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
Article 3. Basic Services

Original Text	Proposed Amended Text
Blank	**Amend section 70241 to read as follows:**
Section 70241. Clinical Laboratory Service Definition.	Section 70241. Clinical Laboratory Service Definition.
Clinical laboratory service means the performance of clinical laboratory tests with appropriate staff, space, equipment, and supplies	"Clinical laboratory service" means the performance of clinical laboratory tests with staff, space, equipment, and supplies to meet the needs of the patients.
Added text	NOTE: Authority cited: Sections 20, 1254, 1275, and 131200, Health and Safety Code. Reference: Sections 1276, 131000, 131050, 131051, and 131052, Health and Safety Code.
Blank	**Amend section 70243 to read as follows:**
Section 70243. Clinical Laboratory Service General Requirements.	Section 70243. Clinical Laboratory Service General Requirements.
(a) Clinical laboratories shall be operated in conformance with the California Business and Professions Code, Division 2, Chapter 3 (Sections 1200 to 1322, inclusive) and the California Administrative Code, Title 17, Chapter 2, Subchapter 1, Group 2 (Sections 1030 to 1057, inclusive).	(a) Clinical laboratories must operate in conformance with the Business and Professions Code, sections 1200 to 1327. All hospital blood banks and transfusion services must comply with:
Added text	(1) The Standards for Blood Banks and Transfusion Services pursuant to Health and Safety Code sections 1602.5 and 1602.6 must implement the amendments to these standards pursuant to the effective date set forth in Health and Safety Code section 1602.5(d)(1), unless otherwise noticed by the department pursuant to Health and Safety Code sections 1602.5(d)(2) and 1602.6(b).
Added text	(2) Health and Safety Code sections 1600 to 1630, as applicable.

Original Text	Proposed Amended Text
(b) All hospitals shall maintain clinical laboratory services and equipment for routine laboratory work, such as urinalysis, complete blood counts, blood typing, cross matching and such other tests as are required by these regulations.	(b) All hospitals must maintain clinical laboratory services and equipment for routine laboratory work, such as urinalysis, complete blood count, ABO/Rh blood typing, cross matching (compatibility tests), antibody screening, routine chemistry, microbiology, serology, and such other tests as are required by these regulations.
(c) All hospitals shall maintain or make provision for clinical laboratory services for performance of tests in chemistry, microbiology, serology, hematology, pathology and such other tests as are required by these regulations.	(c) All hospitals must maintain or make provision for clinical laboratory services for the performance of tests in chemistry, microbiology, serology, hematology, pathology, and such other tests as are required by these regulations.
(d) Written policies and procedures shall be developed and maintained by the person responsible for the service 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.	(d) The clinical laboratory service must develop, implement, and maintain documented medical and technical policies and procedures pertaining to laboratory staff, specimen collection, and test performance. Policies must be approved by the governing body. Documented procedures must be approved by the medical staff and facility administration.
(e) The responsibility and the accountability of the clinical laboratory service to the medical staff and administration shall be defined.	(e) The responsibility and the accountability of the clinical laboratory service to the medical staff and administration must be defined in writing and documented.
Added text	(f) The clinical laboratory service must ensure that the consultative and support services that relate to the care and safety of donors and transfusion recipients are directed by an individual pursuant to Health and Safety Code sections 1602.5 and 1602.6.
(f) The director of the clinical laboratory shall assure that:	(g) The clinical laboratory service must ensure that:
(1) Examinations are performed accurately and in a timely fashion.	(1) Laboratory staff perform all examinations accurately and within a timeframe that meets the needs of the patients as determined by patient care plans and physicians' orders.
(2) Procedures are established governing the provision of laboratory services for outpatients.	(2) Policies and procedures are established:
Added text	(A) For the collection of specimens which must include the integrity of the collection, and;
(2) Procedures are established governing the provision of laboratory services for outpatients.	(B) Govern the provision of all laboratory services for all patients.

Original Text	Proposed Amended Text
(3) Laboratory systems identify the patient, test requested, date and time the specimen was obtained, the time the request reached the laboratory, the time the laboratory completed the test and any special handling which was required.	(3) All specimens must be identified and tracked by: the patient's name or identifier, the date and time the test was requested, the date and time the specimen was obtained, the time the request reached the laboratory, the time the laboratory completed the test, the date and time test results were made available to medical staff, any special handling requirements, and any additional information required by laboratory procedures or requested by a physician for test result interpretation. Specimens and the required information must be maintained and documented.
(4) Procedures are established to ensure the satisfactory collection of specimens.	Deleted text
(5) A communications system to provide efficient information exchange between the laboratory and related areas of the hospital is established.	(4) A communications system that provides efficient information exchange between the laboratory and ordering clinicians, departments, and other lawfully authorized parties is established and maintained.
(6) A quality control system within the laboratory designed to ensure medical reliability of laboratory data is established. The results of control tests shall be readily available in the hospital.	(5) A Quality Assessment and Performance Improvement (QAPI) program is developed, implemented, and maintained according to Title 42, Code of Federal Regulations 482.21. The clinical laboratory service QAPI program must be designed to ensure the medical reliability of laboratory data is established and maintained, and that the QAPI program has a process to collect and evaluate quality indicator data on a scheduled basis. The results of control tests must be readily available to hospital staff. The clinical laboratory QAPI program must be integrated into the hospital-wide QAPI program.
(7) Reports of all laboratory examinations are made a part of the patient's medical record as soon as is practical.	(6) Reports of all laboratory examinations and test results are recorded and made a part of the patient's medical record.
(8) No laboratory procedures are performed except on the order of a person lawfully authorized to give such an order.	(7) No laboratory procedures are performed except on the order of a person lawfully authorized to give such an order.

Original Text	Proposed Amended Text
(g) Tissue specimens shall be examined by a physician who is certified or eligible for certification in anatomical and/or clinical pathology by the American Board of Pathology or possesses qualifications which are equivalent to those required for certification. Oral specimens may be examined by a dentist who is certified or eligible for certification as an oral pathologist by the American Board of Oral Pathology. A record of his findings shall become a part of the patient's medical record. A tissue file shall be maintained at the hospital or the principal office of the consulting pathologist.	(h) Tissue specimens must be examined by a physician who is certified or eligible for certification in anatomic pathology or clinical pathology, or both, by the American Board of Pathology or the American Osteopathic Board of Pathology. Oral specimens may be examined by a dentist who is certified or eligible for certification as an oral pathologist by the American Board of Oral and Maxillofacial Pathology. A record of the findings must become a part of the patient's medical record. A tissue file must be maintained at the hospital or at the principal office of the consulting pathologist.
(h) The use, storage and disposal of radioactive materials shall comply with the California Radiation Control Regulations, Subchapter 4, Chapter 5, Title 17, California Administrative Code.	(i) All radioactive materials used, stored, and disposed of by the clinical laboratory must comply with the Radiation Control Regulations, Title 17, California Code of Regulations section 30100 et seq.
(i) Where the hospital depends on outside blood banks, there shall be a written agreement governing the procurement, transfer and availability of blood.	(j) Where the hospital depends on outside blood banks, there must be a documented agreement governing the procurement, transfer, and availability of blood. The blood bank and transfusion service must have documented policies and procedures in place to evaluate the ability of suppliers of critical materials, equipment, and services to meet blood bank and transfusion service needs. The blood bank and transfusion service must participate in the evaluation and selection of suppliers prior to the acceptance of an agreement. Documented agreements and any documented changes to agreements with blood bank and transfusion service suppliers must delineate the expectations of the blood bank and transfusion service, and the supplier, and include an explanation of how those expectations are met.
(j) 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.	Deleted text

Original Text	Proposed Amended Text
NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.	NOTE: Authority cited: Sections 20, 1254, 1275, and 131200, Health and Safety Code. Reference: Sections 1602.5, 1602.6, 1276, 131000, 131050, 131051, and 131052, Health and Safety Code.
Blank	**Amend section 70245 to read as follows:**
Section 70245. Clinical Laboratory Service Staff.	Section 70245. Clinical Laboratory Service Staff.
(a) A physician shall have overall responsibility for the clinical laboratory service. This physician shall be certified or eligible for certification in clinical pathology and/or pathologic anatomy by the American Board of Pathology. If such a pathologist is not available on a full-time or regular part-time weekly basis, a physician or a licensed clinical laboratory bioanalyst who is available on a full-time or regular part-time basis may administer the clinical laboratory. In this circumstance, a pathologist, qualified as above, shall provide consultation at suitable intervals to assure high quality service.	(a) A physician must be certified or eligible for certification in either anatomic pathology or clinical pathology by either the American Board of Pathology or the American Osteopathic Board of Pathology. The Director of the Clinical Laboratory Service must have the overall responsibility for the service. If such a pathologist is not available on a full-time or regular part-time weekly basis, a physician or a licensed clinical laboratory bioanalyst who is available on a full-time or regular part-time basis must serve as the director of the clinical laboratory. In this circumstance, a pathologist, qualified as above, must provide consultation at intervals that meet the needs of the patients.
Added text	(b) The director of the clinical laboratory service must ensure that they fulfill their duties in accordance with the federal Clinical Laboratory Improvement Amendments (CLIA), the Business and Professions Code, pursuant to Health and Safety Code sections 1602.5 and 1602.6.
(b) There shall be a physician, clinical laboratory bioanalyst or clinical laboratory technologist on duty or on call at all times to assure the availability of emergency laboratory services.	(c) There must be a physician, clinical laboratory bioanalyst, or clinical laboratory scientist on duty or on call 24 hours per day, 7 days per week, to assure the availability of emergency laboratory services.
(c) There shall be sufficient staff with adequate training and experience to meet the needs of the service being offered.	(d) There must be staff who are certified or licensed by the Department and can provide all clinical laboratory services offered to meet the needs of the patients. Staff may included, but are not limited to,
Added text	(1) Phlebotomists
Added text	(2) Clinical laboratory scientist
Added text	(3) Clinical laboratory director

Original Text	Proposed Amended Text
NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.	NOTE: Authority cited: Sections 20, 1254, 1275, and 131200, Health and Safety Code. Reference: Sections 1276, 131000, 131050, 131051, and 131052, Health and Safety Code.
Blank	**Amend section 70247 to read as follows:**
Section 70247. Clinical Laboratory Service Equipment and Supplies.	Section 70247. Clinical Laboratory Service Equipment and Supplies.
(a) There shall be sufficient equipment and supplies maintained to perform the laboratory services being offered.	(a) There must be equipment and supplies maintained to ensure the service can meet the needs of the patient as determined by patient care plans and physicians' orders.
(b) The hospital shall maintain blood storage facilities in conformance with the provisions of Section 1002(g), Article 10, Group 1, Subchapter 1, Chapter 2, Title 17, California Administrative Code. Such facilities shall be inspected at appropriately short intervals each day of the week to assure these requirements are being fulfilled.	(b) The hospital must maintain blood storage facilities pursuant to Title 24, California Building Code section 1224.17.2.3 Refrigerated Blood Storage Facilities and must be inspected every seven days to ensure these requirements are being met.
Added text	NOTE: Authority cited: Sections 20, 1254, 1275 and 131200, Health & Safety Code. Reference: Sections 1276, 1602.5, 1602.6, 131000, 131050, 131051, and 131052, Health & Safety Code.
Blank	**Amend section 70249 to read as follows:**
Section 70249. Clinical Laboratory Service Space.	Section 70249. Clinical Laboratory Service Space.
(a) Adequate laboratory space a determined by the Department shall be maintained.	(a) The clinical laboratory service space must have laboratory workspace, refrigerated blood storage facilities, and hand washing fixtures pursuant to requirements in Title 24, California Building Code section 1224.17.
Added text	(b) There must be space in the laboratory for storage of specimens and equipment. There must be enough clear space to permit staff to work and move about without damaging specimens or injuring themselves.
(b) If tests on outpatients are to be performed, outpatient access to the laboratory shall not traverse a nursing unit.	(c) When tests on outpatients are performed at the hospital, outpatient access to the laboratory must not traverse a nursing unit.
Added text	NOTE: Authority cited: Sections 20, 1254, 1275 and 131200, Health & Safety Code. Reference: Section 1276 131000, 131050, 131051, and 131052, Health & Safety Code.

Original Text	Proposed Amended Text
Blank	**Amend section 70261 to read as follows:**
Section 70261. Pharmaceutical Service Definition.	Section 70261. Pharmaceutical Service Definition.
Pharmaceutical service means the procuring, manufacturing, compounding, dispensing, distributing, storing and administering of drugs, biologicals and chemicals by appropriate staff which has adequate space, equipment and supplies. Pharmaceutical services also include the provision of drug information to other health professionals and patients.	"Pharmaceutical service" means the procuring, storing, compounding, repackaging, distributing, dispensing, administering, and disposing of all drugs, biologicals, and chemicals by pharmaceutical staff, with space, training, equipment, and supplies to allow the pharmaceutical service to meet the needs of the patients. Pharmaceutical service include the evaluation and monitoring of the appropriate use of drugs and drug-related devices and the provision of information about drugs and drug-related devices to other health professionals and patients. Pharmaceutical service may also include participation in drug-therapy management by licensed pharmacists who have been granted privileges by the governing board.
Added text	NOTE: Authority cited: Sections 20, 1254, 1275, and 131200, Health & Safety Code. Reference: Sections 131050, 131051, and 131052, Health & Safety Code.
Blank	**Amend section 70263 to read as follows:**
Section 70263. Pharmaceutical Service General Requirements.	Section 70263. Pharmaceutical Service General Requirements.
(a) All hospitals having a licensed bed capacity of 100 or more beds shall have a pharmacy on the premises licensed by the California Board of Pharmacy. Those hospitals having fewer than 100 licensed beds shall have a pharmacy license issued by the Board of Pharmacy pursuant to Section 4029 or 4056 of the Business and Professions Code.	(a) All hospitals having a licensed bed capacity of more than 100 beds must have a pharmacy on the premises licensed by the California Board of Pharmacy pursuant to the Business and Professions Code section 4029. Hospitals having 100 licensed beds or less must have a license issued by the California Board of Pharmacy pursuant to the Business and Professions Code section 4029 or 4056.
(b) The responsibility and the accountability of the pharmaceutical service to the medical staff and administration shall be defined.	(b) The responsibility and accountability of the pharmaceutical service to the medical staff and administration must be defined in writing and documented and made available to the Department upon request.

Original Text	Proposed Amended Text
(c) A pharmacy and therapeutics committee, or a committee of equivalent composition, shall be established. The committee shall consist of at least one physician, one pharmacist, the director of nursing service or his or her representative and the administrator or his or her representative.	(c) The pharmaceutical service must establish a pharmacy and therapeutics committee. The Committee must consist of at least one physician, the Director of the Pharmaceutical Service, or their representative, the Director of Nursing or their representative, and the Administrator or their representative.
Added text	(d) The Pharmacy and Therapeutics Committee must:
(1) The committee shall develop written policies and procedures for establishment of safe and effective systems for procurement, storage, distribution, dispensing and use of drugs and chemicals. The pharmacist in consultation with other appropriate health professionals and administration shall be responsible for the development and implementations of procedures. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.	(1) Develop, implement, and maintain documented policies and procedures, consistent with state and federal laws and regulations and accepted professional standards of practice for safe and effective drug procurement, storage, compounding, repackaging, distribution, dispensing, administration, and use of drugs and chemicals.
Added text	(2) Develop, implement, and maintain documented policies, procedures, consistent with state and federal laws and regulations and accepted professional standards of practice for safe and effective:
Added text	(A) Disposal of all drugs.
Added text	(B) Selection, use, and disposal of chemicals and cleaning agents in areas where sterile compounding is performed.
Added text	(C) Drug error reporting and prevention.
Added text	(D) Drug reconciliation for high-risk patients upon admission to the hospital.
(2) The committee shall be responsible for the development and maintenance of a formulary of drugs for use throughout the hospital.	(E) Development, implementation, and maintenance of a formulary and a formulary system of drugs for use throughout the hospital.
Added text	(F) Use and procurement of non-formulary drugs as necessary.
Added text	(G) Minimization of drug diversion.
Added text	(H) Management of drug recalls and shortages.
Added text	(I) Use of drug delivery systems and drug-related devices, including automated drug dispensing systems (ADDS), drug compounding devices, and drug administration devices.

Original Text	Proposed Amended Text
Added text	(J) Use of medicinal cannabis pursuant to Health and Safety Code sections 1649 – 1649.6.
Added text	(K) Provisions for all future drugs, devices, and treatments of pharmaceutical services in the hospital.
Added text	(3) Participate in the procurement decisions, evaluation, and monitoring of drug delivery systems and drug-related devices.
Added text	(e) The Director of the Pharmaceutical Service, in consultation with administration and other health care professionals with experience and training or knowledge in pharmaceutical services must approve procedures.
Added text	(f) The governing body must approve policies.
(d) There shall be a system maintained whereby no person other than a pharmacist or an individual under the direct supervision of a pharmacist shall dispense medications for use beyond the immediate needs of the patients.	(g) The pharmaceutical service must establish and maintain a system whereby no person other than a pharmacist or an individual under the direct supervision of a pharmacist must dispense drugs for use beyond the immediate needs of the patients.
(e) There shall be a system assuring the availability of prescribed medications 24 hours a day.	(h) The pharmaceutical service must establish and maintain a system ensuring the availability of prescribed drugs 24 hours a day.
Added text	(i) The pharmaceutical service must establish and maintain an alternate system that ensures current information on drugs is available 24 hours a day in the event the current system fails.
(f) Supplies of drugs for use in medical emergencies only shall be immediately available at each nursing unit or service area as required.	(j) Supplies of drugs for use in medical emergencies must be immediately available at each nursing unit or service area as required.
(1) Written policies and procedures establishing the contents of the supply procedures for use, restocking and sealing of the emergency drug supply shall be developed.	(1) The Pharmacy and Therapeutics Committee, must develop, implement, and maintain documented policies and procedures establishing the contents, procedures for use, restocking, and sealing of the emergency drug supply.

Original Text	Proposed Amended Text
(2) The emergency drug supply shall be stored in a clearly marked portable container which is sealed by the pharmacist in such a manner that a seal must be broken to gain access to the drugs. The contents of the container shall be listed on the outside cover and shall include the earliest expiration date of any drugs within.	(2) The emergency drug supply must be stored in a clearly marked portable cart or container. The emergency drug supplies must be stocked and sealed by pharmacy staff as permitted by law in such a manner that the seal must be broken to gain access to the contents. The contents of the cart or container must be listed on the outside cover and must include the earliest expiration date of any drugs within the cart or container. If the emergency drug supply container is stored within another cart or container, the contents of the emergency drug supply container and their earliest expiration date must be listed on the outside of the outer cart or container. The outer cart or container must be sealed in such a way that the seal must be broken to gain access to the contents.
Added text	(3) The pharmaceutical service must establish and maintain a monitoring system to ensure proper stocking and sealing of emergency drug supply carts and containers.
(3) The supply shall be inspected by a pharmacist at periodic intervals specified in written policies. Such inspections shall occur no less frequently than every 30 days. Records of such inspections shall be kept for at least three years.	(4) A pharmacist, an intern pharmacist, or a pharmacy technician under the direct supervision and control of a pharmacist, must inspect the emergency drug supply containers and carts at periodic intervals established in documented policies. Such inspections must occur every 30 days. The pharmaceutical service must keep records of such inspections for at least three years.

Original Text	Proposed Amended Text
(g) No drugs shall be administered except by licensed personnel authorized to administer drugs and upon the order of a person lawfully authorized to prescribe or furnish. This shall not preclude the administration of aerosol drugs by respiratory care practitioners. The order shall include the name of the drug, the dosage and the frequency of administration, the route of administration, if other than oral, and the date, time and signature of the prescriber or furnisher. Orders for drugs should be written or transmitted by the prescriber or furnisher. Verbal orders for drugs shall be given only by a person lawfully authorized to prescribe or furnish and shall be recorded promptly in the patient's medical record, noting the name of the person giving the verbal order and the signature of the individual receiving the order. The prescriber or furnisher shall countersign the order within 48 hours.	(k) Drugs must only be administered by licensed staff lawfully authorized to administer drugs and upon the order of a person lawfully authorized to prescribe or a practitioner acting in accordance with scope-of-practice laws and hospital policies. This must not preclude the administration of aerosol drugs by respiratory care practitioners.
(g) No drugs shall be administered except by licensed personnel authorized to administer drugs and upon the order of a person lawfully authorized to prescribe or furnish. This shall not preclude the administration of aerosol drugs by respiratory care practitioners. The order shall include the name of the drug, the dosage and the frequency of administration, the route of administration, if other than oral, and the date, time and signature of the prescriber or furnisher. Orders for drugs should be written or transmitted by the prescriber or furnisher. Verbal orders for drugs shall be given only by a person lawfully authorized to prescribe or furnish and shall be recorded promptly in the patient's medical record, noting the name of the person giving the verbal order and the signature of the individual receiving the order. The prescriber or furnisher shall countersign the order within 48 hours.	(1) The order must include the name of the drug, the dosage, frequency of administration, route of administration, indication for use, and date, time, and signature or electronic signature of the prescriber or practitioner acting in accordance with scope-of-practice laws and hospital policies.

Original Text	Proposed Amended Text
(g) No drugs shall be administered except by licensed personnel authorized to administer drugs and upon the order of a person lawfully authorized to prescribe or furnish. This shall not preclude the administration of aerosol drugs by respiratory care practitioners. The order shall include the name of the drug, the dosage and the frequency of administration, the route of administration, if other than oral, and the date, time and signature of the prescriber or furnisher. Orders for drugs should be written or transmitted by the prescriber or furnisher. Verbal orders for drugs shall be given only by a person lawfully authorized to prescribe or furnish and shall be recorded promptly in the patient's medical record, noting the name of the person giving the verbal order and the signature of the individual receiving the order. The prescriber or furnisher shall countersign the order within 48 hours.	(2) Orders for drugs must be written or electronically transmitted in a secure manner by the prescriber or practitioner acting in accordance with scope-of-practice laws and hospital policies.
(g) No drugs shall be administered except by licensed personnel authorized to administer drugs and upon the order of a person lawfully authorized to prescribe or furnish. This shall not preclude the administration of aerosol drugs by respiratory care practitioners. The order shall include the name of the drug, the dosage and the frequency of administration, the route of administration, if other than oral, and the date, time and signature of the prescriber or furnisher. Orders for drugs should be written or transmitted by the prescriber or furnisher. Verbal orders for drugs shall be given only by a person lawfully authorized to prescribe or furnish and shall be recorded promptly in the patient's medical record, noting the name of the person giving the verbal order and the signature of the individual receiving the order. The prescriber or furnisher shall countersign the order within 48 hours.	(3) Verbal and telephone orders for drugs must be recorded promptly in the patient's medical record, noting the name of the prescriber, the name of the lawfully authorized individual calling in the order (the agent of the prescriber), and the name and the signature or electronic signature of the individual receiving the order. The individual receiving the order shall sign the order. Verbal and telephone orders for drugs must be avoided to the extent possible. The prescriber or practitioner acting in accordance with scope-of-practice laws and hospital policies must countersign the order in writing or electronically within 48 hours.

Original Text	Proposed Amended Text
(1) Verbal orders for administration of medications shall be received and recorded only by those health care professionals whose scope of licensure authorizes them to receive orders for medication.	(A) Only health care professionals whose scope of licensure authorizes them to receive orders for drugs may receive and record verbal or telephone orders. The person receiving a verbal or telephone order must read the order back to the individual making the order to ensure its accuracy and record the read-back in the patient's medical record.
Added text	(B) Verbal or telephone orders for chemotherapeutic drugs are not permitted except to discontinue the drug.
(2) Medications and treatments shall be administered as ordered.	(C)Verbal and telephone order for drugs and treatments must be administered as ordered.
(h) Standing orders for drugs may be used for specified patents when authorized by a person licensed to prescribe. A copy of standing orders for a specific patient shall be dated, promptly signed by the prescriber and included in the patient's medical record. These standing orders shall:	(I) Printed and electronic pre-approved order sets and drug therapy protocols may be used for specified patients when authorized by a person lawfully authorized to prescribe. These order sets and drug therapy protocols must:
(1) Specify the circumstances under which the drug is to be administered.	No change to original text
(2) Specify the types of medical conditions of patients for whom the standing orders are intended.	(2) Specify the types of medical conditions of patients for whom the order set or drug therapy protocol are intended.
(3) Be initially approved by the pharmacy and therapeutics committee or its equivalent and be reviewed at least annually by that committee.	(3) Be approved by the Pharmacy and Therapeutics Committee and reviewed at least annually by that committee.
(4) Be specific as to the drug, dosage, route and frequency of administration.	(4) Be specific as to the drug, dosage, route, indication, and frequency of administration.
Added text	(5) Be signed when the order is given by a lawfully authorized prescriber for a specified patient and included in the patient's medical record.
Added text	(m) Hospitals may use standing orders that authorize the administration of a drug to a patient by authorized personnel without a patient-specific order from a physician when the patient meets specific criteria clearly identified in the standing order or associated protocol. Standing orders must:
Added text	(1) Specify the circumstances under which the drug is to be administered.

Original Text	Proposed Amended Text
Added text	(2) Specify the criteria that must be observed to establish the patient has the medical condition for which the standing order is intended.
Added text	(3) Be approved by the Pharmacy and Therapeutics Committee and reviewed at least annually by that committee.
Added text	(4) Be specific as to the drug dosage, route, indication, and frequency of administration.
Added text	(5) Be documented in the patient's medical record at the time of initiation or as soon as possible thereafter. The attending physician or another authorized practitioner must retrospectively review the execution of the order and document the medical necessity, or lack thereof, in the patient's medical record.
(i) An individual prescriber may notify the hospital in writing of his or her own standing orders, the use of which is subject to prior approval and periodic review by the pharmacy and therapeutics committee or its equivalent.	(n) An individual prescriber may notify the hospital in writing of their own standing orders, the use of which is subject to prior documented approval and at least annual review by the Pharmacy and Therapeutics Committee.
(j) The hospital shall develop policies limiting the duration of drug therapy in the absence of the prescriber's specific indication of duration of drug therapy or under other circumstances recommended by the pharmacy and therapeutics committee or its equivalent and approved by the executive committee of the medical staff. The limitations shall be established for classes of drugs and/or individual drug entities.	(o) The hospital must develop policies limiting the duration of drug therapy in the absence of a prescriber specifically indicating the duration of drug therapy and under other circumstances documented by the Pharmacy and Therapeutics Committee and approved by the executive committee of the medical staff. Such limitations must be established for classes of drugs and/or individual drug entities.

Original Text	Proposed Amended Text
(k) If drugs are supplied through a pharmacy, orders for drugs shall be transmitted to the pharmacy either by written prescription of the prescriber, by an order form which produces a direct copy of the order or by an electronically reproduced facsimile. When drugs are not supplied through a pharmacy, such information shall be made available to the hospital pharmacist.	(p) All drug orders must be recorded in the patient's medical record. The pharmacist must receive a copy of every drug order. A pharmacist must review all drug orders for appropriateness. This must be done before the first dose is administered to the patient or released by an automated dispensing device, except in emergency situations in which patient care would be negatively impacted by the delay from a pharmacist's review of the order. A pharmacist must, in accordance with hospital policies and procedures, retrospectively review all emergency drug orders where drugs were administered or released from an automated dispensing machine prior to a pharmacist's review of the drug order.
(l) Medications shall not be left at the patient's bedside unless the prescriber so orders. Such bedside medications shall be kept in a cabinet, drawer or in possession of the patient. Drugs shall not be left at the bedside which are listed in Schedules II, III and IV of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970 as amended. If the hospital permits bedside storage of medications, written policies and procedures shall be established for the dispensing, storage and records of use, of such medications.	(q) Except for drugs being administered parenterally, drugs must not be left at the patient's bedside unless the prescriber so orders. Such bedside drugs must be kept in a manner to prevent unauthorized access. Medicinal cannabis must be kept in a locked container, pursuant to Health and Safety Code section 1649.2. Except for drugs being administered parenterally, drugs listed in Schedules II, III, IV, and V of Title 21, United States Code section 812. must not be left at the bedside. If the prescriber permits bedside storage of drugs, the pharmaceutical service must have documented policies and procedures for dispensing, storing, administering, monitoring, and documenting the use of such drugs.
(m) Medications brought by or with the patient to the hospital shall not be administered to the patient unless all of the following conditions are met:	(r) Drugs brought by or with the patient to the hospital must not be administered to the patient unless the following conditions are met:
(1) The drugs have been ordered by a person lawfully authorized to give such an order and the order entered in the patient's medical record.	(1) The drugs have been ordered by an authorized prescriber or a practitioner acting in accordance with scope-of-practice laws and hospital policies and the order is recorded in the patient's medical record.
(2) The medication containers are clearly and properly labeled.	(2) The drug containers are clearly and properly labeled.

Original Text	Proposed Amended Text
(3) The contents of the containers have been examined and positively identified, after arrival at the hospital, by the patient's physician or the hospital pharmacist.	(3) The contents of the containers have been examined and the drugs can be positively identified, after arrival at the hospital, by the patient's prescriber or a hospital pharmacist.
Added text	(4) The verification must be recorded in the patient's medical record.
Added text	(5) When a terminal patient brings medicinal cannabis to the hospital, the conditions in Health and Safety Code sections 1649 – 1649.6 must also be met.
(n) The hospital shall establish a supply of medications which is accessible without entering either the pharmacy or drug storage room during hours when the pharmacist is not available. Access to the supply shall be limited to designated registered nurses. Records of drugs taken from the supply shall be maintained and the pharmacist shall be notified of such use. The records shall include the name and strength of the drug, the amount taken, the date and time, the name of the patient to whom the drug was administered and the signature of the registered nurse. The pharmacist shall be responsible for maintenance of the supply and assuring that all drugs are properly labeled and stored. The drug supply shall contain that type and quantity of drugs necessary to meet the immediate needs of patients as determined by the pharmacy and therapeutics committee.	(s) The hospital must establish a supply of drugs which is accessible without entering either the pharmacy or drug storage room during hours when the pharmacy is closed. Except in emergency situations, a pharmacist must review all drug orders prior to removal from the drug supply. Access to the supply must be limited to designated and trained health care professionals who may administer drugs under their scope of practice, as permitted by hospital policy. The healthcare professional must have either an electronic or paper copy of the order immediately available to verify the drug selection when removing a drug from the supply. Records of drugs taken from the supply must be maintained and the pharmacist must be notified of such use. The records must include the name, strength of the drug, and dosage form of the drug, the amount taken, the date and time, the name of the patient to whom the drug was administered, and the signature or electronic signature of the authorized health care professional. The pharmacist must be responsible for maintenance of the supply and assuring that all drugs are properly labeled and stored. The drug supply must contain the type and quantity of drugs necessary to meet the immediate needs of patients as determined by the Pharmacy and Therapeutics Committee.

Original Text	Proposed Amended Text
(o) Investigational drug use shall be in accordance with applicable state and federal laws and regulations and policies adopted by the hospital. Such drugs shall be used only under the direct supervision of the principal investigator, who shall be a member of the medical staff and be responsible for assuring that informed consent is secured from the patient. Basic information concerning the dosage form, route of administration, strength, actions, uses, side effects, adverse effects, interactions and symptoms of toxicity of investigational drugs shall be available at the nursing station where such drugs are being administered and in the pharmacy. The pharmacist shall be responsible for the proper labeling, storage and distribution of such drugs pursuant to the written order of the investigator.	(t) Investigational drug use must be in accordance with applicable state and federal laws and regulations.
Added text	(1) Hospitals must have documented, implemented, and maintained policies and procedures addressing the use of investigational drugs, and patients must be allowed to continue the use of an investigational drug if the hospital:
Added text	(A) Receives approval from the Pharmacy and Therapeutics Committee Chair or designated medical specialist.
Added text	(B) Receives a copy of the study protocol with documented guidance from the main investigator in regard to preparing, dosing, administering, and monitoring.
Added text	(C) Receives copies of the patient's informed consent documentation.
Added text	(D) Has a usage and dosing accountability and tracking system conducted by the pharmaceutical service.
Added text	(E) Provides necessary laboratory monitoring and assessment.

Original Text	Proposed Amended Text
Added text	(2) The pharmacist is responsible for the proper labeling, storage, and distribution of investigational drugs. Investigational drugs must be dispensed only on the documented order of an individual authorized to prescribe the drugs and in accordance with the protocol for the drugs. Basic information concerning the dosage form, route of administration, strength, actions, uses, side effects, adverse effects, interactions, and symptoms of toxicity of investigational drugs must be available at all times:
Added text	(A) In the nursing station where such drugs are being administered.
Added text	(B) To the staff responsible for administering the drugs and monitoring the patient.
Added text	(C) In the pharmacy.
(p) No drugs supplied by the hospital shall be taken from the hospital unless a prescription or medical record order has been written for the medication and the medication has been properly labeled and prepared by the pharmacist in accordance with state and federal laws, for use outside of the hospital.	(u) No drugs supplied by the hospital must be taken from the hospital unless a prescription or medical record order has been written for the drug and the drug has been properly labeled and prepared by the pharmacist in accordance with state and federal laws, for use outside of the hospital.
(q) Labeling and storage of drugs shall be accomplished to meet the following requirements:	(v) Labeling and storage of drugs must be accomplished to meet the following requirements:
(1) Individual patient medications, except those that have been left at the patient's bedside, may be returned to the pharmacy for appropriate disposition.	Deleted text
(2) All drug labels must be legible and in compliance with state and federal requirements.	(1) All drug labels must be legible and in compliance with state and federal requirements.
(3) Drugs shall be labeled only by persons legally authorized to prescribe or dispense or under the supervision of a pharmacist.	(2) Drugs must be labeled only by persons legally authorized to prescribe or dispense or under the supervision of a pharmacist.
Added text	(3) Drugs brought in, by, or with the patient that will not be continued in the hospital must be sent to the pharmacy for documentation and storage or sent home with the patient’s designated representative.
(4) Test agents, germicides, disinfectants and other household substances shall be stored separately from drugs	(4) Test agents, germicides, disinfectants, and other household substances must be stored separately from drugs.

Original Text	Proposed Amended Text
(5) External use drugs in liquid, tablet, capsule or powder form shall be segregated from drugs for internal use.	(5) External use drugs in liquid, tablet, capsule, or powder form must be segregated from drugs for internal use.
(6) Drugs shall be stored at appropriate temperatures. Refrigerator temperature shall be between 2.2°C (36°F) and 7.7°C (46°F) and room temperature shall be between 15°C (59°F) and 30°C (86°F).	(6) Drugs must be stored at temperatures specified in the manufacturer's instructions or, if the temperature is not specified, must be stored as required by Title 21, Code of Federal Regulations subdivision (c) of section 205.50.
(6) Drugs shall be stored at appropriate temperatures. Refrigerator temperature shall be between 2.2°C (36°F) and 7.7°C (46°F) and room temperature shall be between 15°C (59°F) and 30°C (86°F).	(A) Refrigerator temperature must be between 2 degrees Celsius (36 degrees Fahrenheit) and 8 degrees Celsius (46 degrees Fahrenheit).
Added text	(B) Freezer temperature must be between -25 degrees Celsius (-13 degrees Fahrenheit) and -10 degrees Celsius (14 degrees Fahrenheit).
(6) Drugs shall be stored at appropriate temperatures. Refrigerator temperature shall be between 2.2°C (36°F) and 7.7°C (46°F) and room temperature shall be between 15°C (59°F) and 30°C (86°F).	(C) Controlled room temperature must be between 20 degrees Celsius (68 degrees Fahrenheit) and 25 degrees Celsius (77 degrees Fahrenheit). Fluctuation in temperatures between 15 degrees Celsius (59 degrees Fahrenheit) and 30 degrees Celsius (86 degrees Fahrenheit) that are experienced in pharmacies, hospitals, warehouses, and during shipping are allowed.
Added text	(D) Temperature records must be maintained for all drug and vaccine storage areas and records must be kept available for three (3) years.
(7) Drugs shall be stored in an orderly manner in well-lighted cabinets, shelves, drawers or carts of sufficient size to prevent crowding.	(7) Drugs must be stored in a clean and orderly manner in well-lighted cabinets, shelves, drawers, or carts prevent overcrowding. The cabinets, shelves, drawers, or carts must be free from foreign and organic material including, but not limited to, dust, soil, blood, or secretions.
(8) Drugs shall be accessible only to responsible personnel designated by the hospital, or to the patient as provided in 70263(l) above.	(8) Drugs must be accessible only to staff designated by the hospital, or to the patient as provided in section 70263(q) above.
(9) Drugs shall not be kept in stock after the expiration date on the label and no contaminated or deteriorated drugs shall be available for use.	(9) Drugs must not be kept in stock after the expiration date on the label. Mislabeled, contaminated, deteriorated, or drugs otherwise unusable must not be available for patient use.

Original Text	Proposed Amended Text
(10) Drugs maintained on the nursing unit shall be inspected at least monthly by a pharmacist. Any irregularities shall be reported to the director of nursing service and as required by hospital policy.	(10) Drug stock maintained outside the pharmacy must be inspected at least monthly by a pharmacist, or an intern pharmacist or pharmacy technician under the direct supervision and control of a pharmacist. When there are irregularities during the inspection, the, irregularities must be reported within 24 hours to the Director of the Pharmaceutical Service, the Director of Nursing, and the Director or Chief Executive Officer of the hospital in accordance with the hospital's documented policies and procedures.
(11) Discontinued individual patient's drugs not supplied by the hospital may be sent home with the patient. Those which remain in the hospital after discharge that are not identified by lot number shall be destroyed in the following manner:	(11) Discontinued individual patient's drugs not supplied by the hospital may be sent home with the patient. Individual patient drugs left in the hospital after discharge must be destroyed in the following manner:
(A) Drugs listed in Schedules II, III or IV of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended, shall be destroyed in the presence of two pharmacists or a pharmacist and a registered nurse employed by the hospital. The name of the patient, the name and strength of the drug, the prescription number, the amount destroyed, the date of destruction and the signatures of the witnesses required above shall be recorded in the patient's medical record or in a separate log. Such log shall be retained for at least three years.	(A) Drugs listed in Schedules II, III, IV, or V of Title 21, United States Code section 812, must be destroyed in the presence of two pharmacists or a pharmacist and a registered nurse employed by the hospital. The name of the patient, name and strength of the drug, prescription number, amount destroyed, date of destruction, and signatures of the witnesses required above must be recorded in the patient's medical record and in a separate log. The pharmaceutical service must retain the log for at least three years.
(B) Drugs not listed under Schedules II, III or IV of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended, shall be destroyed in the presence of a pharmacist.	(B) Drugs not listed under Schedules II, III, IV, or V of Title 21, United States Code section 812, must be destroyed in the presence of a pharmacist.
(r) The pharmacist shall develop and implement written quality control procedures for all drugs which are prepackaged or compounded in the hospital including intravenous solution additives. He or she shall develop and conduct an in-service training program for the professional staff to assure compliance therewith.	Deleted text

Original Text	Proposed Amended Text
(s) The pharmacist shall be consulted on proper methods for repackaging and labeling of bulk cleaning agents, solvents, chemicals and poisons used throughout the hospital.	Deleted text
Added text	(w) The pharmacy must maintain accurate records of the receipt, distribution, use, and disposition of all Schedule II, III, IV, and V drugs listed in Title 21, United States Code section 812. The pharmacy record system for Schedule I, II, III, IV, and V drugs listed in Title 21, United States Code section 812, must:
Added text	(1) Be available in an immediately retrievable manner, either digital or hard copy, to pharmaceutical staff.
Added text	(2) Facilitate the identification of, and the extent of, the loss or diversion of controlled substances.
Added text	(x) The pharmaceutical service must develop, implement, and maintain a Quality Assessment and Performance Improvement (QAPI) program as defined according to Title 42, Code of Federal Regulations section 482.21. for the pharmacy and for drugs-use processes throughout the hospital. The results of the QAPI program must be integrated into the hospital-wide QAPI program.
Added text	(1) Documented monitoring systems must be established and maintained, in accordance with applicable state and federal laws and regulations and accepted professional standards of practice, for all drugs repackaged or compounded in the hospital. A pharmacist licensed by the state of California and who is part of the hospital staff must develop and conduct in-service training for professional staff to ensure compliance with repackaging and compounding quality control procedures.
Added text	(2) The pharmaceutical service must develop and assess performance indicators for all contracted pharmaceutical services.
Added text	(3) The pharmaceutical service must conduct periodic audits to assess the use, and accurate execution of, drug therapy protocols for high-risk/high-alert drugs.

Original Text	Proposed Amended Text
(t) Periodically, the pharmacy and therapeutics committee, or its equivalent, shall evaluate the services provided and make appropriate recommendations to the executive committee of the medical staff and administration.	(y) Periodically, the Pharmacy and Therapeutics Committee must evaluate the pharmaceutical services provided and make recommendations to the executive committee of the medical staff on an ongoing basis.
NOTE: Authority cited: Sections 1275 and 131200, Health and Safety Code. Reference: Sections 1276, 131050, 131051 and 131052, Health and Safety Code.	NOTE: Authority cited: Sections 20, 1254, 1275, and 131200, Health and Safety Code. Reference: Sections 1276, 131050, 131051, and 131052, Health and Safety Code.
Blank	**Amend section 70265 to read as follows:**
Section 70265. Pharmaceutical Service Staff.	Section 70265. Pharmaceutical Service Staff.
A pharmacist shall have overall responsibility for the pharmaceutical service. He shall be responsible for the procurement, storage and distribution of all drugs as well as the development, coordination, supervision and review of pharmaceutical services in the hospital. Hospitals with a limited permit shall employ a pharmacist on at least a consulting basis. Responsibilities shall be set forth in a job description or agreement between the pharmacist and the hospital. The pharmacist shall be responsible to the administrator and shall furnish him written reports and recommendations regarding the pharmaceutical services within the hospital. Such reports shall be provided no less often than quarterly.	(a) The Director of the Pharmaceutical Service must have overall responsibility for the pharmaceutical service including the development, implementation, coordination, and supervision of all pharmaceutical services provided throughout the hospital.
Added text	(1) The Director of the Pharmaceutical Service must be a California licensed pharmacist and must have experience in hospital pharmacy practice.

Original Text	Proposed Amended Text
A pharmacist shall have overall responsibility for the pharmaceutical service. He shall be responsible for the procurement, storage and distribution of all drugs as well as the development, coordination, supervision and review of pharmaceutical services in the hospital. Hospitals with a limited permit shall employ a pharmacist on at least a consulting basis. Responsibilities shall be set forth in a job description or agreement between the pharmacist and the hospital. The pharmacist shall be responsible to the administrator and shall furnish him written reports and recommendations regarding the pharmaceutical services within the hospital. Such reports shall be provided no less often than quarterly.	(2) Hospitals with a license issued pursuant to Business and Professions Code section 4056 must retain the services of a California licensed pharmacist on a part-time or a consulting basis to meet the specific drug-use needs of the hospital's patients.
A pharmacist shall have overall responsibility for the pharmaceutical service. He shall be responsible for the procurement, storage and distribution of all drugs as well as the development, coordination, supervision and review of pharmaceutical services in the hospital. Hospitals with a limited permit shall employ a pharmacist on at least a consulting basis. Responsibilities shall be set forth in a job description or agreement between the pharmacist and the hospital. The pharmacist shall be responsible to the administrator and shall furnish him written reports and recommendations regarding the pharmaceutical services within the hospital. Such reports shall be provided no less often than quarterly.	(3) The job description or agreement between the Director of the Pharmaceutical Service and the hospital must set forth the qualifications for, and responsibilities of, the position. The Director of the Pharmaceutical Service must be responsible to and report directly to the hospital administrator, and must furnish the Administrator with reports and recommendations regarding the pharmaceutical services within the hospital. Such reports must be provided no less often than quarterly.
Added text	(b) The hospital must have a number of pharmaceutical service staff to ensure the quality of pharmaceutical services provided meets the needs of the patients given the scope and complexity of the hospital patient population.
Added text	NOTE: Authority cited: Sections 20, 1254, 1275, and 131200, Health & Safety Code. Reference: Sections 131050, 131051, and 131052, Health & Safety Code.
Blank	**Amend section 70267 to read as follows:**

Original Text	Proposed Amended Text
Section 70267. Pharmaceutical Service Equipment and Supplies.	Section 70267. Pharmaceutical Service Equipment and Supplies.
(a) There shall be adequate equipment and supplies for the provision of pharmaceutical services within the hospital.	(a) The pharmaceutical service must have equipment and supplies for the provision of pharmaceutical services within the hospital.
(b) Reference materials containing monographs on all drugs in use in the hospital shall be available in each nursing unit. Such monographs must include information concerning generic and brand names, if applicable, available strengths and dosage forms and pharmacological data including indications, side effects, adverse effects and drug interactions.	(b) Reference materials containing monographs on all drugs in use in the hospital must be available at each nursing unit and patient care area where drugs are available for distribution to patients. Such monographs must include information concerning generic and brand names, if applicable, available strengths and dosage forms and pharmacological data including indications, side effects, adverse effects, and drug interactions.
Added text	NOTE: Authority cited: Sections 20, 1254, 1275, and 131200, Health & Safety Code. Reference: Sections 131050, 131051, and 131052, Health & Safety Code.
Blank	**Amend section 70269 to read as follows:**
Section 70269. Pharmaceutical Service Space.	Section 70269. Pharmaceutical Service Space.
Added text	(a) The pharmaceutical service must have space requirements to accommodate the drug distribution system used and the number of patients to be served pursuant to Title 24, California Building Code section 1224.19 .
(a) Adequate space shall be available at each nursing station for the storage of drugs and preparation of medication doses.	(b) Each nursing station must have space available and maintain the storage of drugs and preparation of drug doses in pursuant of Title 24, California Building Code section 1224.4.4.4 Medication Station.
(b) All spaces and areas used for the storage of drugs shall be lockable and accessible to authorized personnel only.	(c) All spaces and areas used for the storage of drugs must be securable and accessible only to licensed health care staff authorized by the Pharmaceutical and Therapeutics Committee.
Added text	(d) The pharmaceutical service must provide and maintain space in the hospital for the following:
Added text	(1) The storage of drugs.
Added text	(2) The packaging of drugs.
Added text	(3) The labeling and dispensing of drugs.
Added text	(4) Sterile and non-sterile compounding.
Added text	(5) Pharmaceutical service staff to perform clinical functions.

Original Text	Proposed Amended Text
Added text	(6) In hospitals licensed pursuant to Business and Professions Code section 4029, office space for the person who directs the pharmaceutical service and the pharmaceutical service's managers.
Added text	NOTE: Authority cited: Sections 20, 1245, 1275, and 131200, Health & Safety Code. Reference: Sections 131050, 131051, 131052, Health & Safety Code.
Blank	**Amend section 70271 to read as follows:**
Section 70271. Dietetic Service Definition.	Section 70271. Dietetic Service Definition.
Dietetic service means providing safe, satisfying and nutritionally adequate food for patients with appropriate staff, space, equipment and supplies.	"Dietetic service" means an organized department of food and nutrition with staff, space, equipment, and supplies that follows a plan of operation designed to provide safe and nutritionally satisfying food to meet the needs of patients. Dietetic service includes providing medical nutrition assessment and medical nutrition therapy when ordered by an authorized prescriber.
Added text	NOTE: Authority cited: Sections 20, 1254, 1275, and 131200, Health & Safety Code. Reference: Sections 131050, 131051, and 131052, Health & Safety Code.
Blank	**Amend section 70273 to read as follows:**
Section 70273. Dietetic Service General Requirements.	Section 70273. Dietetic Service General Requirements.
(a) The dietetic service shall provide food of the quality and quantity to meet the patient's needs in accordance with physicians' orders and, to the extent medically possible, to meet the Recommended Daily Dietary Allowances, 1974 Edition, adopted by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences, 2107 Constitution Avenue, Washington, DC 20418, and the following:	(a) The dietetic service must provide the quality and quantity of food required to meet the patient's needs in accordance with the practitioner's orders and, to the extent medically possible, to meet the recommended dietary intake allowances in "Dietary Reference Intakes: The Essential Guide to Nutrient Requirements (2006)" published by the National Research Council of the National Academy of Sciences, Institute of Medicine, hereby incorporated by reference.
Added text	(b) The dietetic service must ensure:
(1) Not less than three meals shall be served daily.	(1) Not less than three meals must be provided daily.
(2) Not more than 14 hours shall elapse between the evening meal and breakfast of the following day.	(2) Not more than 14 hours must elapse between the evening meal and breakfast of the following day.

Original Text	Proposed Amended Text
(3) Nourishment or between meal feedings shall be provided as required by the diet prescription and shall be offered to all patients unless counterordered by the physician.	(3) Nourishment and between meal feedings must be provided as required by the diet order and must be available to every patient unless counter ordered by the practitioner responsible for the patient.
(4) Patient food preferences shall be respected as much as possible and substitutes shall be offered through use of a selective menu or substitutes from appropriate food groups.	(4) Meals must honor a patient's food preference to the extent possible. Substitutions must be available using a selective menu or substitutes from variety food groups.
(5) When food is provided by an outside food service, all applicable requirements herein set forth shall be met. The hospital shall maintain adequate space, equipment and staple food supplies to provide patient food service in emergencies.	(c) When food is provided by an outside food service company, all applicable requirements herein set forth must be met. The hospital must require the outside food service company to provide a liaison for the medical staff and administration to communicate regarding food service operations and dietetic polices affecting patient treatment.
(5) When food is provided by an outside food service, all applicable requirements herein set forth shall be met. The hospital shall maintain adequate space, equipment and staple food supplies to provide patient food service in emergencies.	(d) The hospital must maintain a documented plan, space for preparation and serving food in accordance with Title 24, California Building Code section 1224.20, equipment, and staple food supplies to provide patient food services in emergencies.
(b) Policies and procedures shall be developed and maintained in consultation with representatives of the medical staff, nursing staff and administration to govern the provision of dietetic services. Policies shall be approved by the medical staff, administration and governing body. Procedures shall be approved by the medical staff and administration.	(e) (In consultation with representatives of the medical staff, nursing staff, and administration, the dietetic service must develop, implement, and maintain documented policies and procedures to govern the provision of dietetic services. Policies must be approved by the governing body. Procedures must be approved by the medical staff and administration. Policies and procedures must:
Added text	(1) Cover the scope of dietetic services including food procurement, storage, preparation, and service.
Added text	(2) Be reviewed at least annually, revised as necessary, and dated to indicate the time of the last review.
(c) The responsibility and the accountability of the dietetic service to the medical staff and administration shall be defined.	(f) The responsibility and the accountability of the dietetic service to the medical staff and administration must be defined in writing and documented.

Original Text	Proposed Amended Text
(d) A current diet manual approved by the dietitian and the medical staff shall be used as the basis for diet orders and for planning modified diets. Copies of the diet manual shall be available at each nursing station and in the dietetic service area.	(g) An up to date diet manual approved by the registered dietitian and the medical staff must be used as the basis for diet orders and as a guide for planning, ordering, and serving routinely ordered regular, therapeutic, and modified diets for the facility.
Added text	(1) The diet manual must include the purpose and principles of each type of diet, the meal pattern, the foods allowed and not allowed, and the nutritional adequacy for each type of diet provided.
(d) A current diet manual approved by the dietitian and the medical staff shall be used as the basis for diet orders and for planning modified diets. Copies of the diet manual shall be available at each nursing station and in the dietetic service area.	(2) The dietetic service must maintain copies of the diet manual, either on paper or via an electronic format, at each patient care unit and in the dietetic service area for use by physicians, nurses, and other dietetic service staff.
Added text	(3) The dietary service must review and update the diet manual as often as necessary, at minimum every five years, to maintain accurate information, and must record the date of each review.
Added text	(h) Procedures for the preparation of infant feedings, whether breast milk, formula, or an admixture, must follow “Infant and Pediatric Feedings: Guidelines for Preparation of Human Milk and Formula in Health Care Facilities, 3rd Edition” (2018) by the Pediatric Nutrition Practice Group of the Academy of Nutrition and Dietetics, Steele, C. and Collins, E. editors, hereby incorporated by reference, and the compounding practices of the United States Pharmacopeia (USP) that are recommended by the American Society for Parenteral and Enteral Nutrition, and safe food handling practices.
Added text	(i) The service must develop, implement, and maintain documented policies and procedures for preparing infant feedings to minimize the risk of food-borne illness and ensure safe and sanitary handling practices.

Original Text	Proposed Amended Text
(e) Therapeutic diets shall be provided as prescribed by a person lawfully authorized to give such an order and shall be planned, prepared and served with supervision and/or consultation from the dietitian. Persons responsible for therapeutic diets shall have sufficient knowledge of food values to make appropriate substitutions when necessary.	(j) Therapeutic and modified diets must be provided as prescribed by a person lawfully authorized to give such an order and must be planned, prepared, and served with supervision or consultation from the registered dietitian. Persons responsible for therapeutic and modified diets must have knowledge of food values to make substitutions when necessary to meet the dietary needs of the patient. All diets must conform to the hospital's diet manual.
(f) A current profile card shall be maintained for each patient indicating diet, likes, dislikes and other pertinent information concerning the patient's dietary needs.	(k) A record of a patient's food preferences must be maintained and used as a guide for the patient's meals and must , indicate, at a minimum, the patient's likes, dislikes, food allergies, and current diet order.
(g) Menus.	(l) Menus must be specific to the patient in accordance with practitioners' orders, and to the extent possible following the recommended dietary intake allowances from "Dietary Reference Intakes: The Essential Guide to Nutrient Requirements (2006)" by the National Research Council of the National Academy of Sciences, Institute of Medicine, hereby incorporated by reference.
(1) Menus for regular and routine modified diets shall be written at least one week in advance, dated and posted in the kitchen at least three days in advance.	(1) Menus for regular and routine modified diets must be written at least one week in advance, dated, and posted in the kitchen at least three days in advance.
(2) If any meal served varies from the planned menu, the change shall be noted in writing on the posted menu in the kitchen.	(2) If any meal served varies from the planned menu, the change must be approved by the registered dietitian and noted in writing on the posted menu in the kitchen.
(3) Menus shall provide a variety of foods in adequate amounts at each meal.	(3) Menus must provide a variety of foods for each meal.
(4) Menus should be planned with consideration for cultural and religious background and food habits of patients.	No change to original text
(5) A copy of the menu as served shall be kept on file for at least 30 days.	(5) A copy of the menu as served must be kept on file for at least 30 days.
(6) Records of food purchased shall be kept available for one year.	(6) Records of food purchased must be kept available for one year.
(7) Standardized recipes, adjusted to appropriate yield, shall be maintained and used in food preparation.	(7) Standardized recipes, adjusted to the amount needed for the patient census, must be maintained and used in food preparation.

Original Text	Proposed Amended Text
(h) Food shall be prepared by methods which conserve nutritive value, flavor and appearance. Food shall be served attractively at appropriate temperatures and in a form to meet individual needs.	(m) Food must be prepared by methods that conserve nutritional value, flavor, and appearance. Food must be served at appropriate temperatures set by food and safety guidelines according to Health and Safety Code section 114002 and in a form to meet individual needs.
(i) Nutritional Care.	(n) The nutritional aspects of patient care must be directed by either a physician, or a physician in consultation with the registered dietitian. Patient's dietary orders must be ordered by a physician, or someone lawfully authorized to do so within their scope of practice. The dietary service must complete:
(1) Nutritional care shall be integrated in the patient care plan.	(1) A comprehensive nutritional assessment that includes height, weight, chewing ability, and pertinent laboratory tests must be completed by a registered dietitian, physician, or other medical professional practicing within the scope of their license, within twenty-four (24) hours after the screening of the patient at nutritional risk. Nutritional care must be integrated in the patient care plan and revised when there are changes to the dietary orders.
(2) Observations and information pertinent to dietetic treatment shall be recorded in patient's medical records by the dietitian.	(2) Patient information related to nutritional care must be recorded in the patient's medical record by a person lawfully authorized to do so and must include observations, assessment, nutrition diagnosis, intervention, monitoring, goals, and an ongoing evaluation of the patient's response to medical nutrition therapy.
(3) Pertinent dietary records shall be included in patient's transfer discharge record to ensure continuity of nutritional care.	(3) A discharge summary of the nutrition care provided, and all nutrition care notes, nutrition assessments, and the nutritional care plan must be included in the patient's transfer discharge record to ensure continuity of care.
Added text	(4) The dietetic service must develop, implement, and maintain documented policies and procedures covering medical nutrition therapy.
Added text	(5) The dietetic service must review the nutritional manual to determine if updates are needed, at least annually, and dated to indicate the date of review.

Original Text	Proposed Amended Text
Added text	(6) The nutritional manual must be revised as necessary following the review required in paragraph (5). If revised, the date of the revision must be identified on the manual.
(j) In-service training shall be provided for all dietetic service personnel and a record of subject areas covered, date and duration of each session and attendance lists shall be maintained.	(o) In-service education and training programs must be provided for all dietetic service staff. A record of subject areas covered, date, and duration of each session, competency assessments, and attendance lists must be maintained and made available to the Department upon request. The registered dietitian must be involved in the planning and conducting of in-service education and training programs and competency assessments.
Added text	(1) Education and training programs must include instruction in the following:
Added text	(A) Personal hygiene.
Added text	(B) The proper inspection, handling, preparation, and serving of food.
Added text	(C) The proper cleaning, and the safe operation of, equipment.
Added text	(D) Regular, therapeutic, and modified diets.
Added text	(E) Sanitation and dishwashing.
Added text	(2) Training programs may be informal if a record of the subject areas covered, the date and duration of each session, and attendance lists are maintained and made available to the Department.
(k) Food Storage.	(p) All kitchens, kitchen areas, and food storage areas must be free from plainly visible dirt, litter, not subject to sewage or wastewater backflow, and protected from contamination by condensation, leakage, or vermin, including but not limited to rodents and insects.
(1) Food storage areas shall be clean at all times.	Deleted text

Original Text	Proposed Amended Text
(2) Dry or staple items shall be stored at least 30 cm (12 inches) above the floor, in a ventilated room, not subject to sewage or waste water backflow, or contamination by condensation, leakage, rodents or vermin.	(1) Dry and staple items must be stored in a well-ventilated room with a temperature of between 10 degrees Celsius (50 degrees Fahrenheit) and 21 degrees Celsius (70 degrees Fahrenheit). All foods must be stored at least 15.24 cm (6 inches) above the floor, and protected from sources of contamination such as sewage or wastewater backflow, condensation, leakage, and wet cleaning.
(3) All readily perishable foods or beverages capable of supporting rapid and progressive growth of microorganisms which can cause food infections or food intoxication shall be maintained at temperatures of 7°C (45°F) or below, or at 60°C (140°F) or above, at all times, except during necessary periods of preparation and service. Frozen food shall be stored at -18°C (0°F) or below.	(2) All readily perishable foods or beverages capable of supporting rapid and progressive growth of microorganisms that can cause food infections or food intoxication must be maintained at temperatures below 5 degrees Celsius (41 degrees Fahrenheit) or above 57 degrees Celsius (135 degrees Fahrenheit) at all times, except during necessary periods of preparation and service. Frozen food must remain frozen, with the freezer temperature kept at or below 18 degrees Celsius (0 degrees Fahrenheit).
Added text	(3) Foods held in refrigerated or other storage areas must be covered. Food that was prepared and not served must be stored, clearly labeled, and dated.
(4) There shall be a reliable thermometer in each refrigerator and in storerooms used for perishable food.	(4) Each refrigerator, freezer, and storeroom must have a thermometer. A daily log of recorded temperatures for all refrigerators and freezers must be maintained. The log must be available to the Department upon request for inspection for the previous ninety (90) days.
(5) Pesticides, other toxic substances and drugs shall not be stored in the kitchen area or in storerooms for food and/or food preparation equipment and utensils.	(5) Pesticides, other toxic substances, and drugs must not be stored in the kitchen area or in storerooms for food and food preparation equipment and tableware.
(6) Soaps, detergents, cleaning compounds or similar substances shall not be stored in food storerooms or food storage areas.	(6) Soaps, detergents, cleaning compounds, or similar substances must not be stored in a manner that could result in cross-contamination of food.
(l) Sanitation.	(q) Sanitation.
(1) All kitchens and kitchen areas shall be kept clean, free from litter and rubbish and protected from rodents, roaches, flies and other insects.	Deleted text

Original Text	Proposed Amended Text
(2) All utensils, counters, shelves and equipment shall be kept clean, maintained in good repair and shall be free from breaks, corrosions, open seams, cracks and chipped areas.	(1) All tableware, counters, shelves, and equipment must be kept clean, maintained in good repair, and must be free from breaks, corrosions, open seams, cracks, and chipped areas.
(3) Plasticware, china and glassware that is unsightly, unsanitary or hazardous because of chips, cracks or loss of glaze shall be discarded.	(2) Tableware that is, unsanitary, or hazardous because of chips, cracks, or loss of glaze must be discarded.
(4) Ice which is used in connection with food or drink shall be from a sanitary source and shall be handled and dispensed in a sanitary manner.	(3) Ice used in connection with food or drink must be from a sanitary source and must be handled and dispensed in a sanitary manner. If ice is obtained from an ice machine on the premises, the machine must be kept free from organic and foreign matter, and at a minimum, machine use and maintenance must follow the manufacturer's and the hospital's infection control guidelines.
(5) Kitchen wastes that are not disposed of by mechanical means shall be kept in leakproof, nonabsorbent, tightly closed containers and shall be disposed of as frequently as necessary to prevent a nuisance or unsightliness.	(4) Kitchen wastes that are not disposed of by mechanical means must be kept in leak-proof, nonabsorbent, tightly closed containers and must be disposed of as frequently as necessary to prevent a nuisance or unsightliness.
(m) All utensils used for eating, drinking and in the preparation and serving of food and drink shall be cleaned and disinfected or discarded after each usage.	(r) All tableware used for eating, drinking, and in the preparation and serving of food and drink, must be cleaned and sanitized or discarded after each use. Any single use article must not be reused.
(1) Gross food particles shall be removed by scraping and prerinsing in running water.	(1) During manual or mechanical ware washing, food debris on equipment, and tableware must first be scraped off prior to washing. If necessary for effective cleaning, tableware and equipment must be pre-flushed, presoaked, or scrubbed with abrasives.

Original Text	Proposed Amended Text
(2) The utensils shall be thoroughly washed in hot water with a minimum temperature of 43°C (110°F), using soap or detergent, rinsed in hot water to remove soap or detergent and disinfected by one of the following methods or an equivalent method approved by the Department:	(2) Manual ware washing must be accomplished using a three (3)-compartment sink for all sinks installed on or after January 1, 2008. A two (2)-compartment sink in use on December 31, 2007, does not need to be replaced to meet this standard, but after that date, if a two (2)-compartment sink is replaced, this standard must be followed. Tableware must be thoroughly washed in hot water with a minimum temperature of 37.77 degrees Celsius (100 degrees Fahrenheit) using soap or detergent, or at a temperature specified by the manufacturer of the soap or detergent, rinsed in clear water to remove soap or detergent, and sanitized by a final rinse of one of the following methods or an equivalent method approved by the Department:
(A) Immersion for at least two minutes in clean water at 77°C (180°F).	(A) Immersion for at least 30 seconds in water with the temperature maintained at or above 77 degrees Celsius (171 degrees Fahrenheit). For sinks installed on or after January 1, 2008 used for hot water sanitization, the sanitizing compartment of the sink must be designed with an integral heating device that is capable of maintaining water at a temperature not less than 77 degrees Celsius (171 degrees Fahrenheit) and provided with a rack or basket to allow complete immersion of equipment and tableware into the hot water. If a sink without an integral heating device and a rack or basket for complete immersion is in use for hot water sanitization on December 31, 2007, it need not be replaced to meet this standard, but after that date, if a new sink for hot water sanitizing use is purchased, this standard must be followed.

Original Text	Proposed Amended Text
(B) Immersion for at least 30 seconds in clean water at 82°C (180°F).	(B) The application of sanitizing chemicals must occur by immersion, manual swabbing, or brushing, using one of the following solutions: contact with a solution of 100 parts per million (ppm) available chlorine solution for at least 30 seconds; contact with a solution of 25 ppm available iodine for at least one minute; contact with a solution of 200 ppm quaternary ammonium for at least one minute; or contact with any chemical sanitizer that meets the requirements of Title 40, the Code of Federal Regulations section 180.940 of , 07-01-10 Edition and when used in accordance with the manufacturer's instructions.
(C) Immersion in water containing bactericidal chemical as approved by the Department.	Deleted text
(3) After disinfection the utensils shall be allowed to drain and dry in racks or baskets on nonabsorbent surfaces. Drying cloths shall not be used.	(3) After disinfection the tableware must be allowed to drain and dry in racks or baskets on nonabsorbent surfaces. Drying cloths must not be used.
(4) Results obtained with dishwashing machines shall be equal to those obtained by the methods outlined above and all dishwashing machines shall meet the requirements contained in Standard No. 3 as amended in April 1965 of the National Sanitation Foundation, P.O. Box 1468, Ann Arbor, MI 48106.	(4) Results obtained with dishwashing machines must be equal to those obtained by the methods outlined in this subdivision and all dishwashing machines installed on or after January 1, 2024 must meet the requirements contained in the standards in NSF 3-2019, "Commercial Warewashing Equipment" of the National Sanitation Foundation International, published April 11, 2017, hereby incorporated by reference. Any dishwashing machine in use on December 31, 2023, does not need to be replaced to meet this standard, but on or after January 1, 2024, when such machines are replaced, this standard must meet the requirements in NSF 3-2019.(5) Mechanical sanitization shall be accomplished in the final sanitizing rinse by one of the following:
Added text	(5) Mechanical sanitization shall be accomplished in the final sanitizing rinse by one of the following:

Original Text	Proposed Amended Text
Added text	(A) Being cycled through equipment that is used in accordance with the manufacturer's instructions and achieving a tableware surface temperature of 71 degrees Celsius (160 degrees Fahrenheit) as measured by an irreversible registering temperature indicator.
Added text	(B) The mechanical application of sanitizing chemicals creating contact by pressure spraying methods using one of the following solutions: 50 parts per million (ppm) of available chlorine for at least 30 seconds; 25 ppm available iodine for at least one minute.
Added text	(C) Any chemical sanitizer that meets the requirements of Title 40 of the Code of Federal Regulations section 180.940, 7-01-10 Edition, when applied in accordance with the sanitizer manufacturer's use directions as specified on the product label and following the machine manufacturer's specifications.
NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.	NOTE: Authority cited: Sections 20, 1254, 1275, and 131200, Health and Safety Code. Reference: Section 1276, 131050, 131051, and 131052, Health and Safety Code.
Blank	**Amend section 70275 to read as follows:**
Section 70275. Dietetic Service Staff.	Section 70275. Dietetic Service Staff.
(a) A registered dietitian shall be employed on a full-time, part-time or consulting basis. Part-time or consultant services shall be provided on the premises at appropriate times on a regularly scheduled basis and of sufficient duration and frequency to provide continuing liaison with medical and nursing staffs, advice to the administrator, patient counseling, guidance to the supervisor and staff of the dietetic service, approval of all menus and participation in development or revision of dietetic policies and procedures and in planning and conducting in-service education programs.	Deleted text
(b) If a registered dietitian is not employed full-time, a full-time person who meets the training requirements to be a dietetic services supervisor specified in section 1265.4(b) of the Health and Safety Code shall be employed to be responsible for the operation of the food service.	(a) A dietitian must be registered by the Commission on Dietetic Registration. The dietician must administer the hospital's dietetic service and must:

Original Text	Proposed Amended Text
Added text	(1) Provide nutrition care services upon determination of need by screening, assessment, or consult, and ordered by an authorized prescriber, and make nutrition care recommendations to the medical staff.
Added text	(2) Provide medical nutritional therapy to the patient and educate the patient, the patient's family, representatives, and caregivers on the nutritional therapy.
Added text	(3) Serve as a liaison to, and resource for, the medical and nursing staff.
Added text	(4) Approve all patient menus and the hospital diet manual.
Added text	(5) Participate in the development and revision of all dietetic service policies and procedures.
Added text	(6) Develop, implement, and maintain a Quality Assessment and Performance Improvement (QAPI) program according to Title 42, Code of Federal Regulations section 482.21. The results of this QAPI program must be integrated into the hospital-wide QAPI program.
Added text	(7) Provide direction and guidance to the food service manager and dietetic service staff.
Added text	(8) Plan and conduct in-service education and training programs for the dietetic service staff.
Added text	(9) Advise the hospital administration on dietetic issues.
Added text	(10) Participate with administration and department heads in conferences for dietetic issues.
Added text	(11) Participate on hospital committees relevant to dietetic service operations.
Added text	(b) If the registered dietitian is not employed full-time, the dietetic service must have part-time registered dietitians, or consultant registered dietitians, scheduled to work on the premises during the days and hours needed to administer the service and to meet patient needs based on the patient population and census.

Original Text	Proposed Amended Text
Added text	(1) If the registered dietitian is a consultant, the registered dietitian's contract must clearly define the responsibilities and required frequency and duration of the registered dietitian's visits so that the registered dietitian must be able to meet the needs of the dietetic service operations and the nutritional needs of the patient in accordance with accepted standards of practice.
Added text	(2) A consultant registered dietitian must create documented reports of all dietary modifications and services performed.
Added text	(3) The consultant registered dietitian's contract and résumé must be kept in the hospital's personnel files, and the registered dietitian's regular reports must be kept in the dietetic service personnel files and must be available for inspection by the Department.
Added text	(c) If the registered dietitian responsible for the administration of the dietetic service is not employed full-time, a dietetic service supervisor who is qualified under section 1265.4(b) of the Health and Safety Code must be employed full-time to manage the food service operations of the dietetic service. This dietetic services supervisor must consult with the registered dietitian who retains responsibility for the administration of the dietetic service. The dietetic service supervisor must:
Added text	(1) Implement all dietetic service policies and procedures.
Added text	(2) Implement the diet manual and menu.
Added text	(3) Implement the continuous Quality Assessment and Performance Improvement (QAPI) program developed by the registered dietitian.
Added text	(4) Participate in hospital-wide emergency preparedness planning.
Added text	(5) Participate with administration and department heads in conferences for dietetic issues.
Added text	(6) Participate on hospital committees relevant to the dietetic service operations.

Original Text	Proposed Amended Text
(c) Sufficient dietetic service personnel shall be employed, oriented, trained and their working hours scheduled to provide for the nutritional needs of the patients and to maintain the dietetic service areas. If dietetic service employees are assigned duties in other service areas, those duties shall not interfere with the sanitation, safety or time required for dietetic work assignments.	(d) Dietetic service staff must be employed, oriented, trained, and scheduled enough working hours to provide for the nutritional needs of the patients and to maintain the dietetic service areas. If dietetic service employees are assigned duties in other service areas, those duties must not interfere with the sanitation, safety, or time required for dietetic service work assignments.
(d) Current work schedules by job titles and weekly duty schedules shall be posted in the dietetic service area.	(e) Current work schedules by job titles and weekly duty schedules must be made available in the dietetic service area.
(e) A record shall be maintained of the number of persons by job title employed full or part-time in dietetic services and the number of hours each works weekly.	(f) A record must be maintained of the persons employed full- or part-time in the dietetic service, including their job title, and the number of hours each person works weekly.
(f) Hygiene of Dietetic Service Staff.	(g) Hygiene of Dietetic Service Staff.
(1) Dietetic service personnel shall be trained in basic food sanitation techniques, shall be clean, wear clean clothing, including a cap and/or a hair net and shall be excluded from duty when affected by skin infection or communicable diseases. Beards and mustaches which are not closely cropped and neatly trimmed shall be covered.	(1) Dietetic service staff must be trained in basic food sanitation techniques following the hygienic practices in accordance with Health and Safety Code sections 113973 to 113978, must wear clean clothing, including a cap or a hair net, and must be excluded from duty when affected by skin infection or communicable diseases. Beards and mustaches must be covered by a hairnet and/or beard net. All jewelry is prohibited with the exception of a plain ring in accordance with Health and Safety Code section 113973.
(2) Employee's street clothing stored in the kitchen area shall be in a closed area.	(2) Employee's street clothing and other personal items stored in the kitchen area must be in an enclosed locker area pursuant to Title 24, California Building Code section 1224.20.2.15.
(3) Kitchen sinks shall not be used for handwashing. Separate handwashing facilities with soap, running water and individual towels shall be provided.	(3) Kitchen sinks must not be used for handwashing. Separate handwashing stations with antiseptic soap, running water, and single use disposable towels must be provided in the dietetic service area. Hand sanitizers must not be permitted in the place of handwashing.
(4) Persons other than dietetic personnel shall not be allowed in the kitchen area unless required to do so in the performance of their duties.	(4) Persons other than dietetic service staff must not be allowed in the kitchen area unless required to do so in the performance of their duties.

Original Text	Proposed Amended Text
NOTE: Authority cited: Sections 1275 and 131200, Health and Safety Code. Reference: Sections 1276, 131050, 131051 and 131052, Health and Safety Code.	NOTE: Authority cited: Sections 20, 1254, 1275, and 131200, Health and Safety Code. Reference: Sections 1265.4, 1276, 131050, 131051, and 131052, Health and Safety Code.
Blank	**Amend section 70277 to read as follows:**
Section 70277. Dietetic Service Equipment and Supplies.	Section 70277. Dietetic Service Equipment and Supplies
(a) Equipment of the type and in the amount necessary for the proper preparation, serving and storing of food and for proper dishwashing shall be provided and maintained in good working order.	(a) The type and amount of equipment necessary for preparation, serving, and storage of food, and for dishwashing and sanitation, must be provided and maintained in accordance with manufacturer's recommendations.
(1) The dietetic service area shall be ventilated in a manner that will maintain comfortable working conditions, remove objectionable odors and fumes and prevent excessive condensation.	(1) The dietetic service area must be well-ventilated in a manner that will maintain comfortable working conditions, remove odors and fumes, and prevent condensation pursuant to Title 24, California Mechanical Code, sections 413.
(2) Equipment necessary for preparation and maintenance of menus, records and references shall be provided.	(2) Equipment necessary for preparation and maintenance of menus, records, and references must be provided.
(3) Fixed and mobile equipment in the dietetic service area shall be located to assure sanitary and safe operation and shall be of sufficient size to handle the needs of the hospital.	(3) Fixed and mobile equipment in the dietetic service area must be located to ensure sanitary and safe operation and must be of sufficient size to meet the needs of the hospital.
(b) Food Supplies.	(b) Food supplies must be provided and meet the following conditions:
(1) At least one week's supply of staple foods and at least two (2) days supply of perishable foods shall be maintained on the premises. Supplies shall be appropriate to meet the requirements of the menu.	(1) At least one week's supply of staple foods and at least two (2) days supply of perishable foods must be maintained on the premises. Supplies must meet the requirements of the menu.
Added text	(2) When a hospital is unable to prepare meals or obtain meals from an outside food service, absent an official proclamation or declaration of a disaster, the hospital must provide patients with hot meals that mirror the nutritional adequacy of menus routinely served.
Added text	(3) Meals served in a disaster must mirror the macronutrient content of menus routinely served, while considering the supply of essential resources such as gas, electricity, and potable water.

Original Text	Proposed Amended Text
Added text	(4) The amount of additional food supplies to be maintained for disaster purposes must be based on the hospital's all-hazards emergency management plan.
(2) All food shall be of good quality and procured from sources approved or considered satisfactory by federal, state and local authorities. Food in unlabeled, rusty, leaking, broken containers or cans with side seam dents, rim dents or swells shall not be accepted or retained.	(5) All food must be of good quality and procured from sources approved or considered satisfactory by federal, state, and local authorities. Food in unlabeled, rusty, leaking, broken containers, or cans with side seam dents, rim dents, or swells must not be accepted or retained. Frozen food with evidence of thawing must not be accepted or served.
(3) Milk, milk products and products resembling milk shall be processed or manufactured in milk product plants meeting the requirements of Division 15 of the California Food and Agricultural Code.	(6) Milk, milk products, and products resembling milk as defined in Food and Agricultural section 38912must be processed or manufactured in milk product plants meeting the requirements of Division 15 of the Food and Agricultural Code.
(4) Milk may be served in individual containers, the cap or seal of which shall not be removed except in the presence of the patient. Milk may be served from a dispensing device which has been approved for such use. Milk served from an approved device shall be dispensed directly into the glass or other container from which the patient drinks.	Deleted text
(5) Catered foods and beverages from a source outside the hospital shall be prepared, packed, properly identified, stored and transported in compliance with these regulations and other applicable federal, state and local codes as determined by the Department.	(7) Catered foods and beverages from a source outside the hospital must be prepared, packed, properly identified, stored, and transported in compliance with these regulations and other applicable federal, state, and local codes.
(6) Foods held in refrigerated or other storage areas shall be appropriately covered. Food which was prepared and not served shall be stored appropriately, clearly labeled and dated.	Deleted text
(7) Hermetically sealed foods or beverages served in the hospital shall have been processed in compliance with applicable federal, state and local codes.	(8) Hermetically sealed foods or beverages served in the hospital must have been processed in compliance with applicable federal, state, and local codes.
Added text	NOTE: Authority cited: Sections 20, 1254, 1275, and 131200, Health and Safety Code. Reference: Sections 1276, 131050, 131051, and 131052, Health and Safety Code.
Blank	**Amend section 70279 to read as follows:**

Original Text	Proposed Amended Text
Section 70279. Dietetic Service Space.	Section 70279. Dietetic Service Space.
(a) Adequate space for the preparation and serving of food shall be provided. Equipment shall be placed so as to provide aisles of sufficient width to permit easy movement of personnel, mobile equipment and supplies.	(a) Space for the preparation and serving of food must be provided and maintained in accordance with these regulations. Equipment must be arranged so that there are aisles of sufficient width to permit easy movement of staff, mobile equipment, and supplies pursuant to Title 24, California Building Code section 1224.20.
(b) Well ventilated food storage areas of adequate size shall be provided.	(b) Well-ventilated food storage areas must be large enough to contain the dietetic service's food supplies and maintained to ensure food safety and meet the needs of the dietary service operation.
(c) A minimum of .057 cubic meters (two cubic feet) of usable refrigerated space per bed shall be maintained for the storage of frozen and chilled foods.	(c) Enough usable refrigerated space must be maintained for the storage of frozen and chilled foods such that the dietetic service can meet the needs of the patients as determined by patient care plans and physicians' orders, pursuant to Title 24 California Building Code section 1224.20.2.3.
(d) Adequate space shall be maintained to accommodate equipment, personnel and procedures necessary for proper cleaning and sanitizing of dishes and other utensils.	(d) Adequate space must be maintained to accommodate equipment, staff, and procedures necessary for proper cleaning and sanitizing of tableware.
(e) Where employee dining space is provided, a minimum of 1.4 square meters (15 square feet) of floor area per person served, including serving area, shall be maintained.	(e) Where employee dining space is provided, including serving area, space must be maintained pursuant to Title 24, California Building Code Section 1224.20.2.8.1.
(f) Office or other suitable space shall be provided for the dietitian or dietetic service supervisor for privacy in interviewing personnel, conducting other business related to dietetic service and for the preparation and maintenance of menus and other necessary reports and records.	(f) The registered dietitian and the dietetic service administrative staff must have office space necessary to conduct business related to the dietetic service. Such space must provide privacy for interviewing personnel and accommodate the preparation and maintenance of menus and other necessary reports and records.
Added text	(1) The built dietetic service administrative staff offices must be located and maintained to provide an unobstructed view of the food preparation area. Dietetic service offices in use as of January 1, 2024, do not need to be replaced or remodeled to meet this standard.

Original Text	Proposed Amended Text
Added text	NOTE: Authority cited: Sections 20, 1254, 1275, and 131200, Health and Safety Code. Reference: Sections 1276, 131050, 131051, and 131052, Health and Safety Code.

Article 7. Administration

Original Text	Proposed Amended Text
Blank	**Amend section 70701 to read as follows:**
Section 70701. Governing Body.	Section 70701. Governing Body.
No change to text (a) through (a)(9).	No change to text (a) through (a)(9).
Added text	(10) Develop, implement, and maintain a hospital-wide Quality Assessment and Performance Improvement (QAPI) program, according to 42 Code of Federal Regulations section 482.21. Every supplemental service and basic service within the hospital, including contract services from outside entities, must have an ongoing QAPI program, in accordance with the hospital-wide QAPI program that reflects the type and complexity of care provided.
NOTE: Authority cited: Sections 208(a) and 1275, Health and Safety Code. Reference: Sections 1276, 1315, 1316 and 1316.5, Health and Safety Code.	NOTE: Authority cited: Sections 20, 208(a), 1254, 1275, 131000, 131050, 131051, 131052, and 131200, Health and Safety Code. Reference: Sections 1276, 1315, 1316, and 1316.5, Health and Safety Code, and Sections 482.12 and 482.22, Title 42 Code of Federal Regulations.