DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Health Facilities and Emergency Medical Services Division

STANDARDS FOR HOSPITALS AND HEALTH FACILITIES: CHAPTER 11 - CONVALESCENT CENTERS

6 CCR 1011-1 Chap 11

[Editor's Notes follow the text of the rules at the end of this CCR Document.]

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

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

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

Division Director
Colorado Department of Public Health and Environment
Health Facilities Division
4300 Cherry Creek Drive South
Denver, Colorado 80222-1530
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Certified copies of material shall be provided by the division, at cost, upon request. Additionally, any material that has been incorporated by reference after July 1, 1994 may be examined in any state publications depository library. Copies of the incorporated materials have been sent to the state publications depository and distribution center, and are available for interlibrary loan.

DEFINITIONS

Convalescent Center – Convalescent center means a health facility planned, organized, operated, and maintained to offer facilities and services to inpatients requiring restorative care and treatment, and that is either an integral patient care unit of a general hospital or a facility physically separated from, but maintaining an affiliation with, all services in a general hospital.

Convalescence is considered to be period of recovery after injury or illness, either mental or physical, and/or following excessive strain on psychological process which produce exhaustion or fatigue. It is a gradual process which may be interrupted by relapses or for necessary therapy. In some cases the recovery may be only partial, but in any event, important mental and physical improvements in the patient, regardless of the injury or disease, is required criterion of convalescence. Thus a license for a Convalescence Center will be used only when a facility demonstrates that their services and condition of patients are such that there is some promise of full or partial recovery to a former state of well-being and that the facility has arrangements and programs to promote this return.
1.1 LICENSE

All Convalescent Centers shall be licensed in accordance with the requirements specified in Chapter II.

1.2 APPLICABILITY OF OTHER SECTIONS.

Convalescent Centers shall conform to all applicable sections of Chapter IV, General Hospital, with regard to area and operational requirements, environmental sanitation, physical plant maintenance, safety, food service, and patient care units and services.

1.3 FACILITIES AND SERVICES

The facilities and services shall include provision for prompt transfer of patients between the General Hospital and the Convalescent Center, utilization of the General Hospital's diagnostic and treatment facilities, and sharing of knowledge and skills between personnel in the General Hospital and Convalescent Center.

1.4 INTEGRATION WITH GENERAL HOSPITAL

When the Convalescent Center and the General Hospital have separate and distinct governing boards or authorities, an integrated affiliation shall be established by written agreement.

1.5 WRITTEN AGREEMENT

The written agreement shall include names of the owner or corporate officers authorized to sign the agreement, and accurate, clear statements which reflect that the operations provide: 1) Continuity and evaluation of patient care; 2) Emergency care of patients; 3) Administrative and medical staff organization and integration; 4) Review and appraisal of the quality and appropriateness of medical care including the frequency with which patients are to be seen by their physicians; and 5) Procedural policies.

1.6 COMPLIANCE WITH FGI GUIDELINES


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Editor’s Notes

6 CCR 1011-1 has been divided into separate chapters for ease of use. Versions prior to 05/01/2009 are located in the main section, 6 CCR 1011-1. Prior versions can be accessed from the All Versions list on the rule’s current version page. To view versions effective on or after 05/01/2009, select the desired chapter, for example 6 CCR 1011-1 Chap 04 or 6 CCR 1011-1 Chap 18.

History

Chapter 11 Definitions, Section 1.6 eff. 08/14/2013.