted shall comply with the requirements for the determination and reporting of the rhesus (Rh) blood type of maternity patients and the reporting of rhesus (Rh) hemolytic disease of the newborn contained in Section 6510 of Title 17, California Administrative Code.

(d) Child Placement. Hospitals shall report to the Department on forms supplied by them, within 48 hours, the name and address of any person other than a parent or relative by blood or marriage, or the name and address of the organization or institution into whose custody a child is given on discharge from the hospital. The release of children for adoption shall be in conformity with the state law regulating adoption procedure.

### **§ 70738. Infant Security**

Written policies and procedures shall be adopted and implemented to accurately identify infants and to protect infants from removal from the facility by unauthorized persons. The policies and procedures shall be reviewed and updated by the facility every two years.

### **§ 70739. Infection Control Program**

(a) A written hospital infection control program for the surveillance, prevention and control of infections shall be adopted and implemented. The program shall include policies and procedures that:

(1) Define and require methods to handle all patients, all blood and body fluids and all materials that are soiled with blood and/or body fluids from all patients. The methods prescribed shall be designed to reduce the risk of transmission of potentially infectious etiologic agents from patient to patient and between patient and healthcare worker. The methods shall include handwashing, the use of gloves, the use of other barriers, the handling of needles/sharps and the disposal of materials that are soiled with or contain blood and/or body fluids.

(2) Define practices to reduce the risk of transmission of airborne infectious etiologic agents including tuberculosis and addressing the assignment of rooms and/or roommates.

(3) Provide for and document the education of all personnel.

(A) Each new employee shall receive training appropriate to his/her job classification and work activities to acquaint him/her with infection control policies and procedures of the healthcare facility.

(B) Training material shall be kept current and conform to new information pertaining to the prevention and control of infectious diseases. Revised training material shall be presented to all healthcare workers.

(4) Provide a plan for the surveillance and control of nosocomial infections including procedures for the investigation and management of outbreaks.

(5) Define the equipment, instruments, utensils and disposable materials that are to be identified as biohazardous.

(b) The oversight of the infection surveillance, prevention and control program shall be vested in a multi-disciplinary committee which shall include representatives from the medical staff, administration, nursing department and infection control personnel. This committee shall provide advice on all proposed construction and shall be responsible for the provision of current, updated information on infection control policy and procedures for the facility.

(c) Hospitals having a licensed bed capacity of 200 or more shall have a full-time infection control employee who shall coordinate the activities of the program.

(d) Hospitals having a licensed bed capacity of 199 or less shall have a designated part-time infection control employee who shall coordinate activities of the program.

### **§ 70741. Disaster and Mass Casualty Program**

(a) A written disaster and mass casualty program shall be developed and maintained in consultation with representatives of the medical staff, nursing staff, administration and fire and safety experts. The program shall be in conformity with the California Emergency Plan of October 10, 1972 developed by the State Office of Emergency Services and the California Emergency Medical Mutual Aid Plan of March 1974 developed by the Office of Emergency Services, Department of Health. The program shall be approved by the medical staff and administration. A copy of the program shall be available on the premises for review by the Department.

(b) The program shall cover disasters occurring in the community and widespread disasters. It shall provide for at least the following:

(1) Availability of adequate basic utilities and supplies, including gas, water, food and essential medical and supportive materials.

(2) An efficient system of notifying and assigning personnel.

(3) Unified medical command.

(4) Conversion of all usable space into clearly defined areas for efficient triage, for patient observation and for immediate care.

(5) Prompt transfer of casualties, when necessary and after preliminary medical or surgical services have been rendered, to the facility most appropriate for administering definite care.

(6) A special disaster medical record, such as an appropriately designed tag, that accompanies the casualty as he is moved.

(7) Procedures for the prompt discharge or transfer of patients already in the hospital at the time of the disaster who can be moved without jeopardy.

(8) Maintaining security in order to keep relatives and curious persons out of the triage area.



(9) Establishment of a public information center and assignment of public relations liaison duties to a qualified individual. Advance arrangements with communications media will be made to provide organized dissemination of information.

(c) The program shall be brought up-to-date, at least annually, and all personnel shall be instructed in its requirements. There shall be evidence in the personnel files, e.g., orientation checklist or elsewhere, indicating that all new employees have been oriented to the program and procedures within a reasonable time after commencement of their employment.

(d) The disaster plan shall be rehearsed at least twice a year. There shall be a written report and evaluation of all drills. The actual evacuation of patients to safe areas during the drill is optional.

### **§ 70743. Fire and Internal Disasters**

(a) A written fire and internal disaster program, incorporating evacuation procedures, shall be developed with the assistance of fire, safety and other appropriate experts. A copy of the program shall be available on the premises for review by the Department.

(b) The written program shall include at least the following:

(1) Plans for the assignment of personnel to specific tasks and responsibilities.

(2) Instructions relating to the use of alarm systems and signals.

(3) Information concerning methods of fire containment.

(4) Systems for notification of appropriate persons.

(5) Information concerning the location of firefighting equipment.

(6) Specification of evacuation routes and procedures.

(7) Other provisions as the local situation dictates.

(c) Fire and internal disaster drills shall be held at least quarterly for each shift of hospital personnel and under varied conditions. The actual evacuation of patients to safe areas during a drill is optional.

(d) The evacuation plan shall be posted throughout the facility and shall include at least the following:

(1) Evacuation routes.

(2) Location of fire alarm boxes.

(3) Location of fire extinguishers.

### **§ 70745. Fire Safety**

All hospitals shall be maintained in conformity with the regulations adopted by the State Fire Marshal for the prevention of fire and for the protection of life and property against fire and panic. All hospitals shall secure and maintain a clearance relative to fire safety from the State Fire Marshal.

### **§ 70746. Disruption of Services**

(a) Each hospital shall develop a written plan to be used when a discontinuance or disruption of services occurs.

(b) The administrator shall be responsible for informing the Department, via telephone, immediately upon being notified of the intent of the discontinuance or disruption of services or upon the threat of a walkout of a substantial number of employees, or earthquake, fire, power outage or other calamity that causes damage to the facility or threatens the safety or welfare of patients or clients.

## **License**

### **§ 70101. Inspection of Hospitals.**

(a) The Department shall inspect and license hospitals.

(b) Any officer, employee or agent of the Department may, upon presentation of proper identification, enter and inspect any building or premises at any reasonable time to secure compliance with, or to prevent a violation of, any provision of these regulations.

(c) All hospitals for which a license has been issued shall be inspected periodically by a representative or representatives appointed by the Department. Inspections shall be conducted as frequently as necessary, but not less than once every two years, to assure that quality care is being provided. During the inspection, the representative or representatives of the Department shall offer such advice and assistance to the hospital as is appropriate. For hospitals of 100 licensed bed capacity or more, the inspection team shall include at least a physician, registered nurse and persons experienced in hospital administration and sanitary inspections.

(d) The Department may provide consulting services upon request to any hospital to assist in the identification or correction of deficiencies or the upgrading of the quality of care provided by the hospital.

(e) The Department shall notify the hospital of all deficiencies of compliance with these regulations and the hospital shall agree with the Department upon a plan of corrections which shall give the hospital a reasonable time to correct such deficiencies. If at the end of the allotted time, as revealed by repeat inspection, the hospital has failed to correct the deficiencies, the Director may take action to revoke or suspend the license.

(f) Reports on the results of each inspection of a hospital shall be prepared by the inspector or inspection team and shall be kept on file in the Department along with the plan of correction and hospital comments. The inspection report may include a recommendation for reinspection. All inspection reports, lists of deficiencies and plans of correction shall be open to public inspection without regard to which body performs the inspection.

(g) The Department shall have the authority to contract for outside personnel to perform inspections of hospitals as the need arises. The Department, when feasible, shall contract with nonprofit, professional organizations which have demonstrated the ability to carry out the provisions of this section. Such organizations shall include, but not be

limited to, the California Medical Association Committee on Medical Staff Surveys and participants in the Consolidated Hospital Survey Program.

**§ 70103. License Required.**

(a) No person, firm, partnership, association, corporation, political subdivision of the state or other governmental agency shall establish, operate or maintain a hospital, or hold out, represent, or advertise by any means that it operates a hospital, without first obtaining a license from the Department.

(b) The provisions of this article do not apply to any facility conducted by and for the adherents of any well-recognized church or religious denomination for the purpose of providing facilities for the care or treatment of the sick who depend upon prayer or spiritual means for healing in the practice of the religion of such church or denomination.

**§ 70105. Application Required.**

(a) A verified application shall be forwarded to the Department whenever any of the following circumstances occur:

- (1) Construction of a new or replacement facility or addition to an existing facility.
- (2) Increase or decrease of licensed bed capacity.
- (3) Added service or change from one service to another.
- (4) Change of ownership.
- (5) Change of name of hospital.
- (6) Change of license category.
- (7) Change of location of the hospital.
- (8) Change of bed classification.

**§ 70107. Content of Application.**

(a) Any person, firm, partnership, association, corporation, political subdivision of the state, state agency or other governmental agency desiring to obtain a license shall file with the Department an application on forms furnished by the Department. The application shall contain the following information:

- (1) Name of applicant and, if an individual, verification that the applicant has attained the age of 18 years.
- (2) Type of facility to be operated and types of services for which approval is requested.
- (3) Location of the hospital.
- (4) Name of person in charge of the hospital.
- (5) If the applicant is an individual, satisfactory evidence that the applicant is of reputable and responsible character.
- (6) If applicant is a firm, association, organization, partnership, business trust, corporation or company, satisfactory evidence that the members or shareholders

thereof and the person in charge of the hospital for which application for license is made are of reputable and responsible character.

(7) If the applicant is a political subdivision of the State or other governmental agency, satisfactory evidence that the person in charge of the hospital for which application for license is made is of reputable and responsible character.

(8) If the applicant is a partnership, the name and principal business address of each partner.

(9) If the applicant is a corporation, the name and principal business address of each officer and director of the corporation; and for nonpublic corporations, the name and business address of each stockholder owning 10 percent or more of the stock and any corporate member who has responsibility in the operation of the hospital.

(10) Copy of the current organizational chart.

(11) Certificate of Need or a Certificate of Exemption from the Department if required by Chapter 1, Division 7 of this title.

(12) Such other information or documents as may be required by the Department for the proper administration and enforcement of the licensing law and requirements.

#### **§ 70109. Architectural Plans.**

Applications submitted for proposed construction of new hospitals or additions to licensed hospitals shall include architectural plans and specifications. Information contained in such applications shall be on file in the Department and available to interested individuals and community agencies.

#### **§ 70110. Fee**

(a) Each application for a license shall be accompanied by the prescribed fee as authorized by Health and Safety Code, section 1266.

(b) No fee shall be refunded to the applicant if the application is withdrawn or if the application is denied by the Department.

(c) An additional fee of \$25.00 shall be paid for processing any change of name. However, no additional fee shall be charged for any change of name, which is processed upon a renewal application or upon an application filed because of a change of ownership.

(d) Fees for licenses which cover periods in excess of 12 months shall be prorated on the basis of the number of months to be licensed divided by 12 months.

(e) Fees shall be waived for any facility conducted, maintained or operated by this state or any state department, authority, bureau, commission or officer or by the Regents of the University of California or by a local hospital district, city or county.

#### **§ 70115. Safety, Zoning and Building Clearance.**

(a) Architectural plans shall not be approved and a license shall not be originally issued to any hospital which does not conform to: the regulations in this chapter; state requirements on seismic safety, fire and life safety and environmental impact; and local

fire safety, zoning and building ordinances. Evidence of such compliance shall be presented in writing to the Department.

(b) It shall be the responsibility of the licensee to maintain the hospital in a safe structural condition. If the Department determines that an evaluation of the structural condition of a hospital building is necessary, the licensee may be required to submit a report by a licensed structural engineer which shall establish a basis for eliminating or correcting the structural conditions which are found to be hazardous to occupants.

#### **§ 70117. Issuance, Expiration and Renewal.**

(a) Upon verification of compliance with the licensing requirements, the Department shall issue the applicant a license.

(b) If the applicant is not in compliance with the laws or regulations, the Department shall deny the applicant a license and shall immediately notify the applicant in writing. Within 20 days of receipt of the Department's notice, the applicant may present his written petition for a hearing to the Department. The Department shall set the matter for hearing within 30 days after receipt of the petition in proper form. The proceedings shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

(c) Each initial license shall expire at midnight, one year from the date of issue. A renewal license:

(1) May be issued for a period not to exceed two years if the holder of the license has been found not to have been in violation of any statutory requirements, regulations or standards during the preceding license period.

(2) Shall reflect the number of beds that meet construction and operational requirements and shall not include beds formerly located in patient accommodation space which has been permanently converted.

(3) Shall not be issued if the hospital is liable for and has not paid the special fees required by Section 90417, Chapter 1, Division 7, of this Title.

(d) The Department shall mail an application form for renewal of license to the licensee at least 45 days prior to expiration of a license. Application for renewal, accompanied by the necessary fees, shall be filed with the Department annually and not less than ten days prior to the expiration date. Failure to make a timely renewal application shall result in expiration of the license.

#### **§ 70119. Provisional Licensing of Distinct Parts.**

(a) The initial license, issued by the Department to an applicant when the hospital includes a distinct part which will function as a skilled nursing or intermediate care service, shall include a separate provisional authorization for the distinct part. The provisional authorization for the distinct part service shall terminate six months from the date of issuance. The Department shall give the distinct part, and supporting elements of the hospital, a full and complete inspection within 30 days prior to termination of the provisional authorization. A regular authorization will be included in the license if the hospital and distinct part meet all applicable requirements for licensure. If the hospital does not meet the requirements for licensure but has made substantial progress toward

meeting such requirements, as determined by the Department, the initial provisional license shall be renewed for six months. If the Department determines that there has not been substantial progress toward meeting licensure requirements at the time of the first full inspection provided by this section, or if the Department determines upon its inspection made within 30 days of the termination of a renewed provisional license that there is lack of full compliance with such requirements, no further license shall be issued.

(b) An applicant who has been denied provisional licensing may contest such denial by filing a statement of issues, as provided in Section 11504 of the Government Code. The proceedings to review such denial shall be conducted pursuant to the provisions of Chapter 5 (commencing with Section 11500), Part 1, Division 3, Title 2, of the Government Code.

#### **§ 70121. Separate Licenses.**

Separate licenses shall be required for hospitals which are maintained on separate premises even though they are under the same management. This does not apply to outpatient departments or clinics of hospitals designated as such which are maintained and operated on separate premises. Separate licenses shall not be required for separate buildings on the same grounds or adjacent grounds.

#### **§ 70123. Posting.**

The license, or a true copy thereof, shall be posted conspicuously in a prominent location within the licensed premises and accessible to public view.

#### **§ 70125. Transferability.**

Licenses are not transferable. The licensee shall notify the Department in writing at least 30 days prior to the effective date of any change of ownership. A new application for license shall be submitted by the prospective new owner.

#### **§ 70127. Report of Changes.**

(a) The licensee shall notify the Department in writing any time a change of stockholder owning ten percent or more of the non-public corporate stock occurs. Such notice shall include the name and principal mailing address of the new stockholder.

(b) Each licensee shall notify the Department in writing within ten days prior to any change of the mailing address of the licensee. Such notice shall include the new mailing address of the licensee.

(c) Any change in the principal officer shall be reported in writing within ten days by the licensee to the Department. Such notice shall include the name and principal business address of such officer.

#### **§ 70129. Program Flexibility.**

(a) All hospitals shall maintain continuous compliance with the licensing requirements. These requirements do not prohibit the use of alternate concepts, methods, procedures, techniques, equipment, personnel qualifications or the conducting of pilot projects provided such exceptions are carried out with the provisions for safe and adequate care and with the prior written approval of the Department. Such approval shall provide for

the terms and conditions under which the exception is granted. A written request plus supporting evidence shall be submitted by the applicant or licensee to the Department.

(b) Hospitals which by reason of remoteness are unable to comply with provisions of the regulations for basic services and perinatal or pediatric services, shall submit a written request to the Department for exception. In reviewing such request, special attention may be required regarding qualifications of medical staff and personnel.

(c) Special exceptions may be granted under this section for hospitals required to provide services and accommodations for persons who may have dangerous propensities necessitating special precautions, personnel with special qualifications, locked accommodations, special protection for windows, type and location of lighting and plumbing fixtures, signal systems, control switches, beds and other furnishings. This applies to psychiatric units and detention facilities where added protection is necessary for patients, staff members and members of the public.

(d) Any approval of the Department granted under this section or a true copy thereof, shall be posted immediately adjacent to the facility's license that is required to be posted by Section 70123.

#### **§ 70131. Voluntary Suspension of License or Licensed Beds.**

(a) Upon written request, a licensee may request that his license or licensed beds be put in suspense. The Department may approve the request for a period not to exceed 12 months.

(b) Any license or portion thereof which has been temporarily suspended by the Department pursuant to this section shall remain subject to all renewal requirements of an active license, including the payment of license renewal fees, during the period of temporary suspension.

(c) Any license suspended pursuant to this section may be reinstated by the Department within 12 months of the date of suspension upon receipt of an application and evidence showing compliance with licensing operational requirements in effect at the time of reinstatement. If the license is not reinstated within the 12 month period, the license shall expire automatically and shall not be subject to reinstatement.

#### **§ 70133. Voluntary Cancellation of License.**

(a) The licensee shall notify the Department in writing as soon as possible and in all cases at least 30 days prior to the desired effective date of cancellation of the license.

(b) Any license voluntarily cancelled pursuant to this section may be reinstated by the Department within 12 months of the date of voluntary cancellation upon receipt of an application along with evidence showing compliance with operational and construction licensing requirements.

#### **§ 70135. Revocation or Involuntary Suspension of License.**

(a) Pursuant to provisions of Chapter 5 (commencing with Section 11500), Part 1, Division 3, of Title 2, Government Code, the Department may suspend or revoke any license issued under the provisions of Chapter 2 (commencing with Section 1250), Division 2, Health and Safety Code, upon any of the following grounds.

(1) Violation by the licensee of any of the provisions of Chapter 2 (commencing with Section 1250), Division 2, Health and Safety Code, or the regulations promulgated by the Department.

(2) Aiding, abetting or permitting the violation of any provisions of Chapter 2 (commencing with Section 1250), Division 2, Health and Safety Code, or the regulations promulgated by the Department.

(3) Conduct inimical to the public health, morals, welfare or safety of the people of the State of California in the maintenance and operation of the premises or services for which a license is issued.

(b) The license of any hospital against which special fees are required by Section 90417, Chapter 1, Division 7, of this Title shall be revoked, after notice of hearing, if it is determined by the Department that the fees required were not paid within the time prescribed.

(c) The Director may temporarily suspend any license prior to any hearing when, in his opinion, such action is necessary to protect the public welfare.

(1) The Director shall notify the licensee of the temporary suspension and the effective date thereof and at the same time shall serve such license with an accusation.

(2) Upon receipt of a notice of defense by the licensee, the Director shall set the matter for hearing within 15 days. The hearing shall be held as soon as possible but no later than 30 days after receipt of such notice.

(3) The temporary suspension shall remain in effect until such time as the hearing is completed and the Director has made a final determination.

(4) If the Director fails to make a final determination within 60 days after the original hearing has been completed, the temporary suspension shall be deemed vacated.

(5) If the provisions of Chapter 2 (commencing with Section 1250), Division 2, Health and Safety Code, or the regulations promulgated by the Director are violated by a licensee which is a group, corporation or other association, the Director may suspend the license of such organization or may suspend the license as to any individual person within such organization who is responsible for such violation.

(d) The withdrawal of an application for a license shall not deprive the Department of its authority to institute or continue a proceeding against the applicant for the denial of the license upon any ground provided by law or to enter an order denying the license upon any such ground, unless the Department consents in writing to such withdrawal.

(e) The suspension, expiration or forfeiture of a license issued by the Department shall not deprive the Department of its authority to institute or continue a proceeding against the license upon any ground provided by law or to enter an order suspending or revoking a license or otherwise taking disciplinary action against the licensee on any such ground.



**§ 70136. Conviction of Crime: Standards for Evaluating Rehabilitation.**

When considering the denial, suspension or revocation of a license based on the conviction of a crime in accordance with Section 1265.1 or 1294 of the Health and Safety Code, the following criteria shall be considered in evaluating rehabilitation:

- (1) The nature and the seriousness of the crime(s) under consideration.
- (2) Evidence of conduct subsequent to the crime which suggests responsible or irresponsible character.
- (3) The time which has elapsed since commission of the crime(s) or conduct referred to in subdivision (1) or (2).
- (4) The extent to which the applicant has complied with any terms of parole, probation, restitution, or any other sanction lawfully imposed against the applicant.
- (5) Any rehabilitation evidence submitted by the applicant.

**§ 70137. Bonds.**

(a) Each licensee shall file or have on file with the Department a bond issued by a surety company admitted to do business in this State if the licensee is handling or will handle money in the amount of \$25 or more per patient or \$500 or more for all patients in any month.

(1) The amount of the bond shall be according to the following schedule:

Amount Handled	Bond Required
\$750 or less	\$1,000
\$751 to \$1,500	\$2,000
\$1,501 to \$2,500	\$3,000

(2) Every further increment of \$1,000 or fraction thereof shall require an additional \$1,000 on the bond.

(b) Each application for an original license or renewal of license shall be accompanied by an affidavit on a form provided by the Department. The affidavit shall state whether the licensee handles or will handle money of patients and the maximum amount of money to be handled for any patient and for all patients in any month.

(c) No licensee shall either handle money of a patient or handle amounts greater than those stated in the affidavit submitted by him without first notifying the Department and filing a new or revised bond if required.

## **Supplemental Service Approval**

### **§ 70301. Supplemental Service Approval Required.**

(a) Any licensee desiring to establish or conduct, or who holds out, represents or advertises by any means the provision of a supplemental service, shall obtain prior approval from the Department or a special permit if required by Section 70351.

(b) The provisions of this Article shall apply only to any supplemental service for which a special permit is not required.

(c) Any licensee who offers a supplemental service for which approval is now required under these regulations is authorized to continue furnishing such service without obtaining approval until the Department inspects and evaluates the quality of the service and determines whether such service meets the requirements for the service contained in these regulations. If the Department determines that the service meets such requirements, it shall notify the licensee in writing. If the Department determines that the service does not meet the requirements, it shall so notify the licensee of all deficiencies of compliance with these regulations and the hospital shall agree with the Department upon a plan of corrections which shall give the hospital a reasonable time to correct such deficiencies. If at the end of the allotted time, as revealed by repeat inspection, the hospital has failed to correct the deficiencies, the licensee shall cease and desist all holding out, advertising or otherwise representing that it furnishes such recognized service.

### **§ 70303. Application.**

Any licensee desiring approval for a supplemental service shall file with the Department an application on forms furnished by the Department.

### **§ 70305. Issuance, Expiration and Renewal.**

(a) The Department shall list on the hospital license each supplemental service for which approval is granted.

(b) If the applicant is not in compliance with the laws and regulations, the Department shall deny the applicant approval and shall immediately notify the applicant in writing. Within 20 days of receipt of the Department's notice, the applicant may present his written petition for a hearing to the Department. The Department shall set the matter for hearing within 30 days after receipt of the petition in proper form. The proceedings shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

(c) Each supplemental service approval shall expire on the date of expiration of the hospital license. A renewal of the approval may be issued for a period not to exceed two years if the holder of the approval has been found not to have been in violation of any statutory requirements, regulations or standards during the preceding approval period.

### **§ 70307. Program Flexibility.**

(a) All hospitals shall maintain continuous compliance with the supplemental service requirements. These requirements do not prohibit the use of alternate concepts, methods, procedures, techniques, equipment, personnel qualifications or the conducting of pilot projects provided such exceptions are carried out with the prior written approval of the Department. Such approval shall provide for the terms and conditions under which the exception is granted. A written request plus supporting evidence shall be submitted by the applicant or licensee to the Department.

(b) Any approval granted by the Department pursuant to this section, or a true copy thereof, shall be posted immediately adjacent to the facility's license required to be posted by Section 70123.

### **§ 70309. Revocation or Involuntary Suspension of Approval.**

(a) Pursuant to provisions of Chapter 5 (commencing with Section 11500) Part I, Division 3, Government Code, the Department may suspend or revoke the approval of a supplemental service issued under the provisions of Chapter 2 (commencing with Section 1250), Division 2, Health and Safety Code, upon any of the following grounds:

(1) Violation by the licensee of any provisions of Chapter 2 (commencing with Section 1250), Division 2, Health and Safety Code, or of the supplemental service regulations promulgated by the Department.

(2) Aiding, abetting or permitting the violation of any provisions of Chapter 2 (commencing with Section 1250), Division 2, Health and Safety Code, or of any supplemental service regulations promulgated by the Department.

(3) Conduct inimical to the public health, morals, welfare or safety of the people of the State of California in the maintenance and operation of a supplemental service.

(b) The Director may temporarily suspend any supplemental service approval prior to any hearing when, in his opinion, such action is necessary to protect the public welfare.

(1) The Director shall notify the licensee of the temporary suspension and the effective date thereof and at the same time shall serve such licensee with an accusation.

(2) Upon receipt of a notice of contest by the licensee, the Director shall set the matter for hearing within 30 days after receipt of such notice.

(3) The temporary suspension shall remain in effect until such time as the hearing is completed and the Director has made a final determination.

(4) If the Director fails to make a final determination within 60 days after the original hearing has been completed, the temporary suspension shall be deemed vacated.

(5) If the provisions of Chapter 2 (commencing with Section 1250), Division 2, Health and Safety Code, or the supplemental service regulations promulgated by the Director are violated by a licensee which is a group, corporation or other association, the Director may suspend the approval of such organization or may suspend the approval as to any individual person within such organization who is responsible for such violation.

(c) The withdrawal of an application for approval shall not deprive the Department of its authority to institute or continue a proceeding against the applicant for the denial of the approval upon any ground provided by law or to enter an order denying the approval upon any such ground, unless the Department consents in writing to such withdrawal.

(d) The suspension, expiration or forfeiture of an approval issued by the Department shall not deprive the Department of its authority to institute or continue a proceeding against the licensee upon any ground provided by law or to enter an order suspending or revoking approval or otherwise taking disciplinary action against the licensee on any such ground.

(e) A licensee whose approval has been revoked or suspended may petition the Department for reinstatement or reduction of penalty after a period of not less than one year has elapsed from the effective date of the decision or from the date of the denial of a similar petition.

### **Special Permit**

#### **§ 70351. Special Permit Required.**

(a) Any licensee desiring to establish or conduct, or who holds out, represents or advertises by any means, the performance of a special service shall obtain a special permit from the Department.

(b) The following supplemental services are also special services for which a special permit is required:

- (1) Basic emergency medical service.
- (2) Burn center.
- (3) Cardiovascular surgery service.
- (4) Chronic dialysis unit.
- (5) Comprehensive emergency medical service.
- (6) Intensive care newborn nursery service.
- (7) Psychiatric unit.
- (8) Radiation therapy service.
- (9) Renal transplant center.

#### **§ 70353. Application.**

Any licensee desiring to obtain a special permit shall file with the Department an application on forms furnished by the Department. Such other information or documents as may be required for the proper administration and enforcement of the licensing law and requirements shall be submitted with the application.

#### **§ 70355. Renewal Application.**

The licensee shall submit renewal applications as required by the Department.

**§ 70357. Issuance, Expiration and Renewal.**

(a) Upon verification of compliance with the supplemental service requirements for any service which is a special service, the Department shall issue a special permit except that no special permit shall be issued for new special services for which there is no valid, subsisting, and unexpired Certificate of Need or Certificate of Exemption.

**§ 70359. Posting.**

The special permit, or a true copy thereof, shall be posted conspicuously in a prominent location within the licensed premises and accessible to public view.

**§ 70361. Transferability.**

Special permits are not transferable. The licensee shall notify the Department in writing at least 30 days prior to the effective date of any change of ownership. A new application for special permit shall be submitted by the prospective new owner.

**§ 70363. Program Flexibility.**

(a) All hospitals shall maintain continuous compliance with the special permit requirements. These requirements do not prohibit the use of alternate concepts, methods, procedures, techniques, equipment, personnel qualifications or the conducting of pilot projects provided such exceptions are carried out with the prior written approval of the Department. Such approval shall provide for the terms and conditions under which the exception is granted. A written request plus supporting evidence shall be submitted by the applicant or licensee to the Department.

(b) Any approval granted by the Department pursuant to this section, or a true copy thereof, shall be posted immediately adjacent to the facility's license required to be posted by Section 70123.

**§ 70365. Voluntary Suspension of Special Permit.**

(a) Upon written request and good cause, a licensee may request that a special permit be put in suspense. The Department may approve the request for a period not to exceed 12 months.

(b) Any special permit which has been temporarily suspended by the Department pursuant to this section shall remain subject to all renewal requirements of an active special permit, including the payment of renewal fees, during the period of temporary suspension.

(c) Any special permit suspended pursuant to this section may be reinstated by the Department within 12 months of the date of suspension upon receipt of an application and evidence showing compliance with supplemental service requirements in effect at the time of reinstatement. If the special permit is not reinstated within the 12-month period, the special permit shall expire automatically.

**§ 70367. Voluntary Cancellation of Special Permit.**

(a) The licensee shall notify the Department in writing as soon as possible and in all cases at least 30 days prior to the effective date of cancellation of a special permit.

(b) Any special permit cancelled pursuant to this section may be reinstated by the Department on receipt of an application along with evidence showing compliance with supplemental service requirements.

**§ 70369. Revocation or Involuntary Suspension of Special Permit.**

(a) Pursuant to provisions of Chapter 5 (commencing with Section 11500), Part I, Division 3, Title 2, Government Code, the Department may suspend or revoke any special permit issued under the provisions of Chapter 2 (commencing with Section 1250), Division 2, Health and Safety Code, upon any of the following grounds:

(1) Violation by the licensee of any provisions of Chapter 2 (commencing with Section 1250), Division 2, Health and Safety Code, or of the supplemental service regulations promulgated by the Department.

(2) Aiding, abetting or permitting the violation of any provisions of Chapter 2 (commencing with Section 1250), Division 2, Health and Safety Code, or supplemental service regulations promulgated by the Department.

(3) Conduct inimical to the public health, morals, welfare or safety of the people of the State of California in the maintenance and operation of a supplemental service.

(b) The Director may temporarily suspend any special permit prior to any hearing when, in his opinion, such action is necessary to protect the public welfare.

(1) The Director shall notify the licensee of the temporary suspension and the effective date thereof and at the same time shall serve such licensee with an accusation.

(2) Upon receipt of a notice of contest by the licensee, the Director shall set the matter for hearing within 30 days after receipt of such notice.

(3) The temporary suspension shall remain in effect until such time as the hearing is completed and the Director has made a final determination.

(4) If the Director fails to make a final determination within 60 days after the original hearing has been completed, the temporary suspension shall be deemed vacated.

(5) If the provisions of Chapter 2 (commencing with Section 1250), Division 2, Health and Safety Code, or the regulations promulgated by the Director are violated by a licensee which is a group, corporation or other association, the Director may suspend the special permit of such organization or may suspend the special permit as to any individual person within such organization who is responsible for such violation.

(c) The withdrawal of an application for a special permit shall not deprive the Department of its authority to institute or continue a proceeding against the applicant for the denial of the special permit upon any group provided by law or to enter an order denying the special permit upon any such ground, unless the Department consents in writing to such withdrawal.

(d) The suspension, expiration or forfeiture of a special permit issued by the Department shall not deprive the Department of its authority to institute or continue a proceeding against the licensee upon any ground provided by law or to enter an order suspending or revoking a special permit or otherwise taking disciplinary action against the licensee on any such ground.

(e) A person whose special permit has been revoked or suspended may petition the Department for reinstatement or reduction of penalty after a period of not less than one year has elapsed from the effective date of the decision or from the date of the denial of a similar petition.