

130.122: continued

(H) The Department shall monitor implementation of the hospital's plan for preserving access to necessary health care services following closure of the service(s).

130.124: Period of License

(A) The Department shall issue a hospital license for a period of two years.

(B) Provided a licensed hospital submits a timely application for a renewal license, its previous license shall be valid until the Department acts on its renewal application.

130.125: Coverage of License

A license is valid only for the premises and specific services authorized by the Department.

130.126: Posting of License and DPS Certificate

(A) The hospital shall conspicuously post the license on the hospital's premises and shall conspicuously post a copy of its license in each satellite unit of the hospital.

(B) The hospital shall conspicuously post its current inspection certificate issued by the Department of Public Safety.

130.127: Emergency Department Wayfinding, Signage, Lighting and Security Requirements

On and after January 1, 2024, hospitals with emergency departments must adhere to the wayfinding, signage, and security requirements in 105 CMR 130.127 and in guidelines of the Department.

(A) Signage and Wayfinding.

(1) Public entrances to the emergency department shall be clearly marked from external approaches and shall be identified by exterior signage and visible from public thoroughfares. Signs identifying the emergency department shall read "EMERGENCY" in all caps in red on a white background or white on a red background and public entrances to emergency departments when applicable, shall be distinguishable from the emergency department ambulance entrance.

(2) Emergency department patient drop off and entry areas and hospital perimeter doors, which include, but may not be limited to, doors that are locked at night, main entrance doors, emergency department entrance doors, ambulance entrances and any door a patient may typically use to enter the hospital, shall be well lit and include directions to the emergency department. Emergency patient vehicle drop off and external and internal entry areas shall be lit to be distinguishable from other entrances.

(3) Exterior hospital entry points shall be clearly identified from all major exterior routes including roadways, public transportation stops, and vehicular parking.

(4) Exterior hospital emergency department identification and directional signs shall be sufficiently lit to allow drivers and pedestrians to see signage after dark and during inclement weather. Hospitals must place directional signs leading to the emergency department in such a manner as to ensure visual continuity in accordance with guidance from the Department.

(5) Exterior wayfinding shall clearly define the access pathways from public thoroughfares to the hospital main entrance and emergency department entrance.

(B) Security and Communications.

(1) Hospitals with an emergency department shall maintain lighted communications technology, such as two-way live audio-visual communication technology, with duress alarm features across the grounds of the hospital facility, which shall at a minimum contain communication devices at the hospital main entrances, emergency department entrance, ambulance entrances, and any exterior door a patient may typically use, and in strategic locations around hospital grounds to communicate with on-duty personnel. Such technology shall be accessible to people with low vision, hearing loss, difficulties with speech and cognitive processing. The system shall include emergency duress button stations that are well marked and lit, and not dependent solely on audio communication.

## 130.127: continued

(2) Hospital security desks and emergency department front desks shall be staffed 24 hours per day, seven days per week, or the hospital shall have a phone number posted at these locations that can connect patients with hospital personnel who can provide immediate assistance.

(3) Hospitals shall have written policies and procedures for the video/audio monitoring 24 hours per day, of exterior entrances and emergency department patient drop off and entry areas with security technology that includes the ability to record and play back recordings, and the ability to store recording footage for up to 14 days.

(4) Hospitals shall have written policies and procedures to ensure that patients on hospital grounds seeking emergency medical care who cannot physically access the emergency department are quickly located and are immediately given appropriate care.

(5) Hospitals shall ensure that all staff and security have appropriate staff training, including on disability and disability access at the emergency department and how to communicate with, accommodate, and provide support for such individuals, as well as staff responsibilities when patients or companions have difficulty locating and entering an emergency department.

(6) Hospital emergency departments shall have a unique street address for navigational purposes unless the emergency department shares the address with the currently used patient access point and the address for the emergency department shall be listed on the hospital homepage.

130.128: Annual Review

Hospitals with emergency departments shall conduct an annual review of security, wayfinding, signage and lighting policies and procedures, technologies and features. At minimum, the review shall take place during the daytime and nighttime, and shall include plans to maintain and keep lighting, footpaths and signs clear of debris, vegetation, or snow; include a review of surveillance monitoring and patrols by hospital security; include a review of the effectiveness of hospital signs and symbols for patients for whom English is not their first language; and any additional requirements included in guidelines of the Department. Hospital personnel from multiple departments, including security, facilities maintenance, risk management and the emergency department, or their equivalent positions, shall participate in the annual review. Policies and procedures should be reviewed annually and made available to DPH upon request.

130.130: Grounds for Refusal to Renew and Revocation of a License

The Department may refuse to renew, or revoke a license, either wholly or with respect to a specific service or specific services, or a part or parts thereof, for cause. Cause shall include, but shall not be limited to, the following:

- (A) Lack of legal capacity to provide the service(s) to be covered by a license;
- (B) Lack of responsibility and suitability to operate a hospital;
- (C) Failure to submit the required license fee;
- (D) Violation of any relevant state or federal statute or regulation pertaining to operation of the hospital;
- (E) Violation of any applicable provision of 105 CMR 130.000 and failure to submit an acceptable plan of correction pursuant to 105 CMR 130.112; or failure to remedy or correct a cited violation by the date specified in the plan;
- (F) Willful misrepresentation of information or data submitted to the Department or any other agency of the Commonwealth; or
- (G) Failure to participate in risk management programs as required under M.G.L. c. 111, § 203(d).