



**Arizona Administrative Register**  
**Notices of Exempt Rulemaking**

R9-10-720	New Section
R9-10-721	New Section
R9-10-722	New Section
R9-10-723	New Section
R9-10-724	New Section
Article 13	Repeal
R9-10-1301	Repeal
R9-10-1302	Repeal
R9-10-1303	Repeal
R9-10-1304	Repeal
R9-10-1305	Repeal
R9-10-1306	Repeal
R9-10-1307	Repeal
R9-10-1308	Repeal
R9-10-1309	Repeal
R9-10-1310	Repeal
R9-10-1311	Repeal
R9-10-1312	Repeal
R9-10-1313	Repeal
R9-10-1314	Repeal
Article 15	Repeal
R9-10-1501	Repeal
R9-10-1502	Repeal
R9-10-1503	Repeal
R9-10-1504	Repeal
R9-10-1505	Repeal
R9-10-1506	Repeal
R9-10-1507	Repeal
R9-10-1508	Repeal
R9-10-1509	Repeal
R9-10-1510	Repeal
R9-10-1511	Repeal
R9-10-1512	Repeal
R9-10-1513	Repeal
R9-10-1514	Repeal

2. **The specific authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):**

Authorizing statute: A.R.S. §§ 36-132(A) and 36-136(F)

Implementing statute: A.R.S. §§ 36-405 and 36-406 and Laws 1998, Chapter 178, Section 17

3. **The effective date of the rules:**

November 1, 1998.

4. **A list of all previous notices appearing in the Register addressing the exempt rule:**

Notice of Public Workshop on Proposed Rulemaking, 4 A.A.R. 1629, July 6, 1998.

5. **The name and address of agency personnel with whom persons may communicate regarding the rulemaking:**

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**6. An explanation of the rule, including the agency's reasons for initiating the rule, including the statutory citation to the exemption from the regular rulemaking procedures:**

Laws 1998, Chapter 178 was enacted to consolidate 5 licensure classifications for residential care institutions into one assisted living facility license. Section 17 of that legislation requires the Department of Health Services to repeal rules for adult care homes, adult foster homes, supportive residential living centers, and supervisory care homes and requires the Department to adopt rules for assisted living facilities. The rules for assisted living facilities provide definitions, licensure classifications, and requirements for: administration; abuse and neglect reporting; services limitations; personnel qualifications, orientation, training, and records; resident rights and records; residency agreements; service plans, activity programs, and health-related services; medications; food services; an assisted living facility's physical plant; fire and safety; environmental services; and provide supplemental requirements for assisted living facilities providing supervisory care services, personal care services, and directed care services. The rules also provide an approval process for assisted living facility training programs. The Laws 1998, Chapter 178, Section 17 provides an exemption from the requirements of A.R.S. Title 41, Chapter 6.

**7. A showing of good cause why the rule is necessary to promote a statewide interest if the rule will diminish a previous grant of authority of a political subdivision of the state:**

Not applicable.

**8. The summary of the economic, small business and consumer impact:**

Not applicable under an exemption pursuant to Laws 1998, Chapter 178, Section 17.

**9. A description of the changes between proposed rules, including supplemental notices, and final rules (if applicable):**

Not applicable.

**10. A summary of the principal comments and the agency response to them:**

Not applicable.

**11. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:**

Not applicable.

**12. Incorporations by reference and their location in the rules:**

The Food Guide Pyramid, USDA, Center for Nutrition Policy and Promotion, Home and Garden Bulletin Number 252, Revised October 1996 in R9-10-715(A)(3)(a)(ii).

**13. Was the rule previously adopted as an emergency rule?**

No.

**14. The full text of the rules follows:**

**TITLE 9. HEALTH SERVICES**

**CHAPTER 10. DEPARTMENT OF HEALTH SERVICES**

**HEALTH CARE INSTITUTIONS: LICENSURE**

**ARTICLE 6. SUPERVISORY CARE HOMES**

Section

R9-10-611	General
R9-10-612	Definitions
R9-10-613	Functional level
R9-10-614	Licensure
R9-10-615	Administration, admission, discharge and records
R9-10-616	Personnel
R9-10-617	Residents' rights
R9-10-618	Supervisory care services
R9-10-619	Food Services
R9-10-620	Resident activities
R9-10-621	Environmental services
R9-10-622	Furnishings
R9-10-623	Emergency procedures
R9-10-624	Physical plant construction standards

R9-10-703	Administration
R9-10-704	Requirements for sponsors
R9-10-704	Abuse, Neglect, and Exploitation Prevention and Reporting
R9-10-705	Standards of care
R9-10-705	Limitations on Level of Services
R9-10-706	Resident record
R9-10-706	Personnel Qualifications and Records
R9-10-707	Resident rights
R9-10-707	Employee Orientation and Ongoing Training
R9-10-708	Physical requirements for homes
R9-10-708	Personnel Requirements
R9-10-709	Environmental standards
R9-10-709	Residency Agreements
R9-10-710	Application for delegation
R9-10-710	Resident Rights
R9-10-711	Requirements for Service Plans and Health-Related Services

**ARTICLE 7. ADULT FOSTER CARE HOMES**

**ARTICLE 7. ASSISTED LIVING FACILITIES**

R9-10-701	Definitions
R9-10-701	Definitions
R9-10-702	General requirements
R9-10-702	Licensing Classifications
R9-10-703	Requirements for applicants

R9-10-712	Activity Programs
R9-10-713	Medications
R9-10-714	Resident Records
R9-10-715	Food Services
R9-10-716	Physical Plant Requirements
R9-10-717	Fire and Safety Requirements
R9-10-718	Environmental Services

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- R9-10-719 Supplemental Requirements for an Assisted Living Home
- R9-10-720 Supplemental Requirements for an Assisted Living Center
- R9-10-721 Supplemental Requirements for an Assisted Living Facility Licensed to Provide Supervisory Care Services
- R9-10-722 Supplemental Requirements for an Assisted Living Facility Licensed to Provide Personal Care Services
- R9-10-723 Supplemental Requirements for an Assisted Living Facility Licensed to Provide directed Care Services
- R9-10-724 Supplemental Requirements for Training Programs

- 4. "Health care institution" means every place, institution, building or agency, whether organized for profit or not, which provides facilities with medical services, nursing services, health related services or supervisory care services.
- 5. "Health related services" means services, other than medical, pertaining to general supervision, protective, preventive and personal care services or supervisory care services.
- 6. "Resident" means a person admitted to and residing in a facility.
- 7. "Resident room" means an individual resident unit including a bed with related furniture.
- 8. "Supervisory care home" means a residential care institution which provides only supervisory care services to more than five ambulatory persons unrelated to the manager or owner of such a home.
- 9. "Supervisory care services" means accommodation, board and general supervision, including assistance to persons in the self administration of prescribed medications. For purposes of this definition, "general supervision" means protective oversight including daily awareness of resident functioning and continuous needs and functional level assessment, ability to intervene in a crisis situation, and supervision in self administration of medications.

**ARTICLE 13. ADULT CARE HOMES**

- R9-10-1301 Definitions
- R9-10-1302 Administration
- R9-10-1303 Personnel
- R9-10-1304 Staffing
- R9-10-1305 Admission and Discharge
- R9-10-1306 Standards of Care
- R9-10-1307 Medications and Treatments
- R9-10-1308 Nutrition and Food Service
- R9-10-1309 Resident Records
- R9-10-1310 Environmental Services
- R9-10-1311 Physical Plant Requirements
- R9-10-1312 Furnishings for Residents
- R9-10-1313 Fire and Safety Standards
- R9-10-1314 Variance Procedures

**R9-10-613. Functional level**

Supervisory care as set forth in this regulation prescribes the placement criteria for residents receiving supervisory care services.

**ARTICLE 15. SUPPORTIVE RESIDENTIAL LIVING CENTERS**

- R9-10-1501 Definitions
- R9-10-1502 Licensure Requirements
- R9-10-1503 Management
- R9-10-1504 Personnel
- R9-10-1505 Staffing
- R9-10-1506 Resident Rights
- R9-10-1507 Residency
- R9-10-1508 Termination of Residency
- R9-10-1509 Service Standards
- R9-10-1510 Medications
- R9-10-1511 Food Service
- R9-10-1512 Resident Records
- R9-10-1513 Physical Plant Standards
- R9-10-1514 Safety Standards

FUNCTIONAL AREA	FUNCTIONAL LEVEL
MOBILITY—	Independent in ambulation with or without assistive devices or independent in wheelchair mobility including transfer
EATING	Independent in eating
BATHING	Independent in bathing
BOWEL AND	Continent or responsible for self care of
BLADDER	indwelling catheter or colostomy
MEDICATION AND	None, self administered or administered
TREATMENT	by home health or outpatient services
MENTAL	Usually in contact with reality.
SOCIAL	May be forgetful or exhibit minor judgment defects and may need staff guidance.
EMOTIONAL	Capable of socialization and communication. Initiates self care.

**ARTICLE 6. SUPERVISORY CARE HOMES**

**R9-10-611. General**

These regulations contain requirements for licensure of Supervisory Care Homes, herein called "the facility", as defined in A.R.S. § 36-401 and in accordance with A.R.S. §§ 36-403 and 36-422.

**R9-10-612. Definitions**

For the purpose of this Article the following definitions apply:

- 1. "Accommodation" means resident room, board, and services. Board means provision of regular meals.
- 2. "Ambulatory person" means any individual, including one who uses a cane or other ambulatory support device, who is physically and mentally capable under emergency conditions of finding a way to safety without assistance.
- 3. "Department" means the Department of Health Services.

**R9-10-614. Licensure**

- A. Every facility providing supervisory care services to more than five ambulatory persons unrelated to the manager or owner of said facility shall be licensed by the Department as a supervisory care home. Licensure is optional for facilities providing such services to five or fewer such persons. A license is not required for places wherein persons receive health related services from relatives or from legally appointed representatives.
- B. Application for a supervisory care home license shall be made to the Department as required by A.R.S. § 36-422.
- C. The Department shall be notified in writing at least 30 days prior to a change of manager or ownership of the facility.

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**R9-10-615. Administration, admission, discharge and records**

- A. ~~Administration. Every supervisory care home shall be operated under the direct supervision of a manager whose normal post of duty is on the premises. This individual may be the owner or a person appointed in writing by the owner. The manager shall be 21 years of age or older and competent to manage. The manager shall not leave the premises when residents are present without delegating authority to a person 21 years of age or older who is competent to manage. The manager or his delegate must remain on the premises at all times when residents are present.~~
- B. ~~Admission. Only ambulatory persons, including persons independent in wheelchair mobility and transfer, and functioning at the level indicated in R9-10-613 shall be admitted or retained as residents in a licensed supervisory care home. The waiving of rights to manage personal or financial affairs shall not be made a condition of residency.~~
- C. ~~Discharge. A resident shall be discharged from a facility upon request of the resident's family, legal representative or the resident.~~
- D. ~~Records. The following documents and references shall be maintained in the facility and made available for review by the Department:~~
- ~~1. A current copy of this Article.~~
  - ~~2. Documents evidencing ownership and management of the facility.~~
  - ~~3. Menus, as served, for the preceding sixty days.~~
  - ~~4. A current register of residents including name, date of admission, date of discharge, name and telephone number of personal physician, next of kin or responsible party and place to which resident was discharged.~~
  - ~~5. A written inventory, in duplicate, of the resident's personal property located at the facility.~~
- E. ~~Operating licenses, permits, schedules of rates and charges, the functional level matrix and the list of deficiencies identified during the facility's most recent licensing survey shall be filed in facility's office and made available upon request.~~
- F. ~~The facility shall comply with the applicable filing requirements of A.R.S. §§ 36-436 et seq.~~

**R9-10-616. Personnel**

- A. ~~Employees shall be 16 years of age or older.~~
- B. ~~Sufficient personnel shall be employed to ensure the well-being of the residents and to provide effective food service, housekeeping and maintenance services.~~
- C. ~~At all times when residents are present, at least one employee on duty on the premises shall have satisfactorily completed eight hours of basic first aid training. Written verification of this training shall be available at the facility.~~
- D. ~~Personnel shall have an appropriate tuberculosis screening test prior to employment. This requirement shall also apply to members of the owner or manager's family living or working in the facility.~~

**R9-10-617. Residents' rights**

- A. ~~The facility shall establish a written policy regarding the rights of residents and shall assure compliance with that policy. A list of residents' rights shall be conspicuously posted in an area accessible to all residents.~~
- B. ~~Each resident may manage his personal financial affairs. A resident may authorize in writing the facility manager to assume responsibility for the conduct of his financial affairs. A copy of such authorization and a record of all receipts and expenditures of such residents' personal funds shall be maintained by the facility manager. An account shall be main-~~

~~tained for each such resident. Such residents shall receive a written statement of the receipts and expenditures made on their behalf at least quarterly.~~

- C. ~~Where language or culture impedes communication between personnel and residents, efforts shall be made to provide effective communication.~~
- D. ~~Residents continue to possess and enjoy the personal civil rights of all citizens, and such rights are not limited or terminated by residence in a facility. Such rights, however, are to be exercised by a resident with due consideration for the rights and interests of other residents:~~
- ~~1. Personal civil rights include, but are not limited to, the rights of free speech, expression and association, of voting and engaging in political activity outside the facility, of privacy and of ownership of property.~~
  - ~~2. While residing in a facility, a resident may refuse or agree to receive visitors, arrive at and depart from the facility consistent with personal safety, and receive and dispatch personal mail and correspondence without interference by any person.~~
  - ~~3. A resident shall be treated at all times with regard for his individuality and privacy, and shall be free from medical, psychological and physical abuse.~~
  - ~~4. Each resident shall be entitled to access to a secure storage container where his valuable personal property may be safely maintained at the facility.~~
  - ~~5. Each resident is entitled to undertake meaningful work to enhance his existence in accordance with his physical and emotional capabilities. Such work may include, but shall not be limited to, voluntary maintenance of the residents' living area in the facility.~~
  - ~~6. Upon admission, each resident shall receive an explanation and a copy of the facility's written policy on residents' rights. Each resident shall receive full and complete information as to rates and services of the facility. Residents shall receive oral and written notice of proposed changes in rates or services at least two weeks prior to the effective date of such proposed changes.~~
  - ~~7. Residents shall have access to those services ordinarily provided by public or private agencies to persons in the community or in their own homes such as home health services. The facility shall not be required to incur any expense for the provision of such services, unless by express agreement between the facility and the resident.~~

**R9-10-618. Supervisory care services**

- A. ~~Resident supervision. The following standards relating to resident care shall apply:~~
- ~~1. Every resident shall receive supervision as needed to maintain personal hygiene.~~
  - ~~2. Residents shall not be abused in any way.~~
  - ~~3. Residents suspected of having communicable diseases, being seriously ill, or being unable to make financial or personal care decisions, shall be referred as soon as possible to the proper public or private agencies. Transportation to that agency will be arranged by the facility in case of an emergency.~~
- B. ~~Supervision of medications. The following standards relating to supervision of medications shall apply:~~
- ~~1. Any prescribed medication required by a resident shall be self-administered except where a resident, although generally capable of self-administration, may require assistance from a staff member.~~
  - ~~2. A resident may be assisted and supervised by a staff member to the following extent:~~

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- a. The resident may be reminded of the time to take his medication.
  - b. The medication regimen as indicated on the container label may be read to the resident.
  - c. The dosage to be self-administered may be verified according to the container label.
  - d. The resident may be physically assisted with self-administration of medication.
- 3. Medications and treatments may be administered to a resident by staff of a licensed home health agency.
  - 4. Medication stored by the facility shall be maintained in a locked container at all times other than during administration.
  - 5. Medication kept by a resident shall be stored in a locked container, or drawer. A duplicate of the key shall be available to the manager.
  - 6. Medications requiring refrigeration shall be kept by the facility in a separate locked container within the refrigerator.
  - 7. Only a registered pharmacist may label, alter a label, or repack medication.
  - 8. All medication including controlled substances no longer required by the resident for whom they were prescribed shall be destroyed by the resident or surrendered to the Arizona State Board of Pharmacy by the facility.
  - 9. Medications marked "for external use only" and stored by the facility shall be kept separate from other medications in a locked cabinet.

**R9-10-619. Food services**

- A. The dining area shall be well lighted, ventilated, large enough to accommodate the residents and attractively furnished. Mealtime socialization among residents shall be encouraged.
- B. At least three meals shall be served daily with not more than a 14-hour span between the evening meal and breakfast. Between meal snacks and bedtime nourishment shall be made available to each resident as appropriate.
- C. Meals shall include at least the recommended amounts of the basic food groups (grains, protein, fruit, vegetables and dairy products).
- D. Meals shall be served in accordance with pre-planned menus. Menus shall be prepared one week in advance and posted in the kitchen and in an area accessible to residents.
- E. If the facility elects to accept residents who require controlled diets, the prescribed diet shall be followed. A current therapeutic diet manual shall be available in the kitchen.
- F. Prepared foods shall be maintained at safe temperatures until served to the residents: Cold foods at 45°F or below; hot foods at 140°F or above.
- G. Supplies of staple food equivalent to a minimum of one week's needs and of perishable food equivalent to a minimum of two days' needs shall be maintained on the premises.
- H. Records of food purchased shall be maintained for sixty days at the facility.
- I. Dry or staple foods shall be stored off the floor in a vented room.
- J. All food preparation, storage, and handling shall comply with state and local regulations.
- K. Poisonous or toxic materials shall be labeled and stored in locked cabinets that are used for no other purpose or in a place that is separate from all food storage areas, food preparation areas and food-related equipment and utensils.
- L. Cleaning procedures shall be established. Schedules and assignments shall be posted in the kitchen area and shall be followed by personnel assigned those duties.

- M. Food service personnel having open wounds or symptoms of communicable disease shall not be permitted to work in food service areas.
- N. Staff food handlers shall have a food handler permit where locally required.

**R9-10-620. Resident activities**

- A. Residents shall be encouraged, according to their interests, needs and capabilities, to participate in work, educational, recreational and social activities planned by the manager, the residents' families, or by community agencies.
- B. Residents shall be encouraged to use outdoor areas for exercise and activities.
- C. A suitable and comfortably furnished area shall be provided in the facility for activities and family visits. Furnishing shall include a functioning television set, radio, clocks and calendars.
- D. The facility shall provide current newspapers. Magazines or other reading materials shall also be provided.

**R9-10-621. Environmental services**

- A. The facility shall meet or exceed boarding home standards established by the town, city, or county in which it is located.
- B. The facility shall establish and implement written policies and procedures to keep the facility safe and free from hazards, offensive odors and accumulations of dirt and rubbish.
- C. Storage areas shall be free from accumulation of dirt, refuse, papers, and discarded furniture and equipment.
- D. The facility shall be maintained free of insects and rodents. All windows which open to the outside shall be screened to exclude insects.
- E. If garbage or trash is sorted or stored on the grounds of the facility until collection, it shall be placed in containers with tight fitting covers. Garbage and trash shall be removed from the facility at least twice a week. Containers shall be lined with a plastic liner.
- F. All shelves shall be of sufficient height to allow cleaning of the space underneath unless enclosed to the floor.
- G. Fixtures such as toilet bowls and lavatories and bathroom and kitchen floors shall be cleaned daily and more frequently, if necessary, with a cleaning solution and disinfectant. Toilet paper shall be available in the bathroom at all times.
- H. There shall be sufficient water pressure to meet the sanitary needs of the facility at all times. Water shall originate only from a source approved by the Department. The temperature of the designated "hot" water shall be regulated so that it shall not be less than 105°F nor more than 110°F in any resident's room, shower, or bathroom. The use of common drinking utensils is prohibited. Clean, single use cups, dispensed from a dispenser, are acceptable. Drinking fountains shall be kept clean and in working condition.

**R9-10-622. Furnishings**

- A. Each resident shall have at least a 30-inch wide bed. Bunk beds shall not be permitted. Each bed shall be equipped with good springs and a clean, firm and comfortable mattress. Each resident shall have at least one clean, comfortable pillow.
- B. A sufficient supply of clean sheets and pillowcases shall be available so that beds are changed as often as necessary to keep beds clean, dry and free of odors. At least two clean sheets and a pillowcase shall be furnished each week. A clean mattress cover or pad shall be provided.
- C. Sufficient lightweight blankets shall be provided to assure warmth for each resident and shall be available and laundered as often as necessary to assure cleanliness and freedom from odors.

- D. Each resident shall be provided a washcloth, hand towel and bath towel. Clean towels and washcloths shall be provided as needed, but at least once a week. Provisions shall be made for hanging towels and washcloths in the resident rooms or bathrooms. Common towels shall not be used in washrooms or bathrooms.
- E. There shall be an adequate reading light, in working condition, provided in each resident room.
- F. There shall be drawer space available for personal use by each resident. At least one drawer shall be equipped with a lock in good condition.
- G. An enclosed closet or locker shall be provided for each resident.

**R9-10-623. Emergency procedures**

- A. There shall be a written plan of operation with procedures to be followed in the event of fire, explosion, or other disaster or threat to resident safety. The plan must include designation of the specific place to which residents will be evacuated, and detailed arrangements to provide transportation, adequate shelter, beds, food, water, medications and any other services critical to the well being of residents.
- B. Personnel shall be oriented in all aspects of disaster preparedness as an early part of their employment training. The disaster program must include on going training and a disaster drill at least semiannually for all personnel.
- C. At least four fire drills will be conducted each year in each building of the facility. Records indicating date and time of all drills shall be maintained.
- D. First aid supplies shall be maintained by the facility in a designated location.

**R9-10-624. Physical plant construction standards**

- A. Building and fire safety— as a minimum all facilities:
  - 1. Shall meet all applicable state and local building and fire codes and zoning requirements before a license is issued by the Department.
  - 2. Shall not be located in a mobile home.
  - 3. Shall provide a smoke detector at the head of stairs, in each resident room, and in corridors. Detectors shall meet the requirements set forth by the applicable state and local building and fire codes.
  - 4. Shall provide a smoke or heat detector in each kitchen, furnace or boiler room, attics, utility rooms and attached garages. Detectors shall meet the requirements set forth by applicable state and local building and fire codes.
- B. Resident rooms— the following standards shall apply to resident rooms:
  - 1. Bed capacity for resident rooms shall conform to the following table:
 

Type of Accommodations	Minimum (Sq.Ft.)
Private	80
2-bed	12
3-bed	180
40-bed	240
  - 2. Multi-bed rooms shall have a minimum of three (3) feet between beds. A licensed facility shall have no more than four (4) beds per resident room.
  - 3. Resident room sizes shall be computed by net square feet and shall not include: toilet rooms, closets, alcoves, built-in units or vestibules.
  - 4. Common use rooms, such as dining and activity rooms, shall not be used as resident rooms. Each resident room shall be an outside room. Suitable window shades or drapes shall be provided as a means of controlling light.

Windows shall be operable for ventilation and be of such construction as to prevent any drafts when closed.

- 5. In facilities accepting wheelchair residents, rooms occupied by such residents and common use rooms shall be accessible to wheelchairs.
- 6. There shall be no common use room or resident's room which can only be reached by passing through a resident's room.
- 7. Furniture or any other object shall not obstruct the use of resident room doors or prevent the door from closing in the event of an emergency.
- 8. Each room shall be numbered or identified. If room identification is changed, the Department shall be notified in writing.
- 9. During the heating season, residents' rooms and common areas used by residents shall be maintained at a temperature to maintain comfort (approximately 70SF measured three feet above the floor). During the cooling season mechanical cooling shall be provided to maintain comfort (approximately 80SF measured as above).
- 10. No resident shall be cared for or housed in any room not in compliance with these regulations.

**C. Toilets**

- 1. Toilet rooms for residents' use shall be arranged so that a resident will not need to pass through another resident's room to reach the toilet facilities.
- 2. Each resident floor shall have a minimum ratio of one toilet and one sink for each ten residents.
- 3. Each resident floor shall have a minimum ratio of one tub or shower for each ten residents. Bathing facilities provided in private rooms shall accommodate only residents of that room.
- 4. All tub and shower floors shall have non-slip surfaces.
- 5. All toilet rooms and bathrooms shall have mechanical or natural ventilation.
- 6. Toilet and bathroom doors shall be a minimum of 24" in width. Toilet and bathroom doors for wheelchair residents' rooms shall be a minimum of 34" in width.
- 7. All facilities shall have grab bars provided in resident toilet rooms and bathrooms. Grab bars shall be anchored securely to the main wall supports or floor. Toilets and bathrooms provided for wheelchair residents shall have toilet and bathroom fixtures, grab bars, towel bars, towel dispensers, mirrors, etc. accessible and usable for these residents.
- 8. Bathrooms shall not be used for storage of items other than those directly associated with bathing.

**D. Storage spaces**

- 1. Corridors, stairwells, or space beneath stairs shall not be used for storage.
- 2. A secured storage area of not less than five square feet for personal effects, preferably in one location, shall be provided for each resident.

**E. Pools**— when an outdoor therapy or swimming pool is provided it shall comply with state and local regulations and be enclosed by a suitable fence that has one or more gates which can be locked to prevent unauthorized entry.

**F. Communication**— each building and annex shall have a telephone which is accessible to all residents.

**G.** The facility shall be equipped with an automatic washer and dryer.

**ARTICLE 7.— ADULT FOSTER CARE HOMES**

**R9-10-701. Definitions**

In this Article, unless the context otherwise requires:

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1. "Abuse" means the infliction of physical or mental pain or injury upon a resident, injury caused by negligent acts or omissions, unreasonable confinement or sexual abuse or sexual assault.
2. "AFC" means adult foster care.
3. "ALTCS" means the Arizona long-term care system which is subsidized by the Arizona Health Care Cost Containment System (AHCCCS), pursuant to A.R.S. Title 36, Chapter 29.
4. "County" means any county of the state of Arizona which has a current, unrevoked delegation agreement with the Department.
5. "Exploitation" means the illegal or improper use of a resident's resources for another's profit or advantage.
6. "Licensing agency" means a county or the Department.
7. "Neglect" means failure to provide care necessary to ensure the health, safety and well-being of a resident, failure to make a reasonable effort to discover what care is necessary for the well-being of a resident or failure to provide a safe and sanitary environment.
8. "Physical restraint" means confinement in a locked room or the use of any article, device or garment that interferes with freedom of movement which cannot be easily removed by the resident and is used to control the resident's behavior in order to prevent harm to that individual or to others.
9. "Resident" means a person admitted to and residing in an AFC home.
10. "Sponsor" means the person to whom the license is issued, who resides in the home and is responsible for the management and operation of the AFC home.

**R9-10-701. Definitions**

The following definitions apply in this Article unless otherwise specified:

1. "Abuse" means the intentional infliction of physical harm; injury caused by negligent acts or omissions; unreasonable confinement; sexual abuse or sexual assault; or a pattern of ridiculing or demeaning a resident, making derogatory remarks, verbally harassing, or threatening to inflict physical harm on a resident.
2. "Accept" or "acceptance" means:
  - a. An individual begins living in and receiving services at an assisted living facility; or
  - b. An individual begins receiving adult day health care services or respite care services from an assisted living facility.
3. "Accident" means an unexpected occurrence that causes harm to a resident.
4. "Activities of daily living" means bathing, dressing, grooming, eating, mobility, transfer, and toileting.
5. "Adult day health care services" means a program that provides planned care supervision and activities, personal care, personal living skills training, meals and health monitoring in a group setting during a portion of a continuous twenty-four hour period. Adult day health services may also include preventive, therapeutic and restorative health related services that do not include behavioral health services.
6. "Adult foster care" means a residential setting which provides room and board and adult foster care services for at least one and no more than four adults who are participants in the Arizona long-term care system pursuant to Chapter 29, Article 2 of this title and in which the sponsor or the manager resides with the residents

- and integrates the residents who are receiving adult foster care into that person's family.*
7. "Applicant" means an individual, firm, partnership, association, or corporation that has submitted an application for:
  - a. An assisted living facility license;
  - b. Department approval of an exemption in R9-10-702; or
  - c. Department approval of an assisted living training program.
8. "Assessment" means a written analysis of a resident's abilities, preferences, and need for supervisory care services, personal care services, or directed care services.
9. "Assistance" means the help or aid necessary to complete a function or a task.
10. "Assistant caregiver" means an individual who assists in providing supervisory care services, personal care services, or directed care services under the direct supervision of a manager or caregiver.
11. "Assisted living center" or "center" means an assisted living facility that provides resident rooms or residential units to eleven or more residents.
12. "Assisted living facility" means a residential care institution, including adult foster care, that provides or contracts to provide supervisory care services, personal care services or directed care services on a continuing basis.
13. "Assisted living home" or "home" means an assisted living facility that provides resident rooms to ten or fewer residents.
14. "Bathing" means washing, rinsing, and drying all parts of an individual's body.
15. "Bedbound" means confined to a bed or chair because of an inability to ambulate even with assistance.
16. "Bedroom" or "room" means a portion of a facility that is wall-enclosed with a door where a resident sleeps and maintains personal items.
17. "Behavioral health residential services" means a therapeutic regimen of screening, evaluation, treatment, or rehabilitation provided on a 24-hour basis to individuals suffering from mental disorders, emotional conditions, or the effects of substance abuse.
18. "Board of Examiners" means the Board of Examiners of Nursing Care Institution Administrators and Assisted Living Facility Managers.
19. "Caregiver" means an individual who provides supervisory care services, personal care services, or directed care services to residents.
20. "Charge" means a one-time payment or a payment that is not incurred in fixed, regular intervals.
21. "Chemical restraint" means any medication that is administered for purposes of discipline or convenience and is not required to treat a resident's medical symptoms.
22. "Clean" means free of dirt or debris by such methods as washing with soap and water, vacuuming, wiping, dusting, or sweeping.
23. "Common areas" means portions of a facility or facility grounds accessible to residents.
24. "Communicable disease" means the same as defined in A.A.C. R9-6-101.
25. "Conspicuously posted" means placed at a location within a facility that is accessible and visible to residents and the public.

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26. "Continuous" means available at all times without cessation, break, or interruption.
27. "CPR" means cardiopulmonary resuscitation.
28. "Current" means up-to-date, extending to the present time.
29. "Day" means calendar day.
30. "Department" means the department of health services.
31. "Deposit" means monies or property given to a licensee to assure payment or performance.
32. "D.E.S." means the Arizona Department of Economic Security.
33. "Directed care services" means programs and services, including personal care services, provided to persons who are incapable of recognizing danger, summoning assistance, expressing need or making basic care decisions.
34. "Direction" means authoritative policy or procedural guidance for the accomplishment of a function or activity.
35. "Direct self-care" means a resident is able to recognize danger, summon assistance, express need, and make basic care decisions.
36. "Direct supervision" means the physical presence of a manager or caregiver providing direction to an assistant caregiver or volunteer in a facility or during an activity outside the facility.
37. "Documentation" means written supportive information.
38. "Door" means a movable hard-surfaced barrier for opening or closing an entranceway that swings on hinges or slides in grooves and is capable of being closed for privacy and fire safety.
39. "Dressing" means choosing, putting on, securing fasteners, and removing clothing, footwear, artificial limbs, braces, and other appliances including those appropriate for current weather conditions.
40. "Eating" means putting food and fluids into the digestive system.
41. "Employee" means a licensee, manager, caregiver, or assistant caregiver who provides or assists in the provision of supervisory care services, personal care services, or directed care services to residents.
42. "Exploitation" means the illegal use of a resident's resources for another's profit or advantage according to A.R.S. Title 46, Chapter 4 or Title 13, Chapter 18, 19, 20, or 21.
43. "Facility" or "facilities" means buildings used by a health care institution for providing any types of services as defined in this chapter.
44. "Facility grounds" means the outdoor area, adjacent to the facility, designated by an applicant or licensee for use by residents.
45. "Fees" means payments in fixed, regular intervals.
46. "Food" means any raw, cooked or processed edible substance, ice, beverage or ingredient used or intended for use or for sale, in whole or in part, for human consumption.
47. "Food services" means the storage, preparation, serving, and cleaning up of food intended for consumption in an assisted living facility.
48. "General supervision" means guidance of a resident by an employee as required by the needs of the resident including the following: being aware of a resident's general whereabouts, monitoring the activities of the resident while on the premises to ensure the health, safety, and welfare of the resident; reminding the resident to carry out activities of daily living; and reminding the resident of activities or appointments.
49. "Grooming" means combing or brushing hair, washing face and hands, shaving, caring for nails, oral hygiene including denture care, and menstrual care.
50. "Guardian" means an individual appointed by a court according to A.R.S. Title 14, Chapter 5, Article 3.
51. "Hazard" means a condition or situation where a resident may suffer physical injury.
52. "Health care directive" means the same as defined in A.R.S. § 36-3201.
53. "Health care institution" means every place, institution, building or agency, whether organized for profit or not, which provides facilities with medical services, nursing services, health screening services, other health-related services, supervisory care services, personal care services, directed care services and includes home health agencies as defined in section 36-151 and hospice service agencies.
54. "Health-related experience" means work in a health care institution, the professional fields of nursing, social work, gerontology, or other closely-related field, or providing health or health-related services to 1 or more adults.
55. "Health-related services" means services, other than medical, pertaining to general supervision, protective, preventive and personal care services, supervisory care services or directed care services.
56. "Home health agency" means an agency or organization, or a subdivision of such an agency or organization, which meets all of the following requirements.
- a. Is primarily engaged in providing skilled nursing services and other therapeutic services.
- b. Has policies, established by a group of professional personnel, associated with the agency or organization, including one or more physicians and one or more registered professional nurses, to govern the services referred to in subdivision (a), which it provides, and provides for supervision of such services by a physician or registered professional nurse.
- c. Maintains clinical records on all patients.
57. "Hospice service agency" means an agency or organization, or a subdivision of that agency or organization, which is engaged in providing hospice services at the place of residence of its clients.
58. "Hour" means 60 minutes.
59. "Incident" means an occurrence or event that has the potential to cause harm to a resident.
60. "Independent" means able to complete a function or task without assistance.
61. "Intermittent" means periodically scheduled and predictable.
62. "Internal facility requirements" means guidelines and standards developed by a licensee that govern a resident's use and occupancy of an assisted living facility.
63. "Key" means a mechanical device used for holding or locking.
64. "Laundry service" means the process of cleaning linens and clothing.
65. "Learning objective" means the specific and measurable behavior, knowledge, or skill an individual demonstrates.

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66. "Licensee" means the individual, firm or partnership, association, or corporation licensed by the Department to operate an assisted living facility.
67. "Manager" means an individual designated by the licensee to act on the licensee's behalf in the on-site management of the assisted living facility.
68. "Medical practitioner" means any physician, dentist, podiatrist, or other individual licensed and authorized by law to use and prescribe drugs and devices for the treatment of sick and injured human beings, or for the diagnosis or prevention of sickness in human beings in this state or any state, territory, or district of the United States.
69. "Medication" means a prescription medication as defined in A.R.S. § 32-1901 or a nonprescription drug as defined in A.R.S. § 32-1901 used to maintain health or to prevent or treat an illness, injury, or disease.
70. "Medication administration" or "administration of medication" means the application of a medication to its ultimate destination on the body of a resident.
71. "Medication organizer" means a container that is designed to hold doses of medication and is divided according to date or time increments.
72. "Mobility" means the ability to move within a residential environment.
73. "Neglect" means a pattern of conduct, without a resident's or the resident's informed consent as defined in A.R.S. § 46-451, resulting in deprivation of food, water, medication, medical services, shelter, cooling, heating, or other services necessary to maintain minimum physical or mental health.
74. "Nurse" means an individual licensed and in good standing as a registered nurse or a practical nurse as prescribed in A.R.S. Title 32, Chapter 15.
75. "Nurse practitioner" means an individual licensed as a registered nurse practitioner as prescribed in A.R.S. Title 32, Chapter 15.
76. "Nursing services" means those services pertaining to the curative, restorative and preventive aspects of nursing care that are performed at the direction of a physician by or under the supervision of a registered nurse licensed in this state.
77. "Personal care services" means assistance with activities of daily living that can be performed by persons without professional skills or professional training and includes the coordination or provision of intermittent nursing services and the administration of medications and treatments by a nurse who is licensed pursuant to Title 32, Chapter 15 or as otherwise provided by law.
78. "Personnel" means employees, support staff, and volunteers.
79. "Pharmacist" means an individual licensed as prescribed in A.R.S. Title 32, Chapter 18.
80. "Physical restraint" means the confinement of a resident or the use of any article, device, or garment that cannot be removed by a resident, used to restrict movement and control the resident's behavior.
81. "Physician" means an individual licensed as prescribed in A.R.S. Title 32, Chapter 13 or Chapter 17.
82. "Physician assistant" means an individual licensed as prescribed in A.R.S. Title 32, Chapter 25.
83. "Poisonous or toxic materials" means chemicals such as insecticides, rodenticides, hazardous cleaning agents, and caustic acids.
84. "Potentially hazardous foods" means the same as defined in A.A.C. R9-8-112.
85. "Premises" means a facility, the facility's grounds and each building or grounds on contiguous property used for administering and operating an assisted living facility.
86. "Primary care provider" means a physician, a physician's assistant, or a nurse practitioner who directs a resident's medical care.
87. "Private duty nurse" means a nurse who provides nursing services to a resident that are arranged, paid for, and overseen by the resident, the representative, or the resident's relatives.
88. "PRN" means pro re nata or medication given as needed.
89. "RN" means a registered nurse licensed as prescribed in A.R.S. Title 32, Chapter 15.
90. "Regular basis" means at recurring, fixed, or uniform intervals.
91. "Relative" means a child, parent, sibling, spouse, grandparent, grandchild, uncle, aunt, niece, nephew, or any individual of the same affiliation through marriage or adoption.
92. "Representative" means a resident's guardian or an individual designated in writing by a resident or by the resident's guardian to aid a resident or act on the resident's behalf.
93. "Residency agreement" means a document signed by a resident or the representative and a licensee or the licensee's designee, detailing the terms of residency as agreed upon by the resident or the representative and the licensee.
94. "Resident" means an individual who is not a relative of the licensee and who:
  - a. Lives in an assisted living facility and receives supervisory care services, personal care services or directed care services; or
  - b. Receives adult day health care services, or respite care services from an assisted living facility.
95. "Residential unit" or "unit" means a private apartment, unless otherwise requested by a resident, that includes a living and sleeping space, kitchen area, private bathroom, and storage area.
96. "Respite care services" means services provided by a licensed health care institution to persons otherwise cared for in foster homes and in private homes to provide an interval of rest or relief of not more than thirty days to operators of foster homes or to family members.
97. "Secure" means to control, or alert employees of, the egress of a resident from the facility or facility grounds through the use of a method, device, or structure that ensures resident safety.
98. "Service plan" means a written description of a resident's need for supervisory care services, personal care services, or directed care services and the specific services to be provided to the resident.
99. "Short term" means 14 days or less.
100. "Significant change" means an observable deterioration or improvement in a resident's physical, cognitive, behavioral, or functional condition.
101. "Supervisory care services" means general supervision, including daily awareness of resident functioning and continuing needs, the ability to intervene in a crisis and assistance in the self-administration of prescribed medications.

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- 102. "Supervision" means direct overseeing and inspection of the act of accomplishing a function or activity.
- 103. "Support staff" means any individual who receives compensation from a licensee, but who does not provide supervisory care services, personal care services, or directed care services at an assisted living facility.
- 104. "Swimming pool" means a contained body of water that is 18 inches or more in depth at any point and wider than 8 feet at any point and intended for swimming.
- 105. "Termination of residency" or "terminate residency" means a resident is no longer receiving services from an assisted living facility.
- 106. "Therapeutic diet" means foods prescribed by a physician or an individual authorized by law to prescribe foods.
- 107. "Toileting" means the discharge and disposal of body waste from bowel or bladder.
- 108. "Training program" means an individual or an organization that has received written approval from the Department to provide training to assisted living facility personnel and to verify that individuals demonstrate specific skills and knowledge in a level of training.
- 109. "Transfer" means the movement of an individual's body from a surface to another surface.
- 110. "Treatment" means a specific procedure used for the prevention, cure, or the improvement of a disease, injury, or illness.
- 111. "Volunteer" means an individual who provides supervisory care services, personal care services, or directed care services to a resident on a regular basis under the direct supervision of a manager or caregiver at all times but does not receive compensation.

**R9-10-702. General requirements**

- A. Application for licensure as an AFC home shall be made on forms provided by the licensing agency.
- B. Upon initial application for licensure as an AFC home, an appointment shall be made by the licensing agency to inspect the home for compliance with these rules. Licensees shall be subject to unannounced inspections at least annually thereafter.
- C. A license shall be issued if the applicant is in compliance with the requirements of this Article and other applicable statutes and rules.
- D. The license shall be kept in the AFC home and made available upon request.
- E. The sponsor shall notify the licensing agency, in writing, at least 30 days before closing, selling, leasing, or vacating the home or discontinuing responsibility for the operation of the home.
- F. A change of ownership or location of a licensed AFC home requires the issuance of a new license. The application for licensure shall be submitted on a form provided by the licensing agency.
- G. Each license issued to the AFC home shall be the property of the licensing agency and shall be returned to the licensing agency immediately upon suspension or revocation of license or upon change of ownership, location or termination of the operation of the home by the sponsor.
- H. A license shall be valid for a period of up to one year. The sponsor shall submit an application for renewal on a form provided by the licensing agency at least 90 days prior to the expiration of the current license.

**R9-10-702. Licensing Classifications**

- A. The Department shall sub-classify an assisted living facility according to facility size as follows:
  - 1. An assisted living facility providing services to 10 or fewer residents is an assisted living home;
  - 2. An assisted living facility providing services to 11 or more residents is an assisted living center; or
  - 3. An assisted living facility that meets the definition of adult foster care in A.R.S. §36-401 is an adult foster care.
- B. An adult foster care shall comply with the requirements for an assisted living home except as provided by statute and this Article.
- C. The Department shall license an assisted living facility to provide 1 of the following levels of service:
  - 1. Supervisory care services,
  - 2. Personal care services, or
  - 3. Directed care services.
- D. To change an assisted living facility's sub-classification, a licensee shall submit an application for licensure as required by A.R.S. §§ 36-421 and 36-422.
- E. To change the level of service an assisted living facility is licensed to provide, a licensee shall submit to the Department a written request for a change in level of service and documentation of the assisted living facility's compliance with requirements in this Article for the requested level of service.
  - 1. Within 60 days from the date of receipt of the request, the Department shall review the requested change and send written notice to the licensee. The Department may conduct an on-site review of the assisted living facility to determine compliance.
    - a. If an assisted living facility does not comply with this Article and the requirements for the requested level of service, the Department shall provide the licensee with written notice stating the requirements necessary for compliance with this Article and the requirements for the requested level of service.
    - b. When the assisted living facility complies with the requirements of this Article and the requirements for the requested level of service, the Department shall send the licensee an amended license that incorporates the requested level of service but retains the expiration date of the current license.
  - 2. A licensee shall not provide services at the requested level of service until an amended license is issued.
- F. The Department may grant an exception from the requirements in R9-10-716(C)(1)(a), R9-10-720(A)(1), R9-10-720(C)(1)(c), or R9-10-720(C)(2)(c) if a licensee or applicant can demonstrate that an alternate method is available to ensure the residents' health, safety, and welfare.
  - 1. The Department shall not grant an exception:
    - a. From local building codes, local ordinances, local fire codes, or local zoning requirements;
    - b. To a licensee operating on a provisional license; or
    - c. If the Department determines that an exception will not protect the health, safety, or welfare of a resident.
  - 2. An applicant or licensee shall submit a written request for an exception on a Department-provided form that includes:
    - a. The applicant's or licensee's name;
    - b. The name, address, and license number if applicable, of the assisted living facility;

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- c. The specific rule the applicant or licensee is requesting an exception from;
  - d. The reason or reasons an applicant is not able to comply with the rule; and
  - e. An alternative method that ensures that the health, safety, and welfare of residents is protected by the exception.
3. The Department shall evaluate a request for an exception as follows:
- a. Review the written request;
  - b. Verify submitted documentation;
  - c. If the requested exception involves a physical plant requirement, inspect the assisted living facility; and
  - d. If applicable, discuss the exception with the assisted living facility's manager or manager's designee, residents or representatives, or any individual the Department determines is necessary to evaluate the request.
- G. The Department shall approve or deny an exception as follows:
- 1. The overall time-frame described in A.R.S. § 41-1072(2), is 90 days.
  - 2. The administrative completeness review described in A.R.S. § 41-1072(1) is 60 days and begins on the date the Department receives a request.
    - a. If any of the documents is missing or if information on the documents is deficient, the Department shall provide to the applicant a written notice of incompleteness that states each deficiency and the information or documents needed to complete the request. The 60 day time-frame for the Department to finish the administrative completeness review is suspended from the date the Department provides the notice of incompleteness to the applicant until the date the Department receives the required information or missing document.
    - b. If all of the documents are submitted and the information on the documents is complete, the Department shall provide a written notice of administrative completeness to the applicant.
    - c. If the documents or information are not submitted within 120 days from the date of notice of incompleteness, the Department shall consider the request withdrawn.
    - d. If the Department grants an exception during the time provided to assess administrative completeness, the Department shall not provide a separate written notice of administrative completeness.
  - 3. The substantive review time frame described in A.R.S. § 41-1072(3) is 30 days and begins on the date the Department provides written notice of administrative completeness to the applicant.
    - a. If the applicant does not meet the requirements of this Article the Department shall provide a written request for additional information to the applicant. The 30 day time-frame for the Department to finish the substantive review is suspended from the date the Department provides the written request to the applicant until the Department receives the additional information.
    - b. The applicant shall submit to the Department the information or documents identified in the written request for additional information within 30 days of the receipt of the written request.

ment shall provide the applicant with a written notice of denial if:

- i. The applicant does not submit the additional information within the time frame in subsection(D)(3)(b); or
  - ii. Upon receipt of the additional information from the applicant, the Department determines that the applicant does not meet the requirements of this Article.
- d. An applicant may appeal the Department's determination according to A.R.S. Title 41, Chapter 6.
4. If an applicant meets the requirements of this Article, the Department shall provide a written notice of Department approval to the applicant.
5. The Department shall withdraw an exception if:
- a. A licensee is operating on a provisional license;
  - b. A licensee does not comply with the conditions of the exception as approved by the Department; or
  - c. The Department determines that the health, safety, or welfare of residents is not protected by the exception.

**R9-10-703. Requirements for applicants**

- A. ~~Each applicant shall complete and sign an authorization to release medical, financial and employment information and any criminal history to the licensing agency.~~
- B. ~~Upon initial application, each applicant shall submit:~~
- 1. ~~A statement from a licensed medical practitioner stating that each adult living in the home who will assume any resident care responsibility was seen by the practitioner within the last six months. The statement shall include:~~
    - a. ~~A description, to the best of the practitioner's knowledge, of each adult's general physical and emotional health; and~~
    - b. ~~Any medical or emotional problems that would prevent the adults from properly caring for a resident.~~
  - 2. ~~Documentation that each child living in the home has received the immunizations appropriate to the age and state of health of the child, unless the applicant submits a signed statement that the child has not been immunized because of affiliation with a religion which is opposed to such immunizations;~~
  - 3. ~~Proof of a negative Mantoux tuberculin skin test or chest x-ray for all persons who reside in the home; and~~
  - 4. ~~Three letters of reference from persons not related to the applicant which address the applicant's character and ability to care for residents.~~
- C. ~~Each applicant shall:~~
- 1. ~~Be at least 21 years of age;~~
  - 2. ~~Have no physical or mental disabilities which would prevent the applicant from meeting the daily needs of foster home residents;~~
  - 3. ~~Have knowledge of problem-solving and coping skills which relate to the needs of the elderly; and~~
  - 4. ~~Have no history of admitting to or conviction of any felony if the licensing agency determines there is a reasonable basis to conclude that this would have a detrimental effect on the residents in placement.~~

**R9-10-703. Administration**

- A. A licensee is responsible for the organization and management of an assisted living facility. A licensee shall:
- 1. Ensure compliance with federal and state laws, rules, and local ordinances;

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2. Designate an on-site manager who has the authority and responsibility to operate the assisted living facility. The manager and the licensee may be the same individual;
  3. Permit an individual to manage no more than two health care institutions that may be located not more than 40 miles apart;
  4. Designate another manager when the manager is absent from the premises for more than 30 consecutive days;
  5. Notify the Department, in writing, of the following:
    - a. A change of ownership no later than 30 days before the effective date of the change;
    - b. A change in the name of the assisted living facility no later than 30 days before the effective date of the change;
    - c. A termination of operation no later than 30 days before the termination; and
    - d. The location and arrangements for the maintenance of resident records no later than 30 days before the assisted living facility ceases operation;
  6. Not act as a representative, agent, surrogate, health care power of attorney, power of attorney, guardian, or conservator of a resident who is not a relative and ensure that assisted living facility employees, support staff, or relatives of employees or support staff do not act as a representative, agent, surrogate, health care power of attorney, power of attorney, guardian, or conservator of a resident who is not a relative;
  7. Ensure that a manager and each manager's designee is able to read, write, understand, and communicate in English;
  8. Except when a resident's service needs change as documented in the resident's service plan as required in R9-10-711(A)(7), ensure that a resident receives at least 30 days written notice before any increase in a fee or charge;
  9. Ensure that an official of the following agencies is allowed immediate access to an assisted living facility:
    - a. The Department,
    - b. A county health department,
    - c. Adult Protective Services,
    - d. The D.E.S. Long Term Care Ombudsman, or
    - e. A county or municipal fire department; and
  10. Ensure that the following individuals have immediate access to a resident:
    - a. The representative,
    - b. The resident's case manager, or
    - c. An individual assigned by a court of law to provide services to the resident.
- B. A licensee shall ensure that a manager of an assisted living facility:**
1. Develops and implements written policies and procedures for the day-to-day operation of the assisted living facility including:
    - a. Depositing and refunding deposits, fees, and charges;
    - b. Resolving resident grievances;
    - c. Terminating residency;
    - d. Obtaining information on resident preferences for:
      - i. Social, recreational, or rehabilitative activities; and
      - ii. Food;
    - e. Assisting residents with medication as required in R9-10-713, R9-10-722(D), and R9-10-723(E), as applicable;
  - f. Protecting and releasing resident records and maintaining confidentiality of resident records;
  - g. Ensuring the facility and facility grounds are safe and free from hazards based upon the physical, cognitive, and functional condition of the residents;
  - h. Ensuring resident safety in an assisted living facility with a swimming pool, spa, or other contained body of water on the premises, if applicable; and
  - i. Ensuring the safety of residents and other individuals and pet and animal sanitation, if pets or animals are maintained on the premises;
2. Conspicuously posts the following:
    - a. Resident rights;
    - b. Current phone numbers of the Arizona Department of Health Services' Office of Assisted Living Licensure, D.E.S. Adult Protective Services, 911 or other local emergency response number, the D.E.S. Long Term Care Ombudsman, the Arizona Center for Disability Law, and the Governor's Office for Americans with Disabilities;
    - c. Internal facility requirements; and
    - d. Each document, schedule, or calendar required by state law and this Article;
  3. Ensures that each resident and each individual living in the facility provides documentation of freedom from pulmonary tuberculosis at least once every 12 months as required in R9-10-706(A)(1);
  4. Designates, in writing, 1 or more individuals who are 21 years of age or older, who meet the qualifications for a caregiver in R9-10-706(C)(2) and (3) as the manager's designee. A manager's designee is physically present at the facility and in charge of the assisted living facility operations when the manager is not physically present at the facility;
  5. Hires and directs employees and support staff as necessary to ensure compliance with this Article;
  6. Ensures each assistant caregiver is under the direct supervision of a manager or caregiver at all times;
  7. Ensures that an assistant caregiver, who is 16 or 17 years old, or a volunteer does not provide assistance to a resident for:
    - a. Bathing,
    - b. Toileting,
    - c. Transfer,
    - d. Self-administration of medication,
    - e. Medication administration, or
    - f. Nursing services;
  8. Ensures that a manager or caregiver does not provide direct supervision to more than 2 assistant caregivers at any time;
  9. Ensures compliance with fingerprinting requirements contained in A.R.S. § 36-411;
  10. Notifies a representative, or contacts a public fiduciary or a trust officer to take responsibility of a resident's financial affairs if the resident is incapable of handling financial affairs;
  11. Notifies a resident's primary care provider or other medical practitioner if a resident or the representative refuses medical or nursing services, and maintains documentation of the notification in the resident's record for no less than 12 months from the date of notification;
  12. When there is an accident, incident, or injury that effects the resident's health and safety:
    - a. Immediately notifies the representative, and if applicable;

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- i. The primary care provider;
- ii. An emergency response team;
- iii. The resident's case manager;
- iv. The resident's emergency contact; and
- b. Documents the following:
  - i. Date and time of the accident, incident, or injury;
  - ii. Description of the accident, incident, or injury;
  - iii. Names of individuals who observed the accident, incident, or injury;
  - iv. Action taken by employees, support staff, or volunteers;
  - v. Individuals notified by employees, support staff, or volunteers; and
  - vi. Action taken to prevent the accident, incident, or injury from occurring in the future;
- 13. Ensures each resident is assisted in exercising the resident's rights listed in R9-10-710;
- 14. Maintains documentation on the premises of licensing and vaccination of pets or animals, if applicable, as required by R9-10-718(12); and
- 15. Ensures the health and safety of a resident is maintained during relocation of a resident and that the resident's records are relocated with the resident;
- C. A manager may, upon written authorization by a resident or the representative, administer a personal funds account, not to exceed \$500 each month for the resident. The resident or the representative may revoke, in writing, this authorization at any time. If a manager administers a resident's personal funds account, the manager shall:
  - 1. Maintain a separate record for each resident's personal funds account including all receipts and expenditures;
  - 2. Maintain the resident's personal funds account separate from any account of the assisted living facility; and
  - 3. Provide a copy of a resident's personal funds account record to the resident or representative at least once every 3 months.

**R9-10-704. Requirements for sponsors**

- A. Each home shall be organized such that the sponsor shall reside in the home, be responsible for management of the home and integrate the residents as part of the family.
- B. Each sponsor shall:
  - 1. Be competent to manage and operate the AFC home in compliance with these rules;
  - 2. Participate in training designated by the licensing agency in food preparation, nutrition, medication interactions, first aid, conflict resolution, death and dying, and training in other services which the sponsor is required by ALTCS to provide;
  - 3. Follow recommendations and guidelines of the assigned case manager regarding the needs of the residents; and
  - 4. Maintain evidence that all persons, who are residing or working in the home on a regular basis, are free from active pulmonary tuberculosis. Verification shall include one of the following:
    - a. Report of an annual negative Mantoux tuberculin skin test;
    - b. Physician's report of a negative chest x-ray; or
    - c. A physician's statement provided each year noting that there is no clinical or symptomatic evidence of active pulmonary tuberculosis.
- C. When residents are present, the sponsor shall not leave the premises without delegating authority to a person 21 years of

age or older who is competent to perform duties in accordance with these rules.

- D. The sponsor or designee shall devote sufficient time to the supervision and care of residents to ensure that the health, safety and well-being of residents are provided for 24 hours per day, including providing supervision of services which the sponsor is required by ALTCS to provide, ensuring full compliance with the requirements for resident rights.
- E. The sponsor, in conjunction with the resident's case manager, shall develop admission policies which include an assessment of the resident's needs, upon resident's admission to the home. The sponsor, in conjunction with the resident's case manager, shall also conduct an ongoing assessment of the resident's needs and shall make referrals to public or private agencies, as appropriate.

**R9-10-704. Abuse, Neglect, and Exploitation Prevention and Reporting**

- A. A manager, employee, or volunteer shall immediately report or cause a report to be made to Adult Protective Services or local law enforcement of suspected or alleged abuse, neglect or exploitation as required by A.R.S. § 46-454.
- B. A licensee shall:
  - 1. Notify the Department of suspected or alleged abuse, neglect, or exploitation within 24 hours of receiving the allegation;
  - 2. Document the initial report and maintain documentation of the report on the premises for 12 months from the date of the report;
  - 3. Report suspected or alleged abuse, neglect, or exploitation to Adult Protective Services or to a local law enforcement agency as prescribed in A.R.S. § 46-454; and
  - 4. Investigate suspected or alleged abuse, neglect, or exploitation and develop a written report within 14 days of the initial report of the suspected or alleged abuse, neglect, or exploitation. The licensee shall send the written report to the Department, Adult Protective Services, and any local law enforcement agency previously notified and maintain a copy of the written report on the premises for 12 months from the date of the report. A written report shall contain the following:
    - a. Dates, times, and description of the suspected or alleged abuse, neglect or exploitation; description of any injury to the resident; change in the resident's physical, cognitive, functional, or emotional condition; actions taken by the licensee; individuals and agencies notified by the licensee; names of witnesses to the suspected or alleged abuse, neglect, or exploitation; and
    - b. Action taken by the licensee to prevent the suspected or alleged abuse, neglect, or exploitation from occurring in the future.

**R9-10-705. Standards of care**

The sponsor shall have the responsibility to ensure compliance with the following standards of care:

- 1. Each resident shall receive supervision to maintain personal hygiene, have personal, clean, comfortable clothing which is free from odors, and be provided with a clean washcloth, hand towel and bath towel, as necessary, but at least once a week;
- 2. Each bed shall be provided with clean linen at least once a week and blankets, as needed;
- 3. A resident suspected of having a communicable disease, being seriously ill, or being unable to make financial or

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personal care decisions shall be referred, as soon as possible, to the proper public or private agency. Transportation to that agency shall be arranged by the home in case of an emergency;

4. The sponsor shall provide three meals each day and two between-meal snacks which contain nutritionally balanced amounts of protein, grain, dairy products, fruits and vegetables. All modified diets shall be ordered by the resident's physician and the sponsor shall comply with the diet as prescribed;
5. The sponsor shall maintain three days of staple food supplies and three days of perishable food supplies sufficient to provide meals for residents and other persons who reside in the home;
6. Food shall be stored, prepared and served in a sanitary manner;
7. Under the supervision of, and with minimal assistance from, the sponsor, resident shall self-administer medications independently or with reminders;
8. Medications and treatments may be administered to a resident by a registered nurse or a licensed practical nurse of a home health agency, licensed pursuant to A.A.C. Title 9, Chapter 10, Article 11, or as otherwise provided by law;
9. Medication stored by the sponsor or by a resident shall be maintained in a locked container at all times other than during administration, except as ordered by a physician. Medications requiring refrigeration shall be kept in a separate locked container within the refrigerator;
10. The sponsor shall have a plan for the prompt evacuation of residents in case of fire or other emergency. First aid supplies shall be maintained in the home in a designated area;
11. Firearms shall be locked up at all times and ammunition shall be kept in a separate locked storage; and
12. Vehicles used in transporting residents shall be in safe operating condition. The driver of the vehicle shall have a current Arizona driver's license.

**R9-10-705. Limitations on Level of Services**

A licensee shall ensure that an assisted living facility does not accept or retain a resident who requires:

1. Physical restraints.
2. Chemical restraints.
3. Behavioral health residential services.
4. Services that the assisted living facility is not licensed to provide; or
5. Services that the assisted living facility is not able to provide.

**R9-10-706. Resident record**

The sponsor shall maintain records for each resident which contain:

1. Identifying information;
2. Dates of placement and removal;
3. Name, address, and telephone number of next of kin, case manager and/or legal guardian;
4. Name, address, and telephone number of the resident's physician, preferred hospital, and instructions for emergency care;
5. History of medical problems;
6. History of behavioral/emotional problems;
7. Information regarding the resident's adjustment in the AFC home, continuous needs assessment and referrals to other agencies;
8. An inventory of personal property; and

9. An admission agreement signed by the resident or legal guardian which outlines rates and services.

**R9-10-706. Personnel Qualifications and Records**

**A. A licensee shall ensure that:**

1. At the starting date of employment or service and every 12 months from the starting date of employment or service, each support staff and volunteer who interacts with a resident on a regular basis and each employee submits 1 of the following as evidence of being free from pulmonary tuberculosis:
  - a. A report of a negative Mantoux skin test administered within 6 months of submitting the report; or
  - b. A written physician's statement dated within 6 months of submitting the statement, indicating freedom from pulmonary tuberculosis, if the individual has had a positive skin test for tuberculosis;
2. Each manager and caregiver:
  - a. Obtains first aid training specific to adults;
  - b. Obtains CPR training specific to adults which includes a demonstration of the individual's ability to perform CPR; and
  - c. Maintains current training in first aid and CPR.

**B. A licensee shall ensure that a manager, at the starting date of employment as a manager, meets all of the following:**

1. Is 21 years of age or older;
2. Is certified by the Board of Examiners as an assisted living facility manager as required in A.R.S. Title 36, Chapter 4, Article 6 or meets 1 of the following:
  - a. Is certified by the Board of Examiners as an adult care home manager before the effective date of this Article and maintains current certification by the Board of Examiners; or
  - b. Is exempt from certification under A.R.S. § 36-446.04;
3. Provides verification of completion of training from a training program as stated in R9-10-724(B) that states the individual has completed manager training or provides 1 of the following:
  - a. Documentation of adult care home manager training from a Board of Examiners approved training program before the effective date of this Article;
  - b. A license issued to the individual by the Board of Examiners as an administrator of a nursing care institution;
  - c. Documentation of sponsorship of an adult foster care on the effective date of this Article; or
  - d. Documentation of employment as a manager of an unclassified residential care institution, supportive residential living center, or supervisory care home on the effective date of this Article;
4. Provides verification of completion of training from a training program as stated in R9-10-724(B) that states the individual is trained in the level of service the assisted living facility is licensed to provide or documentation of 1 of the following:
  - a. For supervisory care services, employment of the individual as a manager or caregiver of a supervisory care home on the effective date of this Article;
  - b. For supervisory care services or personal care services, employment of the individual as a manager or caregiver of a supportive residential living center on the effective date of this Article;
  - c. For supervisory care services, personal care services, or directed care services, 1 of the following:

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- i. Documentation of training as a manager or caregiver from a Board of Examiners approved training program before the effective date of this Article;
  - ii. A nursing care institution license issued by the Board of Examiners;
  - iii. A nurse's license issued to the individual under A.R.S. Title 32, Chapter 15;
  - iv. Documentation of employment as a manager or caregiver of an unclassified residential care institution on the effective date of this Article;
  - v. Documentation of sponsorship of or employment as a caregiver in an adult foster care home on the effective date of this Article; or
  - vi. A certificate as a nursing assistant in good standing under A.R.S. Title 32, Chapter 15 and employment as a caregiver in an adult care home on the effective date of this Article; and
5. Has a minimum of 12 months of health-related experience.
- C. A licensee shall ensure that a caregiver, at the starting date of employment as a caregiver, meets all of the following:
1. Is 18 years of age or older;
  2. Meets the training requirements in subsection (B)(4); and
  3. Has a minimum of 3 months of health-related experience; and
- D. A licensee shall ensure that an assistant caregiver, at the starting date of employment as an assistant caregiver, is 16 years of age or older.
- E. A licensee shall ensure that a file is maintained on the premises for each employee containing the following:
1. The employee's name, date of birth, home address, and telephone number;
  2. Documentation of:
    - a. Freedom from pulmonary tuberculosis as required in subsection(A)(1);
    - b. Compliance with fingerprinting requirements in R9-10-703(B)(9);
    - c. Current training in CPR and first aid as required in subsection (A)(2);
    - d. Employee qualifications required in subsections(B), (C), or (D);
    - e. Employee orientation required in R9-10-707(A); and
    - f. Ongoing training required in R9-10-707(B), R9-10-722(B), and R9-10-723(C), as applicable;
  3. An employee's starting date of employment and ending date, if applicable; and
  4. For each employee hired after the effective date of this Article, at least 2 personal and 2 professional or work-related references, if the employee has previous work experience, and documentation of the licensee's good faith effort to contact each reference.
- F. A licensee shall ensure a file is maintained on the premises for each volunteer and support staff who has contact on a regular basis with residents that contains:
1. The individual's name, home address, and telephone number; and
  2. Documentation of freedom from pulmonary tuberculosis as required in subsection(A)(1).
- G. A licensee shall ensure that all records required by this section are maintained throughout the individual's period of

employment or service and for at least 12 months from the individual's last date of employment or service.

**R9-10-707. Resident rights**

~~Prior to or upon admission, the resident, or representative of the resident, shall receive a copy and explanation of the resident's rights and responsibilities and shall be provided with the information necessary for contacting the local long-term care ombudsman and the local office of adult protective services. The sponsor shall ensure that the resident has the right to:~~

1. ~~Be free from physical and mental abuse, physical restraints, neglect and exploitation;~~
2. ~~Be treated with consideration, respect and full recognition of dignity and individuality, including the right to privacy in tub, shower and toilet rooms and in intimate personal hygiene;~~
3. ~~Communicate, associate and meet privately with persons of the resident's choice in an area provided by the sponsor;~~
4. ~~Participate in activities of social, religious, and community groups;~~
5. ~~Have medical and financial records kept confidential;~~
6. ~~Receive oral and written notice of proposed changes in rates or services at least 30 days prior to the effective date of such proposed changes;~~
7. ~~Have access to a telephone and send and receive correspondence without interception or interference by the sponsor or other persons residing in the home;~~
8. ~~Exercise civil rights, including the right to make personal decisions;~~
9. ~~Request another placement in an AFC home or other type of facility, based on individual needs, desires, and the availability of such placement options; and~~
10. ~~Manage personal financial affairs. The resident may, in writing, authorize the sponsor to assume responsibility for the conduct of the resident's financial affairs. A copy of such authorization and a record of receipts and expenditures of such resident's personal funds shall be maintained by the sponsor. A separate bank account shall be maintained for the resident. At least quarterly, the resident shall be given a written statement of the receipts and expenditures made on the resident's behalf. The resident may revoke the authorization at any time.~~

**R9-10-707. Employee Orientation and Ongoing Training**

A. A licensee shall ensure that a new employee completes orientation within 10 days from the starting date of employment that includes:

1. Orientation to the characteristics and needs of the assisted living facility's residents;
2. The assisted living facility's philosophy and goals;
3. Promotion of resident dignity, independence, self-determination, privacy, choice, and resident rights;
4. The significance and location of resident service plans, and how to read and implement a service plan;
5. Internal facility requirements and the assisted living facility's policies and procedures;
6. Confidentiality of resident records and resident information;
7. Infection control;
8. Food preparation, service, and storage, if applicable;
9. Abuse, neglect, and exploitation prevention and reporting requirements;
10. Accident, incident, and injury reporting; and
11. Fire, safety, and emergency procedures.

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**B.** A licensee shall ensure that each manager and caregiver completes a minimum of 6 hours of ongoing training every 12 months from the starting date of employment, or for a manager or caregiver hired before the effective date of this Article, every 12 months from the effective date of this Article.

1. The training shall include:
  - a. Promoting resident dignity, independence, self-determination, privacy, choice, and resident rights;
  - b. Fire, safety, and emergency procedures;
  - c. Infection control;
  - d. Assistance in self-administration of medications; and
  - e. Abuse, neglect, and exploitation prevention and reporting requirements;
2. Orientation for new employees, hours used in obtaining and maintaining current C.P.R. and first aid, and hours used in obtaining initial training from a training program may count toward ongoing training for the first 12 months after the employee's starting date of employment.

**R9-10-708. Physical requirements for homes**

- A.** The home shall comply with all applicable state and local building, fire codes and zoning requirements. Each home shall have:
1. A dining area which accommodates AFC residents in addition to other persons residing in the home;
  2. A common living area which is adequate for the socialization and recreational needs of the residents;
  3. Cooking facilities in which to prepare food;
  4. Laundry facilities or provisions to do laundry at an outside facility;
  5. Bathrooms, with nonslip surfaces in tubs and/or showers, and toilets adjacent or easily accessible to sleeping rooms;
  6. Grab bars in bath and toilet rooms used by the residents;
  7. Hot and cold running water;
  8. Sleeping rooms for residents which shall:
    - a. Contain a minimum of 60 square feet of floor space per resident and have at least one window which opens to the outside;
    - b. Have at least one door which may be closed for privacy;
    - c. Contain a bed for each resident which is equipped with a clean, firm mattress with intact springs, or its equivalent, and covered with a pad;
    - d. Have lighting sufficient for reading;
    - e. Have at least one closet, plus a dresser or other storage cabinet, for clothing and personal possessions; and
    - f. Not be used as passageways to another room, bath or toilet; and
  9. A smoke detector in the hallway and each bedroom and an operable, all-purpose fire extinguisher located in a central area.
- B.** In homes which accept wheelchair residents, rooms occupied by such residents, common use rooms and exits shall be accessible to wheelchairs.
- C.** When an outdoor therapy or swimming pool is provided, it shall comply with state and local regulations and be enclosed by a suitable fence that has one or more gates which can be locked to prevent unauthorized entry.

**R9-10-708. Personnel Requirements**

- A.** A licensee shall ensure there are sufficient personnel to provide the following unless Arizona Long Term Care System

contracts, as provided by A.R.S. Title 36, Chapter 29, Article 2, permit otherwise:

1. Supervisory care services, personal care services, or directed care services, consistent with the level of service the assisted living facility is licensed to provide;
2. Services established in each resident's service plan;
3. Services to meet the needs of each resident including scheduled and unscheduled needs, general supervision, and the ability to intervene in a crisis 24 hours a day;
4. Food services;
5. Environmental services required in R9-10-718;
6. Evacuations of residents during emergencies; and
7. Ongoing social, recreational, or rehabilitative activities.

**B.** A licensee shall ensure that a personnel schedule:

1. Indicates the date, scheduled work hours, and name of each employee assigned;
2. Reflects actual work hours; and
3. Is maintained on the premises for at least 12 months from the last date on the schedule.

**R9-10-709. Environmental standards**

- A.** The home and grounds shall be clean, in good repair, and free of debris, hazards, offensive odors, and refuse.
- B.** The home shall be maintained free of insects, vermin, and rodents.
- C.** Walls, floors, ceilings in kitchens, bathrooms and utility rooms shall have washable surfaces.
- D.** Poisonous or toxic materials shall be labeled and stored in locked cabinets that are used for no other purpose or in a place that is separate from all food storage areas, food preparation areas and food-related equipment and utensils.
- E.** Every habitable room shall be maintained at a temperature between 68-82°F.
- F.** Towels, washcloths, toothbrushes and combs for each resident shall be kept separated when in use.

**R9-10-709. Residency Agreements**

- A.** The following requirements apply to a resident accepted into an assisted living facility after the effective date of this Article and to a resident who is not an enrolled member of the Arizona Long Term Care System as provided by A.R.S. Title 36, Chapter 29, Article 2.
- B.** A licensee shall ensure that there is a written agreement signed by the licensee and any individual submitting a deposit or other pre-payment of fees before the licensee receives a deposit or other pre-payment of fees.
- C.** A licensee shall ensure that:
1. Each resident has a residency agreement that includes the:
    - a. Terms of occupancy, including resident responsibilities and obligations;
    - b. Services to be provided to the resident;
    - c. The amount and purpose of any fee, charge, and deposit, including any fee or charge for any days a resident is absent from the assisted living facility;
    - d. Services that are available at an additional fee or charge;
    - e. Assisted living facility's policy for refunding fees, charges, or deposits;
    - f. Assisted living facility's responsibility to provide at least 30 days written notice before the effective date of any change in a fee or charge. A licensee is not required to provide 30 day written notice of increase to a resident whose service needs change, as documented in the resident's service plan;

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- g. Assisted living facility's policy and procedure for termination of residency; and
  - h. Assisted living facility's grievance procedure;
  - 2. A residency agreement is signed and dated by the manager or the manager's designee and the resident or the representative within 5 days after the resident's acceptance into the assisted living facility;
  - 3. A copy of the residency agreement is given to the resident or the representative; and
  - 4. A residency agreement that has been signed, as stated in subsection (C)(2), is maintained on the premises throughout the resident's residency at the assisted living facility.
- D. If a licensee receives a deposit or pre-payment of fees from a resident or a representative, the licensee shall ensure that:
- 1. Except for a Life Care Contract regulated under A.R.S. Title 20, Chapter 8, a deposit does not exceed the amount of 1 month's fees;
  - 2. A deposit is maintained in a bank account separate from the assisted living facility's operating expenses;
  - 3. A deposit or portion of a deposit is not used for any purpose other than as stated in the resident's residency agreement; and
  - 4. Only the following are deducted from the deposit:
    - a. Damages to property caused by the resident, excluding normal wear and tear;
    - b. A fee or charge incurred by the resident; or
    - c. The resident's documented non-compliance with the residency agreement.
- E. A licensee or resident may terminate residency as follows:
- 1. A licensee may terminate residency of a resident without notice if:
    - a. The resident exhibits behavior that is an immediate threat to the health and safety of the resident or other individuals in the assisted living facility;
    - b. The resident's urgent medical or health needs require immediate transfer to another health care institution; or
    - c. The resident's care and service needs exceed the services the assisted living facility is licensed to provide;
  - 2. A licensee may terminate residency of a resident after providing 14 days written notice to the resident or the representative for 1 of the following reasons:
    - a. Documentation of failure to pay fees or charges;
    - b. Documentation of the resident's non-compliance with the residency agreement or internal facility requirements;
  - 3. Except as provided by subsection (E)(1) and (E)(2), a licensee shall not terminate residency of a resident without providing the resident or the representative 30 days written notice;
  - 4. A resident or the representative may terminate residency of a resident without notice due to the following, as substantiated by a governmental agency:
    - a. Neglect;
    - b. Abuse;
    - c. Exploitation; or
    - d. Conditions of imminent danger to life, health, or safety; and
  - 5. A resident or the representative may terminate residency of a resident after providing 14 days written notice to the licensee for documentation of the licensee's failure to comply with the resident's service plan or residency agreement.
- F. A licensee shall ensure that a written notice of termination of residency includes:
- 1. The reason for the termination of residency;
  - 2. The effective date of the termination of residency;
  - 3. The resident's right to grieve the termination of residency;
  - 4. The assisted living facility's grievance procedure; and
  - 5. The assisted living facility's refund policy.
- G. A licensee shall provide the following to a resident or a representative upon issuing a written notice of termination of residency:
- 1. A copy of the resident's service plan;
  - 2. Documentation that the resident is free from pulmonary tuberculosis; and
  - 3. The phone numbers and addresses of the local area agency on aging and D.E.S. Long Term Care Ombudsman.
- H. A licensee shall not request or retain fees as follows:
- 1. If a resident dies or if a resident or representative terminates residency as permitted in subsection (E)(4), a licensee shall not request or retain fees after the date of the resident's death or termination of residency;
  - 2. If termination of residency occurs as permitted in subsection (E)(1), (E)(2) or subsection(E)(5), a licensee shall not request or retain fees for more than 14 days from the date the written notice was received by the assisted living facility; and
  - 3. For reasons other than identified in subsection (H)(1) and (H)(2), the licensee shall not request or retain fees for more than 30 days after termination of residency.
- I. Within 30 days after the date of termination of residency, a licensee shall provide to the resident, the representative, or the individual to be contacted in the event of a significant change in the resident's condition:
- 1. A written statement that includes:
    - a. The disposition of the resident's personal property;
    - b. An accounting of all fees, personal funds, or deposits owed to the resident; and
    - c. An accounting of any deduction from fees or deposits; and
  - 2. All fees or deposits required by this section and personal funds.
- R9-10-710. Application for delegation**  
A county may only establish and administer an AFC home licensure program for ALTCS purposes if it accepts delegated authority to do so pursuant to an agreement with the Department. Upon the effective date of such an agreement, a county shall have full authority to enforce the rules prescribed in this Article to the same extent as the Department. A county shall no longer have authority to administer an AFC licensing program for ALTCS purposes if its agreement with the Department becomes invalid.
- R9-10-710. Resident Rights**
- A. A licensee shall ensure that a resident or representative is provided the following at the time the resident is accepted into an assisted living facility:
- 1. A list of current resident rights;
  - 2. A copy of current internal facility requirements; and
  - 3. Current phone numbers of:
    - a. The Arizona Department of Health Services' Office of Assisted Living Licensure;
    - b. D.E.S. Adult Protective Services;
    - c. 911 or other local emergency response;
    - d. The D.E.S. Long Term Care Ombudsman;
    - e. The Arizona Center for Disability Law;

- f. The Governor's Office for Americans with Disabilities; and
- g. An entity that provides information on health care directives.
- B. A licensee shall ensure that a resident or the representative acknowledges, in writing, receipt of the items in subsection (A).
- C. A licensee shall ensure that language barriers or physical disabilities do not prevent a resident or representative from becoming aware of internal facility requirements and the resident rights.
- D. A licensee shall ensure that a resident has the following rights:
  - 1. To live in an environment that promotes and supports each resident's dignity, individuality, independence, self-determination, privacy, and choice;
  - 2. To be treated with consideration and respect;
  - 3. To be free from abuse, neglect, exploitation, and physical restraints and chemical restraints;
  - 4. To privacy in correspondence, communications, visitation, financial and personal affairs, hygiene, and health-related services;
  - 5. To receive visitors and make private phone calls;
  - 6. To participate or allow the representative or other individual to participate in the development of a written service plan;
  - 7. To receive the services specified in the service plan, and to review and re-negotiate the service plan at any time;
  - 8. To refuse services, unless such services are court ordered or the health, safety, or welfare of other individuals is endangered by the refusal of services;
  - 9. To maintain and use personal possessions, unless such use infringes upon the health, safety, or welfare of other individuals;
  - 10. To have access to common areas in the facility;
  - 11. To request to relocate or refuse to relocate within the facility based upon the resident's needs, desires, and availability of such options;
  - 12. To have financial and other records kept in confidence. The release of records shall be by written consent of the resident or the representative, except as otherwise provided by law;
  - 13. To review the resident's own records during normal business hours or at a time agreed upon by the resident and the manager;
  - 14. To review a copy of this Article during normal business hours or at a time agreed upon by the resident and the manager;
  - 15. To review the assisted living facility's most recent survey conducted by the Arizona Department of Health Services, and any plan of correction in effect during normal business hours or at a time agreed upon by the resident and the manager;
  - 16. To be informed, in writing, of any change to a fee or charge at least 30 days before the change, unless the resident's service needs change, as documented in the resident's service plan as required in R9-10-711(A)(7);
  - 17. To submit grievances to employees, outside agencies, and other individuals without constraint or retaliation;
  - 18. To exercise free choice in selecting activities, schedules, and daily routines;
  - 19. To exercise free choice in selecting a primary care provider, pharmacy, or other service provider and assume responsibility for any additional costs incurred as a result of such choices;

- 20. To perform or refuse to perform work for the assisted living facility;
- 21. To participate or refuse to participate in social, recreational, rehabilitative, religious, political, or community activities; and
- 22. To be free from discrimination in regard to race, color, national origin, sex, sexual orientation, and religion and to be assured the same civil and human rights accorded to other individuals.

**R9-10-711. Requirements for Service Plans and Health-Related Services**

- A. A licensee shall ensure that a resident has a written service plan that:
  - 1. Is initiated the day a resident is accepted into the assisted living facility;
  - 2. Is completed no later than 14 days after the resident's date of acceptance;
  - 3. Is developed with assistance and review from:
    - a. The resident or representative;
    - b. The manager or manager's designee;
    - c. A nurse, if the resident is receiving nursing services, medication administration, or is unable to direct self-care;
    - d. The resident's case manager, if applicable;
    - e. Any individual requested by the resident or the representative; and
    - f. If applicable and necessary, any of the following: caregivers, assistant caregivers, the resident's primary care provider, or other medical practitioner;
  - 4. Is based on an assessment conducted with resident interaction and by the individuals in subsection (A)(3);
  - 5. Includes the following:
    - a. The level of service the resident is receiving;
    - b. The amount, type, and frequency of health-related services needed by the resident; and
    - c. Each individual responsible for the provisions of the service plan;
  - 6. Is signed and dated by:
    - a. The resident or the representative;
    - b. The manager or the manager's designee;
    - c. The nurse, if a nurse assisted in the preparation or review of the plan; and
    - d. The case manager, if a case manager assisted in the preparation or review of the plan; and
  - 7. Is updated according to the requirements in subsection (A)(3) through (6):
    - a. No later than 14 days after a significant change in the resident's physical, cognitive, or functional condition; and
    - b. As follows:
      - i. At least once every 12 months for a resident receiving supervisory care services;
      - ii. At least once every 6 months for a resident receiving personal care services; and
      - iii. At least once every 3 months for a resident receiving directed care services.
- B. A licensee shall ensure that a resident is provided the following, consistent with the level of service the assisted living facility is licensed to provide:
  - 1. Supervisory care services, personal care services, or directed care services specified in the resident's service plan;
  - 2. Supervisory care services, personal care services, or directed care services to meet a resident's scheduled and unscheduled needs;

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3. General supervision to ensure crisis intervention during an emergency, accident, incident, illness, or significant change in the resident's physical, functional, or cognitive condition;
4. Supervisory care services, personal care services, or directed care services that promote a resident's independence, dignity, choice, self determination, and the resident's highest physical, cognitive, and functional capability;
5. Assistance in utilizing community resources, as applicable;
6. Encouragement and assistance to preserve outside support systems; and
7. Social interaction to maintain identity and self-worth.

**R9-10-712. Activity Programs**

- A. A licensee shall ensure that daily social, recreational, or rehabilitative activities are provided as follows:
1. Activities are planned according to residents' preferences, needs, and abilities;
  2. A calendar of activities:
    - a. Is prepared at least 1 week in advance from the date the activity is provided;
    - b. Is conspicuously posted;
    - c. Reflects all substitutions in activities provided; and
    - d. Is maintained on the premises for 12 months after the last scheduled activity; and
  3. Equipment and supplies are available and accessible to accommodate each resident who chooses to participate in an activity.
- B. A licensee shall ensure that daily newspapers, current magazines, and a variety of reading materials are available and accessible to a resident at an assisted living facility.

**R9-10-713. Medications**

- A. A licensee shall ensure that a resident's service plan states whether the resident:
1. Requires no assistance in the self-administration of medication or medication administration;
  2. Needs assistance in the self-administration of medication which includes 1 or more of the following:
    - a. Storing a resident's medication;
    - b. Reminding a resident that it is time to take a medication;
    - c. Reading the medication label to a resident to:
      - i. Confirm the medication is being taken by the individual it is prescribed for;
      - ii. Check the dosage against the label on the container and reassure the resident that the dosage is correct; and
      - iii. Confirm the resident is taking the medication as directed;
    - d. Opening the medication container for a resident;
    - e. Pouring or placing a specified dosage into a container or into the resident's hand; or
    - f. Observing the resident while the medication is taken; or
  3. Needs medication administration.
- B. A licensee shall ensure that:
1. An assisted living facility's medication policies and procedures are approved by a physician, pharmacist, or RN and address:
    - a. Obtaining and refilling medication;
    - b. Storing and controlling of medication;
    - c. Disposing of medication;

- d. Assisting in the self-administration of medication and medication administration, as applicable; and
  - e. Recording of medication assistance provided to residents and maintenance of medication records;
2. A drug reference guide, no older than 2 years from the copyright date, is available and accessible for use by employees;
  3. Medication stored by the licensee is stored or controlled as follows:
    - a. Medication is stored in a locked container, cabinet, or area that is inaccessible to residents;
    - b. Medication is not left unattended by an employee;
    - c. Medication is stored in the original labeled container, except for medication organizers, and according to instructions on the medication label;
    - d. A bathroom or laundry room is not used for medication storage; and
    - e. All expired or discontinued medication, including those of deceased residents, are disposed of according to the assisted living facility's medication policies and procedures;
  4. Medication stored by a resident in the resident's room or unit is stored and controlled as follows:
    - a. Medication is kept in a locked container or cabinet or a resident locks the entrance to the room or unit when the resident is not in the room or unit and an employee has a key and access to the resident's room or unit and medication storage container or cabinet; or
    - b. As stated in the resident's service plan;
  5. Except for medication organizers, resident medication is not pre-poured. Medication organizers may be prepared up to 4 weeks in advance by the following individuals:
    - a. A resident or the representative;
    - b. A resident's relatives;
    - c. A nurse; or
    - d. As otherwise provided by law; and
  6. A separate medication record is maintained for each resident receiving assistance in self-administration of medication or medication administration that includes:
    - a. Name of resident;
    - b. Name of medication, dosage, directions, and route of administration;
    - c. Date and time medication is scheduled to be administered;
    - d. Date and time of actual assistance in self-administration of medication or medication administration; and
    - e. Signature or initials of the employee providing assistance in self-administration of medication or medication administration.

**R9-10-714. Resident Records**

- A. A licensee shall maintain a resident's record that contains:
1. The resident's name and social security number;
  2. The date of resident's acceptance into the assisted living facility, source of referral to the assisted living facility, and last address of resident;
  3. The names, addresses, and telephone numbers of the following:
    - a. The representative, if applicable;
    - b. The resident's primary care provider;
    - c. The resident's case manager, if applicable;
    - d. Each medical practitioner providing health-related services or medical services to the resident; and

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- e. An individual or relative to be contacted in the event of emergency, significant change in the resident's condition, or termination of residency;
  - 4. The residency agreement and any amendments;
  - 5. The documentation of the receipt of internal facility requirements, resident rights, and community phone numbers as required in R9-10-710(B);
  - 6. The documentation of orientation to the evacuation plan as required in R9-10-717(B);
  - 7. The service plan, its amendments and updates;
  - 8. A health care directive, if applicable;
  - 9. Documentation of freedom from pulmonary tuberculosis as required in R9-10-703(B)(3);
  - 10. Any orders from a primary care provider or medical practitioner as required in R9-10-722 or R9-10-723;
  - 11. The medication records as required in R9-10-713(B)(6);
  - 12. Accident, incident, or injury reports as required in R9-10-703(B)(12);
  - 13. Written authorizations for residency or continued residency as required by R9-10-722(A)(3) and (4) and R9-10-723(B)(1) and (3);
  - 14. Documentation of any change in a resident's behavior, physical, cognitive, or functional condition and action taken by employees to address the resident's changing needs;
  - 15. A written notice of termination of residency, if applicable;
  - 16. The address and phone number of the resident's new place of residence, if applicable;
  - 17. Documentation of relocation assistance provided to the resident, if applicable; and
  - 18. Documentation of the disposition of the resident's personal property and monies owed to the resident as required in R9-10-709(I)(1), if applicable.
- B. A licensee shall ensure that a resident's record is:
- 1. Confidential and only released with written permission from the resident or the representative, or as otherwise provided by law;
  - 2. Maintained at the facility;
  - 3. Legibly recorded in ink or electronically recorded;
  - 4. Retained for 3 years from the date of termination of residency; and
  - 5. Available for review by the resident or the representative during normal business hours or at a time agreed upon by the resident and the manager.
- C. A licensee shall ensure that a resident's financial records are maintained separate from a resident's record and are only accessible to individuals designated by the licensee.
- R9-10-715. Food Services**
- A. A licensee shall ensure that:
- 1. Three meals a day, served with not more than a 14 hour span between the evening meal and morning meal, and 1 snack a day is available to residents, unless otherwise prescribed by a therapeutic diet;
  - 2. Meals and snacks meet each resident's nutritional needs based upon the resident's age and health needs;
  - 3. Menus are:
    - a. Based on:
      - i. Resident food preferences, eating habits, customs, health conditions, appetites, and religious, cultural, and ethnic backgrounds; and
      - ii. The Food Guide Pyramid, USDA, Center for Nutrition Policy and Promotion, Home and Garden Bulletin Number 252, Revised October 1996, incorporated by reference and on file with the Department and the Office of the Secretary of State. This incorporation by reference contains no future additions or amendments;
    - b. Prepared at least 1 week before the date the food is served;
    - c. Dated and conspicuously posted; and
    - d. Maintained on the premises for at least 60 days from the date on the menu;
  - 4. Meals and snacks provided by the assisted living facility are served according to preplanned menus. Substitutions to the pre-planned menu are stated on the menu;
  - 5. Meals and snacks on each posted menu contain a variety of foods from each food group in the Food Guide Pyramid;
  - 6. A 3 day supply of perishable and a 3 day supply of non-perishable foods is maintained on the premises; and
  - 7. Water is available and accessible to residents at all times.
- B. If the assisted living facility offers therapeutic diets, a licensee shall ensure that:
- 1. A therapeutic diet manual, no older than 5 years from the copyright date, is available and accessible for use by employees; and
  - 2. The therapeutic diet is provided to a resident according to a written order from the resident's physician or as otherwise provided by law.
- C. A licensee shall ensure that food is obtained, prepared, served, and stored as follows:
- 1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
  - 2. Food is protected from potential contamination;
  - 3. Except for food from a garden or orchard, food is obtained only from sources that comply with all laws relating to food and food labeling. A licensee shall ensure that any canned food is commercially canned;
  - 4. Potentially hazardous food is maintained as follows:
    - a. Foods requiring refrigeration are maintained at 41°F. or below;
    - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 140° F., except that:
      - i. Ground beef, poultry, poultry stuffing, stuffed meats and stuffing containing meat are cooked to heat all parts of the food to at least 165° F.;
      - ii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F.;
      - iii. Rare roast beef is cooked to an internal temperature of at least 140° F. and rare beef steak is cooked to a temperature of at least 130° F. unless otherwise requested by a resident; and
      - iv. Leftovers are reheated to a temperature of 165°;
  - 5. A refrigerator contains a thermometer, accurate to + or - 3° F. at the warmest part of the refrigerator;
  - 6. Raw fruits and raw vegetables are rinsed with water before being cooked or served;
  - 7. Food is stored in covered containers, a minimum of 6 inches above the floor, and protected from splash and other contamination;
  - 8. Frozen foods are stored at a temperature of 0° F. or below;
  - 9. Food service is not provided by an individual infected with a communicable disease that may be transmitted by food handling or in which there is a likelihood of the

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- individual contaminating food or food-contact surfaces or transmitting disease to other individuals;
10. Before starting work, after smoking, using the toilet, and as often as necessary to remove soil and contamination, individuals providing food services wash their hands and exposed portions of their arms with soap and warm water; and
  11. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

**R9-10-716. Physical Plant Requirements**

- A. A licensee shall ensure that an assisted living facility:
1. Complies with all local building codes, ordinances, fire codes, and zoning requirements. If there are no local building codes, ordinances, fire codes, or zoning requirements, the assisted living facility complies with the applicable codes and standards incorporated by reference in A.A.C. R9-1-412;
  2. Is hazard-free;
  3. Has a common area and a dining area that:
    - a. Are not converted, partitioned, or otherwise used as a sleeping area; and
    - b. Contain furniture to accommodate the recreational and socialization needs of residents and other individuals in the assisted living facility;
  4. Provides at least 1 bathroom, containing at least a flushable toilet and a sink, that is accessed from a common area;
  5. Provides a hazard-free outdoor area with shaded protection where residents may walk or sit; and
  6. Provides wheelchair ramps or other access from exterior doors for residents using wheelchairs or other assistive devices.
- B. A licensee shall ensure that:
1. No more than 2 individuals reside in a residential unit or bedroom. An assisted living facility that provides documentation of operating before the effective date of this Article with more than 2 individuals living in a unit or bedroom may continue to allow more than 2 individuals to reside in a unit or bedroom if there is 60 square feet or more for each individual living in the unit or bedroom;
  2. A bedroom or unit is not used to access a common room, common bathroom, or another bedroom or unit unless written consent is obtained from the resident or the representative;
  3. To provide natural light, a bedroom or unit has:
    - a. A window to the outside; or
    - b. A door made of glass to the outside; and
  4. To provide safe egress in an emergency, a bedroom or unit has:
    - a. A window that either:
      - i. Meets the requirements of the local jurisdiction; or
      - ii. Has no dimension less than 20 inches, is at least 720 square inches, and has a window sill that is no more than 44 inches off the floor; or
    - b. A door to the outside.
- C. A licensee shall ensure that a swimming pool on the premises of an assisted living facility:
1. Complies with all applicable laws and rules for swimming pool construction and safety and:
    - a. Is enclosed by a 5 foot solid wall, fence, or barrier with either vertical or horizontal open spaces that do not exceed 4 inches; or

- b. Is inaccessible to residents and is granted an exception as prescribed in R9-10-702(F) from the enclosure requirements in subsection (C)(1)(a); and
2. Has self-closing, self-latching gates that are kept locked when the swimming pool is not in use; and
3. Has pool safety requirements conspicuously posted in the swimming pool area.

**R9-10-717. Fire and Safety Requirements**

- A. A licensee shall ensure that:
1. A written evacuation plan is developed and maintained on the premises;
  2. A written disaster plan, identifying a relocation plan for all residents from the facility, is developed and maintained on the premises;
  3. An employee fire drill is conducted at least once every 3 months on each shift. Residents are not required to participate in an employee fire drill. An employee fire drill includes making a general announcement throughout the facility that an employee fire drill is being conducted or sounding a fire alarm;
  4. A resident fire drill is conducted at least once every 6 months and includes residents, employees on duty, support staff on duty, and other individuals in the facility. A resident fire drill includes making a general announcement throughout the facility that a resident fire drill is being conducted or sounding a fire alarm; and
  5. Records of employee fire drills and resident fire drills are maintained on the premises for 12 months from the date of the drill and include the date and time of the drill, names of employees participating in the drill, and identification of residents needing assistance for evacuation.
- B. A licensee shall ensure that a resident receives orientation to the evacuation plan within 24 hours of the resident's acceptance into the assisted living facility. Documentation of the orientation shall be signed and dated by the resident or the representative.

**R9-10-718. Environmental Services**

- A licensee shall ensure that:
1. A facility and facility grounds are:
    - a. In good repair;
    - b. Clean;
    - c. Free of odors;
    - d. Free of any object, material or condition that may be a hazard based on the physical, cognitive, and functional condition of the residents; and
    - e. Free of insects and rodents;
  2. Garbage and refuse are:
    - a. Stored in covered containers lined with plastic bags; and
    - b. Removed from the premises at least once a week;
  3. Heating and cooling systems maintain the facility at a temperature between 68° F. to 85° F. at all times. A resident with an individual temperature-controlled residential unit or room may heat and cool to provide for individual comfort;
  4. Common areas are lighted to assure safety of residents;
  5. Hot water temperatures are maintained between 95° F. and 120° F. in the areas of a facility used by residents;
  6. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents;
  7. A common bathroom has toilet paper, soap, and cloth towels, paper towels, or a mechanical air hand dryer accessible to residents;

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8. Soiled linen and soiled clothing stored by the assisted living facility are stored in closed containers away from food storage, kitchen, and dining areas;
9. Oxygen containers are maintained in an upright position;
10. Poisonous or toxic materials stored by the assisted living facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications;
11. Combustible or flammable liquids and hazardous materials stored by an assisted living facility are stored in the original labeled containers or safety containers outside the facility or in an attached garage locked and inaccessible to residents;
12. Pets or animals are:
  - a. Controlled to prevent endangering the residents and to maintain sanitation;
  - b. Licensed consistent with local ordinances;
  - c. Vaccinated as follows:
    - i. A dog is vaccinated against rabies, leptospirosis, distemper, hepatitis, and parvo; and
    - ii. A cat is vaccinated against rabies and feline leukemia;
13. A container with first-aid supplies, in a quantity sufficient to meet the needs of all residents, is accessible to employees. First aid supplies include at least bandaids, sterile bandages or gauze pads, antiseptic solution, tweezers, scissors, tape, and disposable latex gloves;
14. If a non-municipal water source is used, the water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or E. Coli bacteria and corrective action is taken to ensure the water is safe to drink. Documentation of testing is retained on the premises for 24 months from the date of the test; and
15. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.

**R9-10-719. Supplemental Requirements for an Assisted Living Home**

- A.** In addition to the requirements in R9-10-716, a licensee shall ensure that an assisted living home meets the following:
1. Each bedroom is of standard construction with walls from floor to ceiling with at least 1 door. If a bedroom door is capable of being locked from the inside, an employee shall have a key and access to the bedroom at all times;
  2. There is at least 80 square feet of floor space, excluding closets, bathrooms, alcoves, or vestibules, for a resident in a private bedroom and at least 60 square feet of floor space excluding closets, bathrooms, alcoves, or vestibules, for each resident sharing a bedroom with another individual;
  3. A bedroom used by a resident who is receiving personal care services or directed care services is equipped with a bell, intercom, or other mechanical means to alert employees to a resident's needs or emergencies;
  4. Unless the resident provides the resident's own furnishings, a licensee provides the following furnishings for a resident:
    - a. A bed, 36 inches wide or larger, consisting of at least a frame and mattress that is clean and in good repair;
    - b. Clean linen including mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, bedspread, waterproof mattress covers as

- c. A bedside lamp that provides light for reading;
  - d. Storage space for clothing;
  - e. Individual storage space for personal effects; and
  - f. Adjustable window covers that provide resident privacy;
5. A bathroom meets the following requirements:
- a. There is at least 1 working flushable toilet and 1 working sink for each 8 individuals living in the home;
  - b. There is 1 working tub or shower for each 8 individuals living in the home;
  - c. The sink is in the same bathroom as the toilet or in a room adjacent to the toilet, and is not used for food preparation;
  - d. Each bathroom provides privacy when in use and contains:
    - i. A mirror, unless the resident's service plan requires otherwise;
    - ii. A means of ventilation or an operable window;
    - iii. Nonporous surfaces for shower enclosures, clean usable shower curtains, and slip-resistant surfaces in tubs and showers; and
    - iv. Grab bars for the toilet and tub or shower and other assistive devices, if required in a resident's service plan, to provide for resident safety; and
  - e. If a bathroom has a door locking from the inside, an employee has key and access to the bathroom at all times;
6. A resident is not housed on a floor that does not open onto the ground level unless:
- a. There is a secondary means of emergency exit that the resident is capable of using; and
  - b. The resident is ambulatory without assistance and is able to direct self-care;
7. A resident has access to laundry service or a washing machine and dryer in the home.
- B.** In addition to the fire and safety requirements contained in R9-10-717, a licensee shall ensure the following:
1. A written evacuation plan, identifying interior exits, is conspicuously posted in the home;
  2. A portable, all-purpose fire extinguisher that meets at a minimum, a 2A-10-BC rating of the Underwriter's Laboratories as described in Publication 10 of the National Fire Code, incorporated by reference in A.A.C. R9-1-412, is installed and maintained in the home as prescribed by the fire authority having jurisdiction;
  3. A fire extinguisher is:
    - a. Serviced every 12 months or as recommended by the manufacturer;
    - b. Tagged specifying the date of recharging and the name of the organization performing the work; and
    - c. Placed on wall brackets so that the top handle of the fire extinguisher is not over 5 feet from the floor and the bottom of the fire extinguisher is at least 4 inches off the floor;
  4. Smoke detectors are installed according to the manufacturer's instructions in at least the following areas:
    - a. Bedrooms;
    - b. Hallways that adjoin bedrooms;
    - c. Storage rooms and laundry rooms;
    - d. Attached garages;

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- e. Rooms or hallways adjacent to the kitchen; and
- f. Other places recommended by the manufacturer;
- 5. Smoke detectors that are battery-operated are equipped with a device that warns of a low battery. If more than 2 violations of an inoperative battery-operated smoke detector are cited in a 24 month period, the licensee shall ensure the smoke detector is hard wired into the electrical system; and
- 6. Smoke detectors are inspected as often as recommended by the manufacturer and kept in working order.

**R9-10-720. Supplemental Requirements for an Assisted Living Center**

- A. In addition to the requirements in R9-10-716, a licensee shall ensure that a center or a portion of a center providing personal care services or directed care services:
  - 1. Has a fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm Code, Chapter 3, Section 3-4.1.1(a), incorporated by reference in A.A.C. R9-1-412, and a sprinkler system installed according to the National Fire Protection Association 13 standards incorporated by reference in A.A.C. R9-1-412; or
  - 2. Has an alternative method to ensure the resident's safety approved by the local jurisdiction and granted an exception as prescribed in R9-10-702(F).
- B. A licensee shall ensure that a resident has access to a laundry service or a washing machine and dryer in the center.
- C. A licensee shall ensure that a resident's sleeping area is contained in a residential unit or a bedroom.
  - 1. A residential unit shall meet the following:
    - a. Have at least 220 square feet of floor space, excluding the bathroom and closet, for 1 individual and an additional 100 square feet of floor space, excluding the bathroom and closet, for a second individual;
    - b. Have an individually keyed entry door. A key shall be provided to the resident or the representative, and an employee shall have a key and access to the unit at all times;
    - c. A unit used by a resident receiving personal care services or directed care services shall be equipped with a bell, intercom, or other mechanical means to alert employees to the resident's needs or emergencies. A licensee may request an exception from this requirement as prescribed in R9-10-702(F) for a resident who is unable to direct self-care if there is an alternative method of communication;
    - d. Have a bathroom that provides privacy when in use and contains:
      - i. A working flushable toilet;
      - ii. A working sink;
      - iii. A working tub or shower;
      - iv. A mirror, unless the resident's service plan requires otherwise;
      - v. A means of ventilation or an operable window;
      - vi. Nonporous surfaces for shower enclosures, clean usable shower curtains, and slip-resistant surfaces in tubs and showers; and
      - vii. Grab bars for the toilet and tub or shower and other assistive devices, if identified in a resident's service plan, to provide for resident safety;

- e. If a bathroom has a door locking from the inside, an employee has a key and access to the bathroom at all times;
- f. Contains a resident-controlled thermostat for heating and cooling;
- g. Contains a kitchen area equipped with:
  - i. A working sink;
  - ii. A working refrigerator;
  - iii. A cooking appliance that can be removed or disconnected;
  - iv. Space for food preparation; and
  - v. Storage for utensils and supplies;
- h. Unless the resident provides the resident's own furnishings, the licensee provides the following furnishings for a resident:
  - i. A bed, 36 inches wide or larger, consisting of at least a frame and mattress that is clean and in good repair;
  - ii. Clean linen including mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, bedspread, waterproof mattress covers as needed, and blankets to ensure warmth and comfort for each resident;
  - iii. A bedside lamp that provides light for reading;
  - iv. Storage space for clothing;
  - v. Individual storage space for personal effects;
  - vi. Adjustable window covers that provide resident privacy;
  - vii. One armchair or side chair; and
  - viii. One table where a resident may eat a meal.
- 2. A bedroom shall meet the following:
  - a. Is of standard construction with walls from floor to ceiling with at least 1 door. If a bedroom door is capable of being locked from the inside, an employee has a key and access to the bedroom at all times;
  - b. There is at least 80 square feet of floor space, excluding closets, bathrooms, alcoves, or vestibules, for a resident in a private bedroom and at least 60 square feet of floor space, excluding closets, bathrooms, alcoves, or vestibules for each resident sharing a bedroom with another individual;
  - c. A bedroom used by a resident receiving personal care services or directed care services is equipped with a bell, intercom, or other mechanical means to alert employees to the resident's needs or emergencies. A licensee may request an exception from this requirement as prescribed in R9-10-702(F) for a resident who is unable to direct self-care if there is an alternative method of communication;
  - d. Unless the resident provides the resident's own furnishings, the licensee provides the following furnishings for a resident:
    - i. A bed, 36 inches wide or larger, consisting of at least a frame and mattress that is clean and in good repair;
    - ii. Clean linen including mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, bedspread, waterproof mattress covers as needed, and blankets to ensure warmth and comfort for each resident;
    - iii. A bedside lamp that provides light for reading;
    - iv. Storage space for clothing;

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- v. Individual storage space for personal effects; and
  - vi. Adjustable window covers that provide resident privacy;
  - e. Bathroom requirements:
    - i. At least 1 working flushable toilet and 1 working sink for each 8 individuals living in the center;
    - ii. One working tub or shower for each 8 individuals in the center; and
    - iii. The sink may be in the same bathroom as the toilet or in a room adjacent to the toilet but is not used for food preparation;
  - f. Each bathroom provides privacy when in use and contains:
    - i. A mirror, unless the resident's service plan requires otherwise;
    - ii. A means of ventilation or an operable window;
    - iii. Nonporous surfaces for shower enclosures, clean usable shower curtains, and slip-resistant surfaces in tubs and showers; and
    - iv. Grab bars for the toilet and tub or shower and other assistive devices, identified in the resident's service plan, to provide for resident safety; and
  - g. For a bathroom door locking from the inside, an employee has a key and access to the bathroom at all times.
- D.** A licensee shall obtain the following inspections of a facility, according to the following schedules, and make any repairs or corrections stated on an inspection report:
- 1. Sanitation inspections, conducted a minimum of every 12 months by a local health department; and
  - 2. Fire inspections, conducted no less than every 36 months by a local fire department or the State Fire Marshal.
- E.** A licensee shall maintain current reports of sanitation and fire inspections on the facility premises.
- R9-10-721. Supplemental Requirements for an Assisted Living Facility Licensed to Provide Supervisory Care Services**  
A resident in an assisted living facility that is licensed to provide supervisory care services may receive nursing services or health-related services from a licensed home health agency, licensed hospice service agency, or private duty nurse.
- R9-10-722. Supplemental Requirements for an Assisted Living Facility Licensed to Provide Personal Care Services**
- A.** A licensee of an assisted living facility licensed to provide personal care services shall not:
- 1. Accept or retain a resident unable to direct self-care;
  - 2. Accept or retain an individual who requires continuous nursing services unless:
    - a. The resident is under the care of a licensed hospice service agency;
    - b. The continuous nursing services are provided by a private duty nurse; or
    - c. The assisted living facility meets the requirements of A.R.S. § 36-401(C);
  - 3. Accept or retain a resident who is bedbound unless:
    - a. The condition is a result of a short-term illness or injury; or
    - b. The following requirements are met at the onset of the condition or when the resident is accepted into the assisted living facility:
      - i. Written authorization of residency or continued residency is signed and dated by the resident or the representative;
      - ii. The resident's primary care provider, who has examined the resident within 30 days from the onset of the condition or upon acceptance into the assisted living facility, signs and dates a statement authorizing residency at the assisted living facility. The resident's primary care provider shall examine the resident at least once every six months throughout the duration of the resident's condition and signs and dates a statement authorizing continued residency;
      - iii. The resident does not require continuous nursing services except as provided by subsection (A)(2);
      - iv. The resident's service plan is revised to include the resident's increased need for services;
      - v. The resident is under the care of a nurse, licensed home health agency, or licensed hospice service agency;
      - vi. The assisted living facility is meeting the resident's needs; and
      - vii. The assisted living facility documents the services provided to the resident to meet the resident's needs; and
- 4.** Accept or retain a resident who has a stage 3 or stage 4 pressure sore, as determined by a nurse or medical practitioner, unless the assisted living facility meets the requirements in subsection (A)(3)(b).
- B.** In addition to the ongoing training requirements in R9-10-707 (B), a licensee of an assisted living facility licensed to provide personal care services shall ensure that each manager and caregiver completes a minimum of 2 hours of ongoing training in providing personal care services every 12 months from the starting date of employment, or for a manager or caregiver hired before the effective date of this Article, every 12 months from the effective date of this Article.
- C.** A licensee shall provide to each resident receiving personal care services:
- 1. Skin maintenance to prevent and treat bruises, injuries, pressure sores, and infections;
  - 2. Sufficient fluids to maintain hydration;
  - 3. Incontinence care that ensures that a resident maintains the highest practicable level of independence and dignity when toileting;
  - 4. An assessment conducted by a primary care provider of each resident who needs medication administration or nursing services within 30 days of being accepted into the assisted living facility or within 30 days of developing the need for nursing services or medication administration; and
  - 5. Documentation of a resident's weight for each resident receiving medication administration or nursing services. A resident's weight shall be recorded in the resident's service plan when a resident's service plan is developed or updated.
- D.** In addition to the medication requirements in R9-10-713, a licensee shall ensure that:
- 1. Assistance in the self-administration of medication or medication administration for a resident receiving personal care services is provided based upon a written medication order from the resident's primary care pro-

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vider, medical practitioner, or as otherwise provided by law. A medication order includes:

- a. The name of resident;
  - b. The name, strength, quantity, route of administration, and directions for the medication ordered;
  - c. Precautionary statements, if applicable; and
  - d. The signature of primary care provider or medical practitioner and date signed;
2. A verbal medication order from a primary care provider or medical practitioner is noted in a resident's medication record within 24 hours of receipt of the verbal order and a supporting written order is obtained from the primary care provider or medical practitioner within 14 days of receipt of the verbal order. Only a manager or caregiver may receive a verbal medication order;
3. Only the following individuals provide medication administration:
- a. A representative or a resident's relatives;
  - b. A nurse or other medical practitioner, or other individual authorized by law to provide medication administration; or
  - c. An employee authorized in writing by a resident's physician;
4. A nurse, pharmacist, or primary care provider reviews the medication and medication record of each resident receiving medication administration or nursing services at least every 90 days and after a significant change in the resident's condition;
5. Employees and support staff do not provide non-prescription medication to a resident unless the resident has an order from the resident's primary care provider or medical practitioner for the medication; and
6. When a PRN medication is administered to a resident on a regular basis, the resident's primary care provider or medical practitioner is notified and a written order is obtained from the resident's primary care provider within 14 days.
- E. A licensee of an assisted living facility licensed to provide personal care services shall ensure a treatment for a resident receiving personal care services is administered as follows:
1. A treatment that cannot be self-administered is administered by a nurse or as otherwise provided by law;
  2. A treatment is administered according to a written order from the resident's primary care provider or medical practitioner. A treatment order shall include the:
    - a. Name of resident;
    - b. Name, route of administration, and directions for use of treatment ordered;
    - c. Precautionary statements related to the administration of treatment, if applicable; and
    - d. Signature of primary care provider or medical practitioner and date signed;
  3. A verbal treatment order from a primary care provider or medical practitioner is noted in a resident's record within 24 hours of receipt of the verbal order and a supporting written order is obtained from the primary care provider or medical practitioner within 14 days of receipt of the verbal order. Only a manager or caregiver may receive a verbal treatment order; and
  4. A written record of treatment administered to a resident is completed by an employee and includes the:
    - a. Name of treatment, frequency, and route of administration;
    - b. Date and time treatment is scheduled to be administered; and

- c. Date and time of actual treatment administration and signature or initials of the individual administering treatment.

**R9-10-723. Supplemental Requirements for an Assisted Living Facility Licensed to Provide Directed Care Services**

- A. A licensee shall ensure that a representative is designated for a resident who is unable to direct self-care.
- B. A licensee of an assisted living facility licensed to provide directed care services shall not accept or retain a resident who:
1. Is bedbound, unless the requirements in R9-10-722(A)(3) are met;
  2. Needs continuous nursing services, unless the requirements of R9-10-722(A)(2) are met; or
  3. Has a stage 3 or stage 4 pressure sore as determined by a nurse or other medical practitioner unless the requirements in R9-10-722(A)(4) are met.
- C. In addition to the ongoing training requirements in R9-10-707 (B) and R9-10-722(B), a licensee of an assisted living facility licensed to provide directed care services shall ensure each manager and caregiver completes a minimum of 4 hours of ongoing training in providing services to residents who are unable to direct self-care every 12 months from the starting date of employment, or for a manager or caregiver hired before the effective date of this Article, every 12 months from the effective date of this Article.
- D. In addition to the supplemental service requirements in R9-10-722(C) a licensee of an assisted living facility providing services to a resident who is unable to direct self-care shall provide the following:
1. Direct supervision to ensure personal safety;
  2. Coordination of communications with each representative, relatives, case manager, if applicable, and other individuals identified in the resident's service plan;
  3. Cognitive stimulation and activities to maximize functioning;
  4. Encouragement to eat meals and snacks;
  5. An assessment of a resident who is unable to direct self-care by a primary care provider within 30 days of being accepted into the assisted living facility or within 30 days of becoming unable to direct self-care; and
  6. Documentation of a resident's weight. A resident shall be weighed and the resident's weight recorded in the resident's service plan when a resident's service plan is developed or reviewed.
- E. A licensee shall ensure that medication requirements in R9-10-722(D) are met for a resident receiving personal care services or directed care services.
- F. A licensee shall ensure that treatments for a resident receiving personal care services or directed care services are administered as required in R9-10-722(E).
- G. In addition to the requirements for a resident's record in R9-10-714, a licensee shall ensure that:
1. The resident record for a resident who is unable to direct self-care contains a record of services provided by a licensed home health agency or licensed hospice service agency including:
    - a. A description of the home health service or hospice service provided to the resident and date and time provided;
    - b. The name, address, and phone number of the home health agency or hospice agency; and
    - c. Documentation of any instructions for the resident's care in the resident's service plan; and

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2. Instructions for the resident's care are communicated to employees.
- H. A licensee who provides services in a facility or portion of a facility to a resident who is unable to direct self-care shall:
1. Develop and implement policies and procedures that ensure the continued safety of a resident who may wander;
  2. Ensure a means of exiting the facility that meets 1 of the following:
    - a. The assisted living facility provides a resident who does not have a key, special knowledge for egress, or special physical effort, access at all times to an outside area that is secure and allows the resident to be at least 30 feet away from the facility. If the outside area does not allow a resident to be at least 30 feet away from the facility, the assisted living facility shall provide a means of egress from the outside area that allows the resident to be at least 30 feet from the facility; or
    - b. The facility meets the Special Egress-Control Devices provisions in the Uniform Building Code incorporated by reference in A.A.C. R9-1-412.
- I. A licensee shall follow notification requirements in R9-10-703(B)(12) each time a resident who is unable to direct self-care wanders off facility grounds.

**R9-10-724. Supplemental Requirements for Training Programs**

- A. A training program shall meet the following requirements:
1. Except as provided in subsection (A)(2), an instructor for the training program shall be any of following:
    - a. A nurse, physician, physician assistant, or related medical professional with at least 2 years of health-related experience;
    - b. An individual with at least a bachelors degree in social work, gerontology, or closely-related field and at least 2 years of health-related experience;
    - c. An instructor employed by an accredited junior college, college, university or health care institution to teach health-related courses; or
    - d. An assisted living facility manager with at least 2 years experience serving as a manager in a residential care institution;
  2. If an instructor does not met the requirements in subsection (A)(1), the instructor may provide specific training in a level of training as designated in subsection (C)(3) or a training component as stated in subsection (B)(3) if the instructor has:
    - a. Education that qualifies the instructor to provide the training;
    - b. Experience that qualifies the instructor to provide the training; or
    - c. Taught a class that includes the specific training;
  3. An instructor for the training program shall not provide training if the instructor:
    - a. Is serving as a manager of a health care institution operating under a provisional license; or
    - b. Has had a license to operate a health care institution revoked or suspended;
  4. Instructional methods for personal care services shall include opportunities for an individual receiving the training to practice skills on a mannequin or individual; and
  5. Training shall be provided using the instructors, manuals, student handouts, learning objectives, and verifica-

- tion tools and methods approved by the Department as prescribed in subsection (D).
- B. A training program shall:
1. Be constructed to allow an individual to demonstrate the specific skills and knowledge of a level of training or training component;
  2. Issue a verification of completion of training:
    - a. That states:
      - i. The name of individual;
      - ii. Each level of training completed by the individual;
      - iii. The date of completion; and
      - iv. The name of training program;
    - b. To an individual who:
      - i. Completes training in subsection (B)(3) and demonstrates specific skills and knowledge in the level of training; or
      - ii. Does not complete the training in subsection (B)(3) but demonstrates the specific skills and knowledge in the learning objectives of the level of training;
  3. Provide training as follows:
    - a. For an individual who will be providing supervisory care services: 20 hours or the amount of time needed to verify that an individual demonstrates the specific skills and knowledge in the learning objectives in each of the following training components:
      - i. Promoting resident dignity, independence, self-determination, privacy, choice, resident rights, and ethics;
      - ii. Communicating effectively with a resident, a representative and relatives, individuals who appear angry, depressed, or unresponsive;
      - iii. Managing personal stress;
      - iv. Preventing abuse, neglect, and exploitation and reporting requirements;
      - v. Controlling the spread of disease and infection;
      - vi. Record keeping and documentation;
      - vii. Following and implementing resident service plans;
      - viii. Nutrition, hydration, and food services;
      - ix. Assisting in the self-administration of medications;
      - x. Developing and providing social, recreational, and rehabilitative activities; and
      - xi. Fire, safety, and emergency procedures;
    - b. For an individual who will be providing personal care services: In addition to verification of the training components in subsection (B)(3)(a), 30 hours or the amount of time needed to verify that an individual demonstrates specific skills and knowledge in the learning objectives of each of the following training components:
      - i. The aging process and medical conditions associated with aging or physical disabilities;
      - ii. Assisting residents in activities of daily living and taking vital signs; and
      - iii. Medications;
    - c. For an individual who will be providing directed care services: In addition to verification of the training components in subsection (B)(3)(a) and (b), 12 hours or the amount of time needed to verify that an individual demonstrates specific skills

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- and knowledge in the learning objectives of each of the following training components:
- i. Overview of Alzheimer's disease and related dementias;
  - ii. Communicating with a resident who is unable to direct self-care;
  - iii. Providing services, including problem solving, maximizing functioning, and life skills training for a resident who is unable to direct self-care;
  - iv. Managing difficult behaviors in a resident who is unable to direct self-care; and
  - v. Developing and providing social, recreational, and rehabilitative activities for residents who are unable to direct self-care;
- d. For an individual who will be acting as a manager of an assisted living facility: 8 hours or the amount of time needed to verify that an individual demonstrates the specific skills and knowledge in the learning objectives in each of the following training components:
- i. Developing resident service plans;
  - ii. Business practices;
  - iii. Personnel management;
  - iv. Delegation of authority;
  - v. Developing policies and procedures; and
  - vi. Overview of the laws and rules governing assisted living facilities;
4. Accept documentation that an individual is certified as a nursing assistant under A.R.S. Title 32, Chapter 15 as verification of the skills and knowledge required in subsection (B)(3)(b)(i) and b(ii);
5. Use only instructors who meet the qualifications in subsection (A)(1) and (2);
6. Maintain the following records at the location designated on the application for 5 years from the date the instructor provided training:
- a. The name and documentation of qualifications of each instructor;
  - b. A copy of each certificate of training issued by the training program;
  - c. The written instrument verifying that the individual demonstrated the specific skills and knowledge in each learning objective for a level of training; and
  - d. Evaluations required by subsection (B)(7); and
7. Ensure that an individual who receives a certificate of training submits an evaluation of the training program to the training program that includes:
- a. The name of each instructor;
  - b. An evaluation of each instructor;
  - c. An evaluation of training; and
  - d. Suggestions or recommendations.
- C. An applicant for Department approval of an assisted living training program shall submit an application to the Department that includes:
1. A completed application form, provided by the Department, that includes:
    - a. The name of the training program;
    - b. The mailing address for the training program;
    - c. The phone number for the training program;
    - d. The location or locations where training will be provided;
    - e. The location where training records will be maintained;
    - f. The name of a contact person; and
  - g. The signature of the following:
  - h. If an individual, the signature of the individual;
  - i. If a partnership, the signatures of 2 of the partners;
  - j. If a corporation, the signatures of 2 officers of the corporation;
  - k. If a limited liability company, the designated manager, or if no manager is designated, the signatures of any 2 members of the limited liability company; or
  - l. If a governmental agency, the signature of the director of the governmental agency or the individual designated in writing by the director.
2. The names and qualifications of each instructor providing training;
3. The designation of 1 or more of the following levels of training provided by the training program:
- a. Supervisory care services;
  - b. Personal care services;
  - c. Directed care services; or
  - d. Manager training; and
4. The following information for each level of training provided:
- a. The instructional method or methods;
  - b. A detailed training outline;
  - c. The learning objectives;
  - d. The instructor's manuals and student handouts; and
  - e. The tool and method or methods of verification that an individual has achieved the learning objective.
- D. For Department approval of a training program:
1. The overall time-frame described in A.R.S. § 41-1072(2), is 90 days.
  2. The administrative completeness review described in A.R.S. §41-1072(1) is 60 days and begins on the date the Department receives an application.
    - a. If any of the documents is missing or if information on the documents is deficient, the Department shall provide to the applicant a written notice of incompleteness that states each deficiency and the information or documents needed to complete the application. The 60 day time-frame for the Department to finish the administrative completeness review is suspended from the date the Department provides the notice of incompleteness to the applicant until the date the Department receives the required information or missing document.
    - b. If all of the documents are submitted and the information on the documents is complete, the Department shall provide a written notice of administrative completeness to the applicant.
    - c. If the documents or information are not submitted within 120 days from the date of notice of incompleteness, the Department shall consider the application withdrawn.
    - d. If the Department grants approval to the training program during the time provided to assess administrative completeness, the Department shall not provide a separate written notice of administrative completeness.
  3. The substantive review time frame described in A.R.S. § 41-1072(3) is 30 days and begins on the date the Department provides written notice of administrative completeness to the applicant.
    - a. If the applicant does not meet the requirements of this section the Department shall provide a written request for additional information to the applicant.

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The 30 day time-frame for the Department to finish the substantive review is suspended from the date the Department provides the written request to the applicant until the Department receives the additional information.

- b. The applicant shall submit to the Department the information or documents identified in the written request for additional information within 30 days of the receipt of the written request.
- c. The Department shall provide the applicant with a written notice of denial if:
  - i. The applicant does not submit the additional information within the time frame in subsection (D)(3)(b); or
  - ii. Upon receipt of the additional information from the applicant, the Department determines that the applicant does not meet the requirements of this section.
- d. An applicant may appeal the Department's determination according to A.R.S. Title 41, Chapter 6.
- 4. If an applicant meets the requirements of this section, the Department shall provide a written notice of Department approval to the applicant.
- E. To change the level of training that a training program is approved to provide, the training program shall submit to the Department the information for the requested level of training in subsection (C)(2),(3) and (4). The Department shall comply with the requirements for approval of a training program in subsection (D).
- F. A training program shall not provide training or a level of training until the training program receives written Department approval.
- G. A training program shall submit to the Department:
  - 1. Any changes to the information required in subsection (C)(1) no later than 30 days from the date of the change, and
  - 2. The information required in (C)(2) for an instructor before the instructor provides training for the training program.
- H. To renew a training program's approval, a training program shall submit to the Department every 24 months from the date of approval, the information in subsection (C). The Department shall comply with the requirements for approval of a training program in subsection (D).
- I. The Department may withdraw a training program's approval if:
  - 1. The training program does not comply with the requirements in subsection (A),(B), or (C);
  - 2. The Department determines that the training program issued a certificate of training to an individual who did not demonstrate the specific knowledge and skills of a learning objective in a training component in the level of training stated on the certificate; or
  - 3. The training program fails to meet the requirements in subsection (E), (F), (G), or (H).
- J. The Department may observe a training program's instructional or verification methods; review the training programs records; and interview instructors, individuals trained, and other individuals to determine a training program's compliance with this section.

**ARTICLE 13.—ADULT CARE HOMES**

**R9-10-1301. Definitions**

In this Article, unless the context otherwise requires:

- 1. "Abuse" means the same as defined in A.R.S. § 46-451(A)(1).
- 2. "Accident" means any unexpected occurrence which causes or may cause harm to a resident or individuals requiring adult day care or respite care services.
- 3. "Activities of daily living" means ambulating, bathing, toileting, shaving, brushing teeth, combing hair, dressing, eating, getting in or out of bed, cleaning the resident's room, laundering, shopping, using public transportation, writing letters, making telephone calls, obtaining appointments, recreation and leisure activities, and other similar activities.
- 4. "Board" means the Board of Examiners of Nursing Care Institution Administrators and Adult Care Home Managers.
- 5. "Caregiver" means the owner or any employee who provides direct, hands-on care to elderly, confused, disabled, agitated, incontinent, or physically handicapped residents.
- 6. "Care plan" means a written description of the functional level of a resident, the resident's need for care and assistance, and the services to be provided to meet the resident's needs.
- 7. "Complex care services" means services commonly performed by or under the immediate supervision of a registered nurse or other licensed health care providers for individuals requiring 24-hour care by licensed personnel.
- 8. "Custodial care services" means the same as defined in A.R.S. § 36-448(2).
- 9. "Day care" means care and services in the home for an adult who does not stay overnight.
- 10. "Exploitation" means the same as defined in A.R.S. § 46-451(A)(2).
- 11. "Functional level" means the degree to which a resident is able to perform activities of daily living, including ambulation.
- 12. "Home" means an adult care home as defined in A.R.S. § 36-448(1).
- 13. "Home rules" means the written rules governing home activities.
- 14. "Incontinence care" means the same as defined in A.R.S. § 36-448(3).
- 15. "Maximum assistance" means a caregiver providing a resident with 75% or more of the required effort in performing activities of daily living.
- 16. "Medication" means a drug, prescription or nonprescription, administered to, or self-administered by, a resident to maintain health or to prevent or treat an illness or disease.
- 17. "Minimum assistance" means a caregiver providing a resident with up to 50% of the required effort in performing activities of daily living.
- 18. "Moderate assistance" means a caregiver providing a resident with 50% to 75% of the required effort in performing activities of daily living.
- 19. "Neglect" means lack of supervision, failure to provide care or services necessary to ensure the health, safety and well-being of a resident, failure to make a reasonable effort to determine what care or services are necessary for the well-being of a resident, or failure to provide a safe and sanitary environment.
- 20. "PRN" means pro re nata medication given as needed.
- 21. "Relative" means child, parent, sibling, spouse, grandparent, grandchild, uncle, aunt, niece, nephew, or any

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person of the same affiliation through marriage or adoption.

- 22. "Resident's representative" means a person acting on behalf of a resident under the written consent of the resident or the resident's legal guardian.
- 23. "Respite care services" means the same as defined in A.R.S. § 36-401(A)(23).
- 24. "Trained caregiver" means a caregiver who meets the requirements of R9-10-1303(C).
- 25. "Treatment" means medical, surgical, dental, or psychiatric management of a resident, and any specific procedure used for the prevention, cure, or the amelioration of a disease or pathological condition.

**R9-10-1302. Administration**

- A. There shall be a governing authority consisting of one or more persons which shall be responsible for administration and organization of the home, establishing written policies and procedures, establishing home rules, and ensuring compliance with state laws and rules and local ordinances.
- B. The governing authority shall appoint a full time, 40-hour per week manager who shall be trained and certified pursuant to A.R.S. §§ 36-446.04(B), 36-446.06, and 36-448.11 and who shall be 21 years of age or older.
- C. The manager shall not leave the premises when residents or individuals requiring adult day care or respite care services are present without delegating authority, in writing, to a trained caregiver 21 years of age or older.
- D. If the manager is absent for more than 30 consecutive days, another certified manager shall be appointed.
- E. The manager shall be responsible for the following:
  - 1. On-site management of home activities;
  - 2. Planning and directing activities;
  - 3. Hiring staff, conducting reference checks, and employee orientation;
  - 4. Supervising and evaluating staff performance;
  - 5. Record keeping;
  - 6. Coordinating and providing direct and indirect patient care, including home health services, family involvement, health and community resources, and medication;
  - 7. Directing and monitoring dietary and environmental services;
  - 8. Notifying the resident's representative and assistance in contacting the public fiduciary, a trust officer or another agency to take responsibility for the resident's affairs if a resident becomes incapable of handling financial affairs;
  - 9. Providing a 30-day written notice to the resident and the resident's representative, if one is designated, prior to any rate increase or other modification to any other charge;
  - 10. Maintaining current, accurate records of all funds received from residents pursuant to subsection (F);
  - 11. Ensuring that residents receive the care and services specified in their care plans and in accordance with the standards set forth in these rules;
  - 12. Control and use of all medications administered or self-administered within the home;
  - 13. Ensuring that residents keep medical appointments and that refills of medicines are timely;
  - 14. Ensuring that medical orders are followed and that physicians are informed of changes in the health status of residents;
  - 15. Ensuring that home rules are followed and assisting residents in exercising their rights pursuant to A.R.S. § 36-448.08; and

- 16. Ensuring that all persons residing in the home, and individuals who require adult day care or respite care services in the home, annually provide the same type of evidence of being free from pulmonary tuberculosis as required of employees in R9-10-1303(F)(1) or (2).

- F. The manager may accept, upon request by the resident and the resident's representative, if one is designated, responsibility for managing a personal account of \$50 or less, not to exceed \$250 a quarter, for any resident or individual requiring adult day care or respite care services. If the manager accepts the responsibility, the manager shall ensure that:
  - 1. Written authorization for expenditures is given by the resident or resident's representative, if one is designated;
  - 2. A separate account record is maintained for each resident who authorizes expenditures;
  - 3. Records are maintained on all receipts and expenditures of the personal account;
  - 4. There is no commingling of resident's account with any account of the home; and
  - 5. Each resident or resident's representative, if one is designated, is given a written quarterly accounting of financial transactions made on the resident's behalf by the manager.

**R9-10-1303. Personnel**

- A. An applicant for employment shall provide the following:
  - 1. A signed statement that the applicant is not awaiting trial on, has never been convicted of, and has never admitted committing assault, battery, or any crime involving physical violence, abuse, neglect, a felony drug offense, theft, extortion, or exploitation. The statement shall be included in the employee's personnel file and available for inspection by the Department.
  - 2. A list of three individuals, unrelated to the applicant, who can attest to the applicant's character. Documentation of character reference checks shall be included in the employee's personnel file and available for inspection by the Department.
- B. An applicant for employment as a caregiver shall meet the following requirements:
  - 1. Be 18 years of age or older;
  - 2. Be able to communicate with residents, physicians, or other medical professionals and community agencies; and
  - 3. Not be a resident of the home.
- C. In addition to the requirements in subsection (B), a trained caregiver shall meet the standards listed below:
  - 1. Complete 27 of the 34 hours of instruction in the adult care home manager training program developed pursuant to A.R.S. § 36-448.11(A) and approved by the Board in A.A.C. Title 4, Chapter 33, Article 3, within 90 days of employment. The instruction shall include:
    - a. Residents rights—two hours;
    - b. Hands-on care of the elderly, disabled, and physically handicapped—ten hours;
    - c. Nutrition, food preparation, and special diets—two hours;
    - d. Care of the confused resident—four hours;
    - e. Pharmacology of medications commonly prescribed for adults—four hours;
    - f. Care plan development—two hours;
    - g. Safety—one hour; and
    - h. Business practices—two hours;
  - 2. Maintain current certification in first aid training and cardiopulmonary resuscitation provided by the American Red Cross or American Heart Association.

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3. Complete six hours of continuing education annually, which has been developed pursuant to A.R.S. § 36-448.11(D) and established by the Board pursuant to A.R.S. § 36-446.07(F).
  4. Provide each resident's care in accordance with the resident's care plan.
- D. Nurse aides who are in good standing on the Arizona State Board of Nursing Nurse Aide Register shall be deemed to meet the requirements of a trained caregiver in subsection (C)(1).
- E. The home shall not employ any person who:
1. Illegally uses, sells or trades drugs or medications; or
  2. Has been convicted of or has admitted to committing assault, battery or any crime involving physical violence, abuse, neglect, a felony drug offense, theft, extortion, or exploitation.
- F. An employee, prior to being employed and annually thereafter, shall submit one of the following as evidence of freedom from pulmonary tuberculosis:
1. A report of a negative Mantoux skin test taken within six months of submitting the report; or
  2. A written statement from a physician stating that, upon an evaluation of a positive Mantoux skin test taken within six months of submitting the physician's statement, or a history of a positive Mantoux skin test, the individual was found to be free from tuberculosis.
- G. A record for each employee shall be maintained which includes:
1. Application for employment;
  2. Verification of training, certification and continuing education requirements;
  3. Documentation of reference checks;
  4. Initial proof of freedom from tuberculosis and annual verification statement thereafter;
  5. Statement, pursuant to subsection (A)(1), regarding lack of criminal convictions;

**R9-10-1304. Staffing**

- A. Sufficient personnel shall be employed to provide:
1. Supervisory, personal, and custodial care set forth in the resident's care plans;
  2. Care and services for residents granted a variance pursuant to A.R.S. § 36-448.07;
  3. Food service;
  4. Housekeeping, and maintenance service;
  5. Evacuations that are safe and timely during emergencies; and
  6. Care 24 hours a day.
- B. Caregivers shall be supervised by the manager or a trained caregiver. The responsibilities of a caregiver or a trained caregiver shall include:
1. Assisting residents with activities of daily living, including personal hygiene, mobility, hydration, meals and between-meal nourishments, and toileting;
  2. Assisting residents with colostomy, catheter, and incontinence care;
  3. Observing resident behavior and immediately reporting any behavior which is not normal for that resident to the person in charge, the resident's family, physician, and responsible, licensed, health care professionals;
  4. Changing linen;
  5. Checking vital signs;
  6. Reporting any changes in the condition of a resident to the resident's family, physician, and responsible, licensed, health care professionals; and
  7. Documenting resident records.

**R9-10-1305. Admission and Discharge**

- A. Prior to admission, each prospective resident shall provide to the home the same type of evidence of being free from pulmonary tuberculosis as required of employees in R9-10-1303(F)(1) or (2). Annually thereafter, each resident shall submit evidence of being free from pulmonary tuberculosis.
- B. Prior to or upon admission, the resident or resident's representative, if one is designated, shall receive a copy of the home rules along with the list of resident rights required by A.R.S. § 36-448.08. These rules shall be discussed with and signed by the resident or resident's representative, if one is designated. Home rules shall not conflict with resident rights and shall include the hours the home is open to the public, the home's visitation policy, and any restrictions or limitations on use of tobacco and alcohol.
- C. A person shall not be admitted if the person requires complex care services, is dangerous to self or others, or whose behavior patterns are beyond the capability of the staff to control.
- D. A person admitted for respite care services or day care services shall require no more than custodial care services and shall be included in the home census for licensing purposes.
- E. In addition to the requirements of A.R.S. § 36-448.06, an admission agreement may be terminated by the manager, after giving the resident and resident's representative, if one is designated, a five-day written notice for one or more of the following reasons:
1. Documented proof of failure to pay;
  2. Failure to abide by the home rules;
  3. Behavior which interferes with the physical or psychological well-being of other residents; or
  4. Required care exceeds custodial level services, with the exception of provisions set forth in subsection (F).
- F. The manager may retain a resident who elects to remain in the home during a period of illness or injury and requires care above the custodial care level, if the following requirements are met:
1. Care required by the resident is below the complex care services level;
  2. The resident's physician submits a written statement indicating that:
    - a. The resident is expected to return to previous functional level within 14 days;
    - b. Continued placement is approved; and
    - c. Continued placement does not jeopardize the health and safety of the resident or others in the home;
  3. The resident is under the care of a home health agency as defined in A.R.S. § 36-151 during the time that the resident exceeds custodial care service requirements;
  4. The resident and the resident's representative, if one is designated, submit a statement to the manager agreeing to continued placement in the home in lieu of placement in another facility providing a higher level of care;
  5. The resident's care plan is revised to indicate the increased needs.
- G. Other than those reasons set forth in subsection (E), a resident shall not be discharged from a home without 30 days' written notice being given to the resident or the resident's representative, if one is designated, unless the discharge is agreed to by the resident or resident's representative.
- H. A resident or resident's representative, if one is designated, shall be given 30 days' written notice prior to closure of the home except in circumstances where delay may jeopardize

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the health, safety, or well being of the resident or other residents.

- I. A copy of the care plan shall be given to the resident or resident's representative, if one is designated, upon discharge. The care plan shall reflect the resident's medical and psycho-social status.

**RR-10-1306. Standards of Care**

- A. Preparation of the care plan shall begin on the date of admission and shall include the requirements of A.R.S. §§ 36-448.04 and 36-448.05, an assessment of functional level, and time frames to meet goals.
- B. Completion of the care plan shall be as provided by A.R.S. § 36-448.04. Care plans shall be reviewed as required in A.R.S. § 36-448.05.
- C. An assessment of whether the resident requires minimum, moderate or maximum assistance in activities of daily living shall be performed within 14 days of the date of admission. This assessment shall be part of the initial care plan and shall be performed quarterly thereafter.
- D. Each resident shall be provided the following:
1. Care which fosters the maintenance or rehabilitation of the resident to the resident's maximum capacity;
  2. Physical exercise needed to maintain or improve muscle tone, joint function, and mobility;
  3. Skin maintenance providing freedom from bruises, injuries, pressure sores, and infection;
  4. Sufficient fluids to maintain hydration;
  5. Sensory stimulation needed to compensate for sensory loss;
  6. Mental stimulation to maintain or improve intellectual function;
  7. Individual attention and social interaction to maintain identity and self-worth; and
  8. Encouragement and assistance to preserve outside support systems.
- D. Each resident shall receive the following personal hygiene:
1. Daily attention and care of mouth, teeth, skin, nails, hair, feet, and perineal area;
  2. Tub baths, showers, or bed baths twice weekly, unless otherwise indicated in the care plan;
  3. Incontinence care every two hours which keeps skin clean, dry, and free from odor, unless otherwise indicated in the care plan;
  4. Shampoos, shaves, and haircuts to maintain a clean and neat appearance;
  5. Clothing which is clean and in good condition;
  6. Clean bed linen, which shall be changed once a week or more often when necessary to assure cleanliness;
  7. A clean towel and a washcloth at bedside or bathroom; and
  8. Personal hygiene equipment that may include a comb, hair brush, or utensils for dental or mouth care. There shall be no common usage of personal hygiene equipment.
- F. In addition to the hygienic standards of care set forth above, all residents for whom a variance has been granted shall receive the following:
1. Bed baths shall be provided to the bedfast resident as an acceptable alternative to tub baths or showers and shall be provided every other day to protect skin integrity and provide general cleanliness.
  2. In the case of a bedfast resident, bed linens shall be changed daily, or more often if soiled.
- G. Residents shall be encouraged, according to their interests, needs, and capabilities, to participate in work, educational,

recreational, or social activities which may be planned by the manager, the resident's representative, or by community agencies.

- II. Upon occurrence of an accident or incident involving a resident or individuals requiring adult day care or respite care services, the attending physician shall be notified immediately of injuries. Such injuries shall also be reported to the resident's representative within 24 hours.
- I. A written report shall be prepared on the day of occurrence or when any injury of unknown origin is found and shall include:
1. Name of resident;
  2. Date and time of the accident or incident;
  3. Type of accident or incident;
  4. Injury sustained;
  5. Names of witnesses; and
  6. Action taken by the home.
- J. The accident or incident shall be investigated by the manager or trained caregiver within 24 hours and corrective action documented on the report form. The report form shall be retained by the home for one year.

**RR-10-1307. Medications and Treatments**

- A. There shall be written policies and procedures approved by a licensed physician, pharmacist, or registered nurse which address:
1. The procuring, prescribing, administration, and dispensing of medications, PRN medication, and treatments;
  2. Storage of medications;
  3. Transcription of orders;
  4. Disposal of medications;
  5. Self-administration of medications;
  6. Control of medications brought into the home;
  7. Individuals authorized to administer medications; and
  8. Recording of medication administration into the resident's records.
- B. Medications of residents who are completely independent and capable of self-administration without supervision may be kept by those residents and stored in a locked container or drawer. A duplicate key shall be available to the manager.
- C. Residents who are functionally capable may be reminded and supervised in the self-administration of medication according to the order of the physician and instruction of the pharmacist as indicated on the individual container of medication. Supervision may include:
1. Opening a bottle cap for a resident;
  2. Reading the medication label to the resident;
  3. Observing the resident while the medication is taken; and
  4. Checking the self-administration dosage against the label of the container and reassuring the resident that the dosage is correct.
- D. Medications which cannot be self-administered shall be administered by a licensed nurse pursuant to A.R.S. Title 32, Chapter 15, or as otherwise provided by law.
- E. All medications shall be administered according to written physician orders and shall include the name of the medication, method of administration, dosage, and frequency.
- F. No resident shall be permitted to use or take another resident's medication.
- G. Patient medication organizers may be prepared four weeks in advance by either a licensed nurse pursuant to A.R.S. Title 32, Chapter 15, a family member, or as otherwise provided by law for self-administration by residents.
- H. When a PRN medication is used on a daily basis, the resident's physician shall be notified according to the home's

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medication policy and procedures, and the medication shall be listed on the care plan.

- I. Medications shall be stored as follows:
1. A locked, secured area shall be provided which may be used for storage of medicines and solutions. This area shall be locked when not in use.
  2. A bathroom shall not be used for medication storage.
  3. All medications, with the exception of patient medication organizers, shall be stored in the original labeled prescription containers.
  4. Medications requiring refrigeration shall be kept in a separate locked container within the refrigerator.
  5. Medications for external use shall be stored separately from medications for internal use.
  6. All expired or discontinued medications, including those of deceased residents, shall be disposed of according to the home's medication policies and procedures.
- J. All treatments shall be administered according to written physician orders. A record shall be maintained of all treatments rendered.
- K. Treatments which cannot be self-administered shall be administered by a licensed nurse pursuant to A.R.S. Title 32, Chapter 15, or as otherwise provided by law.
- L. There shall be an updated drug reference readily available for use by staff.
- M. A first-aid kit shall be available in the home. All staff shall know the designated location and use of the contents of the kit.

**R9-10-1308. Nutrition and Food Service**

- A. Each resident shall be provided nutrition to meet the resident's nutritional needs to maintain an ideal weight range based on age, height, sex and activity as determined by the resident's physician.
- B. Each resident shall be provided foods to which the resident is not allergic or sensitive and which are compatible with the resident's medication regime. Meals and snacks shall be provided as follows:
1. Three meals shall be served daily with not more than a 14-hour span between the evening meal and breakfast meal. If a substantial evening snack was consumed the previous evening, the 14-hour span may be extended three hours.
  2. A substantial evening snack shall consist of two or more food items, one of which includes a high quality protein, such as meat, fish, eggs or cheese.
  3. A between-meal snack and a bedtime nourishment shall be offered to each resident unless medically contraindicated.
- C. Meals for each day shall include:
1. A total of four servings of fruits and vegetables. A serving size is  $\frac{1}{2}$  (4 ounces) to 1 cup (8 ounces) of all fruits, juices, and vegetables.
  2. A total of four servings of whole-grain or enriched cereals and breads. A serving size is one slice of bread,  $\frac{1}{2}$  to 1 cup cereal, or  $\frac{1}{2}$  cup enriched grain products.
  3. A total of two servings of milk or dairy products. A serving size is 1 cup of milk or yogurt, 1  $\frac{1}{2}$  ounces of cheese, or  $\frac{3}{4}$  cup (6 ounces) of cottage cheese.
  4. A total of two servings of protein: meat, fish, poultry, cheese, egg, peanut butter, peas, beans, lentils, or equivalent. One serving size is 2 to 3 ounces of lean meat without bone, 1 cup dry beans or legumes, 4 tablespoons of peanut butter, or 2 eggs. Cheese is considered both a dairy product and a protein and can be counted as one or the other but not both.

- D. Snacks shall be provided to residents as follows:
1. One serving of a food group listed in subsection (C) shall be offered as the first snack of the day.
  2. One serving each of two of the food groups listed in subsection (C) shall be offered for the bedtime snack.
- E. Meals, including therapeutic diets, shall be served in accordance with preplanned menus which shall be prepared one week in advance.
- F. Substitutes of equal nutritional value and complementary to the remainder of the meal may be made as long as substitutes are recorded on the menus.
- G. Copies of the menus shall be dated and kept on file for 60 days.
- H. If a resident requires a therapeutic diet, the diet shall be prescribed in writing by the resident's physician.
- I. An updated therapeutic diet reference manual shall be available for use by staff if the facility provides therapeutic diets.
- J. A three-day supply of perishable and non-perishable foods shall be maintained in the home.
- K. Records of food purchased shall be maintained for 60 days. Purchased foods shall be obtained from commercial sources.
- L. Fresh drinking water shall be available to the residents at all times.
- M. Self-help devices such as plate guards, rocking forks and assistive hand devices shall be available to residents who need them.
- N. Only pasteurized Grade A milk shall be served to residents. Powdered milk may be used in cooking.

**R9-10-1309. Resident Records**

- A. Resident records shall be maintained in the home and made available to the Department and to the resident or resident's representative, if one is designated.
- B. Records for each resident shall include the following:
1. Full name, date of birth, social security number and last address of resident;
  2. Admission date;
  3. Names, addresses, telephone numbers of resident's representative, attending physician, home health agency or community health nurse, and other medical providers involved in the care of the resident;
  4. Home rules, admission agreement, and resident's rights signed by resident or resident's representative, if one is designated;
  5. Physician's orders or instructions;
  6. Care plan;
  7. Copy of home health agency's assessment, treatment plan, and progress notes when the resident requires services of a home health agency;
  8. The resident's ideal weight range and current weight, but if a resident is unable to be accurately weighed at the home, a record of the weight from the most recent physician's office visit shall be on file;
  9. Special diets and nutritional supplements;
  10. Monitoring of fluid intake and output as ordered by the physician or as requested by the home health agency;
  11. Documentation of bowel and bladder training, activities of daily living training, or a restorative feeding program;
  12. Documentation of any special needs of the resident;
  13. Documentation of changes in conditions including acute illness or injuries and documentation that the resident's physician and resident's representative were notified;
  14. Date of discharge and place to which the resident was discharged;
  15. Written proof of freedom from tuberculosis;

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16. List of medications being used by the resident including date, time, dosage, method of administration, and any medication administration errors and reactions;
  17. List of treatments being given to the resident including date, time, type, and method of administration; and
  18. Costs to prepare care plan.
- C. Records shall be legibly recorded in ink, each entry dated, and protected at all times from possible loss, damage or unauthorized use.
- D. Upon written request and 48 hours' notice to the home, excluding weekends and holidays, copies of records shall be available to the resident or resident's representative, if one is designated.
- E. Records shall be kept on file for three years.
- F. If the home ceases operation, copies of records shall be available upon the request of the resident or resident's representative, if one is designated, for three years from the date of closure.
- G. If individuals requiring adult day care or respite services are accepted, records shall be maintained for each individual.

**R9-10-1310. Environmental Services**

- A. The building and furnishings shall be clean and not dangerous to the residents.
- B. There shall be no accumulation of garbage. Garbage shall be stored in cleanable, rodent proof, covered containers and removed from the property twice a week.
- C. The home shall be free of insects and rodents.
- D. Toxic chemicals shall not be stored with food.
- E. All food containers shall be kept closed when not being used.
- F. All dishes, cookware and utensils shall be kept clean.
- G. The heating and cooling systems shall be in working order. Areas of the home used by residents shall be maintained at a 68° to 82° F. temperature range.
- H. Areas of the home used by residents shall be ventilated and lighted.
- I. A public water supply shall be utilized if available. If a non-municipal water source is used, it shall be annually tested for total coliform bacteria and fecal coliform or *E. coli* bacteria as required by A.A.C. R18-4-241 and corrective action taken to ensure it is safe to drink. Records of testing shall be retained for two years.
- J. Hot water temperatures shall range between 95-115 F. The manager shall monitor the water temperatures to prevent injuries to residents.
- K. The supply of hot and cold water shall meet the needs of residents for personal hygiene.
- L. Each bathroom shall have a supply of toilet paper and soap. If individual hand towels are not provided, roller-dispensed hand towels or paper towels in a dispenser shall be provided for residents.
- M. Tubs, showers, toilets, and sinks shall be kept clean and not present a danger to residents.
- N. If a non-municipal sewage disposal system is used, it shall be in working order.
- O. Soiled linen and clothing shall be stored in closed containers away from food storage, kitchen, activity, and dining areas.
- P. Household pets and domestic animals kept on the premises shall:
1. Be confined in enclosures or restricted so as not to present a danger to residents or guests;
  2. Have a current rabies vaccination with documented proof maintained on the premises; and
  3. Be controlled to ensure that sanitation of the premises is maintained.

**R9-10-1311. Physical Plant Requirements**

- A. Homes shall meet all local ordinances on building and fire codes and zoning requirements before a license is issued by the Department. The home shall pass annual inspection for fire safety by the fire authority having jurisdiction.
- B. There shall be common areas with furniture to accommodate recreational and socialization needs of all the residents at one time. In addition to the requirements of A.R.S. § 36-448.09(C), the following common areas are required:
1. A family room or living room may be a basement or garage remodeled according to local ordinances; and
  2. A hazard-free outdoor area with shaded protection where residents may walk or sit.
- C. Dining areas shall be large enough to accommodate all residents, including those in wheelchairs, and furnished with dining tables and chairs.
- D. Bathroom requirements for the home shall meet the following standards:
1. One toilet and a sink for each six household occupants; and one tub or shower for each ten household occupants;
  2. One toilet and a sink on each floor with resident rooms;
  3. The sink shall be in the same room as the toilet or in a room adjacent to the toilet but may not be used for food preparation;
  4. One bathroom that can be entered from a common area;
  5. For doors locking from the inside, a key shall be available to the staff; and
  6. Designed to provide for individual privacy so that a resident shall not have to walk through another resident's bedroom to get to a bathroom and constructed with:
    - a. A finished interior;
    - b. A door which opens to a hall, common-use room, or bedroom;
    - c. A mirror;
    - d. An operable covered window or other means of ventilation;
    - e. Nonporous surfaces for shower enclosures, clean usable shower curtains, non-slip floor surfaces in tubs and showers;
    - f. Grab bars or assistive devices, designed for such purposes, for toilets, tubs, and showers for resident safety; and
    - g. Barrier-free access to toilet and bathing facilities.
- E. Bedroom requirements for the home shall meet the following standards:
1. There shall be 80 square feet of usable floor space for a resident in a private room and 60 square feet for each resident in rooms with more than one resident. Bedroom sizes shall be computed by net square feet and shall not include toilet rooms, closets, alcoves, built-in units or vestibules.
  2. Each bedroom shall have no more than three persons per room. A married couple shall be allowed to share the same room and bed if the room meets space requirements for two residents.
  3. Caregivers, managers, and family members shall not sleep in areas designated as living areas nor share bedrooms with residents. However, relatives of the home owner or manager who receive the care provided by the adult care home may share a bedroom with residents.
  4. No person shall be permitted to walk through a resident's bedroom nor shall a resident be required to allow such access to get to a common room or another resident's room unless there is a written consent by the resident or the resident's representative, if one is designated.

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5. Bedrooms shall be equipped with a bell or intercom unless residents can alert a caregiver to nighttime needs or emergencies without such a device.
  6. Bedrooms shall be of standard construction with walls or partitions from floor to ceiling with no less than one window operable from the inside without special tools. Windows shall be in compliance with the following:
    - a. Each window shall have no dimension less than 20 inches and provide a clear opening of not less than 720 square inches, and
    - b. Window covers shall allow privacy for residents.
- F. Residents shall not be housed on a floor that does not open onto ground level unless:
1. The resident is ambulatory without assistance or assistive devices and is mentally competent; and
  2. There is a secondary means of emergency exit, the use of which is within the capability of any resident who may need to use it.
- G. Wheelchair ramps and barrier-free access for evacuation shall be provided from exterior and interior doors for residents using wheelchairs.
- H. All swimming pools shall, unless otherwise required by A.R.S. § 36-1681:
1. Be enclosed by a five-foot solid wall or a five-foot fence with openings not exceeding six inches, and
  2. Have one or more self-closing and self-latching gates which shall be locked when the pool is not in use.
- I. Swimming pools which are used by residents or individuals requiring respite or day-care services shall:
1. Conform to the minimum requirements for semipublic pools as set forth in state and local rules for design, construction and operation of public and semipublic swimming pools;
  2. Have posted pool safety rules; and
  3. Be supervised when in use.
- R9-10-1312. Furnishings for Residents**
- A. There shall be an individual bed for each resident, except as provided for in R9-10-1311(E)(2). Each bed shall be 36" wide or larger and include a frame, box spring, and mattress. Cots, rollaway beds, bunkbeds, trundle beds, couches, folding beds, and other types of beds shall not be used for residents without written agreement by the resident or resident's representative, if one is designated.
- B. Clean bed linen including mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, bedspread, and blankets to ensure warmth shall be provided to residents. Waterproof mattress covers shall be used for incontinent residents.
- C. Each resident bedroom shall have storage space for clothing. In addition, each resident shall have a private, secure storage space to keep personal effects.
- D. A telephone shall be available and easily accessible to residents in the home. Emergency telephone numbers shall be posted by the telephone including an emergency number by which the manager can be reached if the manager does not live in the home.
- E. Be tagged specifying the date of recharging and the company performing the work, and
2. Have the top handhold not over five feet from the floor when placed on wall brackets.
- B. Smoke detectors equipped with a device that warns of a low battery shall be installed in the following areas:
1. Bedrooms;
  2. Hallways that adjoin bedrooms;
  3. Utility rooms;
  4. Attached garages;
  5. Rooms or hallways adjacent to the kitchen, and
  6. Other places recommended by the manufacturer.
- C. Smoke detectors shall be inspected as recommended by the manufacturer and kept in working order. If more than two violations for inoperative smoke detectors are cited in an annual licensure period, hard wiring of the detectors into the electrical system shall be required.
- D. Combustible liquids and hazardous materials shall be safely stored in originally labeled containers outside the home and in a locked area inaccessible to residents.
- E. Cleaning supplies, poisons, and insecticides shall be safely stored in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications.
- F. Firearms on the premises of the home shall be unloaded and stored in a locked cabinet, closet, or storage area that is not readily accessible to residents. Ammunition shall be stored separately in a locked cabinet, closet, or storage area.
- G. An emergency evacuation procedure shall be developed to ensure the safe and timely evacuation of all residents and shall include an emergency exit plan which shall be posted in the home in a central location.
- H. An updated floor plan shall be provided, posted and contain the following:
1. Room size;
  2. Location of each resident's bed;
  3. Fire exits;
  4. Manager's or caregiver's sleeping room;
  5. Smoke detectors;
  6. Fire extinguishers;
  7. Sprinklers; and
  8. Fire alarms.
- I. Evacuation drills shall be conducted quarterly. Once a year, a simulated drill practice shall occur during sleeping hours.
- J. Records of evacuation drills shall be retained for one year and shall include the date, length of time for full evacuation, and the identification of those residents needing assistance for evacuation.
- K. New residents shall receive an orientation to all emergency procedures within 24 hours of their arrival. This orientation shall be documented and made available to the Department.
- J. Heating and electrical equipment shall meet all local ordinance codes. Equipment shall be installed and maintained in working order. Protective screens or metal curtains shall be required on fireplaces. Extension cords shall not be used in place of permanent wiring.
- K. Exterior exit doors, other than the front door, shall allow residents to exit the home without unlocking the doors. The front door may be locked from the inside for residents' safety.

**R9-10-1313. Fire and Safety Standards**

- A. Portable, all-purpose fire extinguishers with a Uniform Fire Code minimum rating of 2-A, 10-BC shall be installed and maintained in the home as prescribed by fire authorities. All extinguishers shall:
1. Be serviced annually or as recommended by the manufacturer;

**R9-10-1314. Variance Procedures**

- A. A manager or owner may apply for a variance to retain no more than two residents at any time who require care above the custodial care level, if the following conditions are met:
1. Care required by the resident is below the complex care services level;
  2. The requirements in A.R.S. § 36-448.07 are met, and

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3. The resident's presence is not dangerous to self or others in the home.
- B. A variance application shall be submitted in accordance with A.R.S. § 36-448.07. Both the initial and renewal requests for variance shall be sent to the Department and shall include:
  1. A notarized letter from the attending physician approving the home health agency's assessment of the resident's needs, level of care in resident's plan, and continued placement in home; and
  2. A statement from the manager indicating how the resident's needs will be met.
- C. Failure to file a notarized copy of the physician's approval of continued placement within six months and ten days from initial application or date of last six-month review filing shall be grounds for revocation of the variance.
- D. The manager shall ensure that the standards of care required by R9-10-1306 are individualized to accommodate the increased needs of a resident for whom a variance has been granted. Such individualization shall be documented in the care plan.

**ARTICLE 15. SUPPORTIVE RESIDENTIAL LIVING CENTERS**

**R9-10-1501. Definitions**

In this Article, unless the context otherwise requires:

1. "Abuse" means the same as defined in A.R.S. § 46-451(A)(1).
2. "Activities of daily living" means bathing, dressing, grooming, eating, mobility, transfer, and toileting in the residential environment.
3. "Alteration" means a change in location or number of residential units, or a change in the physical plant which affects compliance with the codes and standards provided by R9-10-1513.
4. "Assistance" means to help or aid in the completion of a function or task.
5. "Bathing" means the process of washing, rinsing, and drying all parts of the body, including the individual's ability to transfer to the tub or shower and the ability to obtain the bath water or equipment or both.
6. "Chemical Restraint" means any medication that is administered for purposes of discipline or convenience and is not required to treat a resident's medical symptoms.
7. "Continuous" means the same as defined in A.R.S. § 36-401(A)(11).
8. "Direct self care" means an individual has the understanding or capacity to make or communicate decisions about him or her self.
9. "Dressing" means the physical process of choosing, putting on, securing fasteners, and removing clothing and footwear, including weather-appropriate but excluding aesthetic concerns such as matching colors. This includes artificial limbs, braces, and other appliances which are needed daily.
10. "Eating" means the process of putting food and fluids into the digestive system.
11. "Emotional Abuse" means the same as defined in A.R.S. § 13-3623(A)(3).
12. "Exploitation" means the same as defined in A.R.S. § 46-451(A)(4).
13. "Governing authority" means the same as defined in A.R.S. § 36-401(A)(16).
14. "Grooming" means the process of tending to one's appearance, such as: combing or brushing hair, washing face and hands, shaving, routine nail care, oral hygiene including denture care, and menstrual care. Grooming does not include aesthetics such as styling hair and applying make-up.
15. "Health related services" means the same as defined in A.R.S. § 36-401(A)(18).
16. "Independent" means an individual is able to complete a function or task without assistance.
17. "Intermittent" means periodically scheduled or prescribed treatment.
18. "Licensed care provider" means a physician licensed under A.R.S. Title 32, Chapters 13 and 17, a physician's assistant licensed under A.R.S. Title 32, Chapter 25, or a nurse practitioner licensed under A.R.S. Title 32, Chapter 15.
19. "Licensed nurse" means an individual licensed under A.R.S. Title 32, Chapter 15.
- A. 20. "Medication" means a prescription medication as defined in A.R.S. § 32-1901 or nonprescription drug as defined in A.R.S. § 32-1901, administered to, or self-administered by, a resident to maintain health or to prevent or treat an illness or disease.
21. "Mobility" means the extent of the individual's purposeful movement within the residential environment.
22. "Neglect" means the same as defined in A.R.S. § 46-451(A)(7).
23. "Nursing services" means the same as defined in A.R.S. § 36-401(A)(28).
24. "Physical restraint" means confinement in a room or the use of any article, device, or garment that restricts movement, that cannot be easily removed by the resident and is used to control the resident's behavior.
25. "Private duty nursing care" means curative, restorative and preventive functions performed by a nurse licensed under A.R.S. Title 32, Article 15, that are arranged, paid for, and overseen by the resident or the resident's representative.
26. "Resident" means the same as defined in A.R.S. § 36-1301(4).
27. "Residential unit" means the same as defined in A.R.S. § 36-1301(5).
28. "Resident's representative" means a person acting on behalf of a resident under the written consent of the resident, or the resident's legal guardian.
29. "Service plan" means a written description of the resident's need for supportive residential living services and the services to be provided to meet the resident's needs.
30. "Substantial compliance" means that the nature or number of violations revealed by any type of inspection or investigation of a center does not pose a direct risk to the life, health, or safety of its residents.
31. "Supportive residential living center" means the same as defined in A.R.S. § 36-1301(6).
32. "Supportive residential living services" means the same as defined in A.R.S. § 36-1301(7).
33. "Transferring" means the individual's ability to move horizontally or vertically between 2 surfaces.
34. "Toileting" means the discharge of body waste from bowel or bladder.
35. "Treatment" means medical, surgical, dental, or psychiatric management of a resident, and any specific procedure used for the prevention, cure, or the amelioration of a disease or pathological condition.

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**R9-10-1502. Licensure Requirements**

- A. An applicant for initial licensure or renewal as a center shall submit to the Director a completed application on a form provided by the Department and the following additional information:
1. Complete information regarding ownership, physical plant, staff, records, and services;
  2. Current year sanitation inspection report; and
  3. Most recent fire inspection conducted in accordance with standards and time frames from the fire authority having jurisdiction.
- B. An applicant who is applying for initial licensure, construction of a new center, or alteration of an existing center shall submit the following documents which have been prepared by a registrant in accordance with A.R.S. Title 32, Chapter 1, Article 3:
1. Site plan drawn to scale and dimension showing property lines, buildings, roads, drives, parking, walkways, building entrances, and exits;
  2. Floor plan drawn to scale and dimension showing entire floor plan, rooms, service and program areas, corridors, stairs, entry, exits, fire protection design, and systems;
  3. Sections drawn to scale and dimension showing cross-sectional areas of the building and detail cross sections of the components indicating structure, construction, materials, and elevations;
  4. Details drawn to scale and dimension to indicate conformance with physical plant standards;
  5. Code information including statement and calculations indicating construction type, occupancy type, occupant load, fire sprinkler, fire alarm, fire detection requirements, in accordance with R9-10-1513(E), if applicable; and
6. Certificate of occupancy, fire inspection, and approval report and clearance from the local authority having jurisdiction if an existing building is utilized as a center, or a copy of the building permit and zoning clearance from the local authority having jurisdiction if a center is newly constructed or an alteration is made to an existing center.
- C. The applicant shall sign the application form as follows:
1. In the case of an individual, by the owner of the center;
  2. In the case of a partnership or a corporation, by 2 of the officers thereof; or
  3. In the case of a governmental unit, by the head of the governmental department having jurisdiction thereof.
- D. The applicant shall have all signatures notarized.
- E. An applicant shall file an application for licensure or renewal within 60 to 120 days prior to anticipated operation or the expiration date of the current license.
- F. The Director may issue a license, if a center meets all of the following requirements:
1. Is in substantial compliance with these rules, and
  2. Carries out a plan acceptable to the Director to eliminate any deficiencies.
- G. Licenses shall be valid for a period of 1 year, or as provided by A.R.S. § 36-425(B), for the owner, name, location, and residential units specified on the application.

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**Exhibit A**

**Arizona Department of Health Services**  
**Division of Health and Child Care Review Services**  
**Office of Health Care Licensure**  
**1647 East Morten Avenue, Suite 110**  
**Phoenix, Arizona 85020**

**CERTIFICATION APPLICATION FOR SUPPORTIVE RESIDENTIAL LIVING CENTERS**  
**(PLEASE READ INSTRUCTIONS ON PAGE FOUR PRIOR TO COMPLETING APPLICATION)**

<b>I. CENTER IDENTIFICATION</b>		
Name of Governing Authority _____		
Name of Center _____		
Street Address _____		
City _____	County _____	Zip Code _____
<b>II. APPLICATION CATEGORY</b>		
<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal	<input type="checkbox"/> New Ownership <input type="checkbox"/> New Location <input type="checkbox"/> Substantial Compliance
<b>III. CENTER CERTIFICATION</b>		
<b>CERTIFICATION IS CONTINGENT UPON APPROVAL FROM AHCCCS.</b>		
A. TOTAL NUMBER OF RESIDENTIAL UNITS IN THE CENTER: _____		
B. TOTAL NUMBER OF WHEELCHAIR ACCESSIBLE UNITS: _____		
C. PROOF OF APPROVAL BY THE ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM IS REQUIRED.		
<b>(FAILURE TO PROVIDE PROOF OF APPROVAL FROM ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM WILL RESULT IN DENIAL OF CERTIFICATION APPLICATION)</b>		
<b>IV. TYPE OF CENTER</b>		
<b>Proprietary</b>	<b>Non-Profit</b>	<b>Governmental</b>
<input type="checkbox"/> Individual	<input type="checkbox"/> Non-Profit Corporation	<input type="checkbox"/> State
<input type="checkbox"/> Partnership	<input type="checkbox"/> Other Non-Profit	<input type="checkbox"/> County
<input type="checkbox"/> Corporation for Profit	_____	<input type="checkbox"/> Municipal
<input type="checkbox"/> Professional Corporation	_____	

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**V. GOVERNING AUTHORITY INFORMATION**

**A. GOVERNING AUTHORITY (Corporation, Partnership, Governmental Agency, or Individual):**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

**VI. CENTER MANAGER**

**A. CENTER MANAGER**

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**B. A list of the names and addresses of the officers of the corporation or partnership or the head of the governmental agency having jurisdiction is attached?**

Yes \_\_\_\_\_

No \_\_\_\_\_

**APPLICATION WILL BE RETURNED IF ALL SECTIONS ARE NOT COMPLETED  
AND APPROPRIATE SIGNATURE AFFIXED.**

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**VII. SIGNATURES**

In accordance with R9-10-1502(C), the application shall be signed as follows:

- (1) In the case of an individual, by the owner of the center;
- (2) In the case of a partnership or corporation, by two of the officers; or
- (3) In the case of a governmental unit, the head of the governmental department having the jurisdiction.

_____ Signature	_____ Signature
_____ Title	_____ Title
_____ Date	_____ Date

In accordance with R9-10-1502(D), the application signatures shall be notarized.

STATE OF _____ )	STATE OF _____ )
COUNTY OF _____ )	COUNTY OF _____ )
Subscribed and sworn to before me	Subscribed and sworn to before me
this _____ day of _____	this _____ day of _____
19____ by _____	19____ by _____
_____ Notary Public	_____ Notary Public
_____ My Commission expires	_____ My Commission expires

## INSTRUCTIONS

~~ALL SECTIONS MUST BE COMPLETED OR THE APPLICATION WILL BE RETURNED~~

~~NOTE: THE CERTIFICATION APPLICATION IS A LEGAL DOCUMENT; THEREFORE, THE ORIGINAL DOCUMENT MUST BE SUBMITTED WITHOUT CORRECTION. IF ANY CORRECTIONS ARE MADE TO THE APPLICATION, INCLUDING THE USE OF CORRECTION FLUID OR CORRECTION TAPE, THE APPLICATION WILL BE RETURNED. TYPE OR PRINT IN BLACK INK.~~

### ~~I. CENTER IDENTIFICATION~~

~~On line 1 give the exact name of the governing authority as referenced by R9-10-1501(6). On line 2 give the exact name of the center and on lines 3 and 4, the address and phone number of the center.~~

~~II. APPLICATION CATEGORY—Indicate purpose for submitting the license application.~~

### ~~III. CENTER CERTIFICATION~~

~~Certification shall be restricted solely to those facilities which meet the requirements pursuant to Laws 1993, Chapter 163, Section 3.~~

~~A. Total Number of Beds in Facility—Enter the total number of beds in the Facility.~~

~~B. Total Number of Wheelchair Accessible Units in Facility—Residential units and common areas intended for the occupancy of wheelchair bound individuals shall conform to the requirements of the American National Standard Accessible and Usable Buildings and Facilities, CABO/ANSI A117.1—1992.~~

~~IV. Type of Center—Identify how the center is to be operated by checking one box within one category.~~

### ~~V. GOVERNING AUTHORITY INFORMATION~~

~~Name and Address of Governing Authority—Complete the name and address of the governing authority; give the exact name of the governing authority as referenced by R9-10-1501(6).~~

### ~~VI. CENTER MANAGER~~

~~A. Center Manager—This refers to the manager appointed by the governing authority who shall have the authority and responsibility to operate the center.~~

~~B. List of Names—Provide list as stated.~~

~~VII. SIGNATURES—R9-10-1502(C) and (D) require that the applicant submit an application which is signed and notarized by the appropriate individual(s).~~

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**R9-10-1503. Management**

The governing authority shall consist of 1 or more persons responsible for organizing and managing the center, establishing policies and procedures that govern residents, and ensuring compliance with state laws and local ordinances.

B. The governing authority shall appoint a manager who shall have the authority and responsibility to operate the center. The manager shall:

1. Be 21 years of age or older;
2. Be present 40 hours or more each week;
3. Designate, in writing, a person, 18 years of age or older, who shall have access to all areas in the center and grounds that are related to resident care, supplies, and safety when the manager is absent; and
4. Provide written documentation of completion of training program for managers of supportive residential living centers, or equivalent training as provided by R9-10-1504(B)(3) no later than 30 days after appointment as a manager of a center.

C. The governing authority shall appoint another manager if the manager is absent for more than 30 consecutive days.

D. The manager shall be responsible for the following:

1. Managing supportive residential living services;
2. Staffing;
3. Conducting orientation and training;
4. Personnel and resident Record keeping;
5. Directing and monitoring dietary and environmental services;
6. Maintaining current and accurate records of all funds received from residents as provided by subsection (E);
7. Establishing and ensuring compliance with center rules;
8. Ensuring that each resident:
  - a. Receives the supportive residential living services that are specified in the resident's service plan;
  - b. Is assisted with the exercise of resident rights as provided by R9-10-1506, and
  - c. Provides evidence of being free from pulmonary tuberculosis as provided by R9-10-1504(A); and
9. Developing and implementing policies and procedures, including:
  - a. Medication administration;
  - b. Staffing;
  - c. Safety standards;
  - d. Residency agreements;
  - e. Resident personal funds account, and
  - f. Resident grievance procedures.

E. The manager may accept, upon request of a resident, responsibility for managing a personal funds account for the resident. If the manager accepts the responsibility, the manager shall ensure that:

1. Written authorization for expenditures is given by the resident;
2. A person is designated, in writing, to manage residents' personal funds accounts, if not done by the manager;
3. A separate account record is maintained for each resident who requested the management of a personal funds account;
4. Records are maintained on all receipts and expenditures of the personal funds account;
5. There is no commingling of resident funds with any account of the center;
6. Readily accessible monies in petty cash are maintained in the center for each resident's personal use during normal business hours; and

7. At least every quarter, the resident shall be given a written statement of the receipts and expenditures made on the resident's behalf.

F. The written authorization for expenditures may be rescinded by the resident at any time.

**R9-10-1504. Personnel**

A. An employee, upon being hired and annually thereafter, shall submit 1 of the following as evidence of freedom from pulmonary tuberculosis:

1. A report of a negative Mantoux skin test taken within 6 months prior to employment; or
2. A written statement from a medical provider stating that upon an evaluation of a positive Mantoux skin test, taken within 6 months prior to employment, or a history of a positive Mantoux skin test, the individual was found to be free from pulmonary tuberculosis.

B. All employees providing direct care to residents shall:

1. Be 18 years of age or older;
2. Attend orientation within the 1st 2 weeks of employment. Orientation shall include:
  - a. The center's policies and procedures;
  - b. Resident rights and center rules;
  - c. Basic infection control techniques, including hand washing, linen handling, and prevention of communicable diseases; and
  - d. Fire, safety, and emergency procedures;
3. Provide written documentation of completion of a 16-hour training program for employees of supportive residential living centers or equivalent training no later than 60 days after date of hire. Training programs shall consist of all of the following:
  - a. Two hours of training in the values of promoting dignity, independence, individuality, privacy, and choice for residents;
  - b. Three hours of training in assessing resident capabilities and needs, and developing and implementing service plans;
  - c. One hour of training in documentation;
  - d. Ten hours of training in hands-on care of elderly persons and/or persons with disabilities; and
4. Except for licensed nurses providing services through a home health agency or staffing agency, attend 20 hours of documented in-service training per year related to residential care and services. Time spent in orientation or training provided by subsection (2) and (3) may be counted as in-service training.

C. The manager shall maintain a record for each employee that includes:

1. Application for employment;
2. Verification of training and certification;
3. Initial proof of freedom from pulmonary tuberculosis and annual verification statement thereafter; and
4. Orientation and in-service training records.

**R9-10-1505. Staffing**

A. The manager shall employ or contract staff to provide:

1. Supportive residential living services;
2. General supervision;
3. Safe and timely evacuations during emergencies;
4. Food service;
5. Housekeeping and maintenance service; and
6. Social and activity programs.

B. The manager shall ensure that one employee, who is certified in first aid and cardiopulmonary resuscitation, is awake and on duty at all times in the central communication center.

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- C. The manager shall employ a licensed nurse, or contract with a licensed nurse or staffing agency, to provide the nursing services specified in each resident's service plan.
- D. The manager shall ensure that staffing records are planned and posted one week in advance and include the date, work shift, names of staff members, and assignment dates. The master schedule shall reflect actual staffing and any changes.

**R9-10-1506. Resident Rights**

- A. The manager shall give each resident and resident's representative, if 1 is designated, a list of resident rights and a copy of the center rules at the time of acceptance into the center. The receipt of the documents shall be acknowledged in writing.
- B. The manager shall post the resident rights and center rules in the center's reception area.
- C. The manager and staff shall apprise each resident of the following rights and ensure that language barriers or physical handicaps do not prevent each resident or resident representative from becoming aware of these rights:
  - 1. To live in a home-like environment which promotes and supports the values of dignity, independence, individuality, privacy, and choice;
  - 2. To be treated with consideration, respect, and full recognition of the dignity and individuality of each resident, including the right to privacy in tub, shower, and toilet rooms and intimate personal activity and hygiene;
  - 3. To be free from the following:
    - a. Abuse;
    - b. Physical and chemical restraints;
    - c. Emotional abuse;
    - d. Neglect, and
    - e. Exploitation.
  - 4. To participate in the development of and receive the services specified in the service plan;
  - 5. To communicate, associate, and meet privately with persons of the resident's choice in the resident's residential unit or in another area provided by the center;
  - 6. To be informed of the following:
    - a. Rates and charges for the use of the center;
    - b. Increases to rates and charges 30 days before the new rates and charges go into effect, and
    - c. How to contact the long-term care ombudsman, the local office of Adult Protective Services, and the Arizona Center For Disability Law;
  - 7. To independently manage personal affairs, including financial;
  - 8. To have medical and financial records kept in confidence. The release of such records shall be by written consent of the resident or resident's representative, except as otherwise required or permitted by law;
  - 9. To inspect the resident's own records during normal business hours or at a time agreed upon by the resident and the staff;
  - 10. To have access to a telephone, to make and receive calls in private, and to send and receive correspondence without interception or interference by the staff or other residents;
  - 11. To arrive and depart from the center freely consistent with the resident's service plan and personal safety;
  - 12. To use personal belongings or furniture in the resident's residential unit;
  - 13. To participate in activities of the center;
  - 14. To have access to common areas in the center and individual storage space;

- 15. To request relocation in the center or another health care facility or other living arrangement based on the resident's needs, desires, and availability of such options;
- 16. To refuse relocation within the center;
- 17. To submit grievances without retaliation;
- 18. To share a residential unit with another individual if both consent to the arrangement; and
- 19. To exercise other civil rights and religious liberties, including the right to make personal decisions.

**R9-10-1507. Residency**

- A. A supportive residential living center shall accept and retain as a resident only an individual who is able to direct self care, and may accept and retain an individual who:
    - 1. May be independent in activities of daily living and health related services;
    - 2. May need assistance in activities of daily living and health related services;
    - 3. May need intermittent nursing services;
  - B. A supportive residential living center shall not accept or retain an individual who:
    - 1. Exhibits behavior that is a threat to the health and safety of any individual in the facility;
    - 2. Needs continuous nursing services, except:
      - a. Private duty nursing care provided on a 24-hour basis, or
      - b. Services provided through a Hospice agency;
    - 3. Is unable to direct self care;
    - 4. Needs chemical restraints; or
    - 5. Except where used for postural support or alignment, needs physical restraints for personal safety or for the safety of others;
  - C. Before acceptance in the center, each prospective resident shall provide the center with evidence of being free from pulmonary tuberculosis as required of employees in R9-10-1504(A).
  - D. The manager shall ensure that a residency agreement is entered into with each resident and that the residency agreement includes the following:
    - 1. Terms of occupancy, including resident and center responsibilities;
    - 2. Statement of the customary services that the center provides, including nursing services;
    - 3. Services that are available at an additional cost;
    - 4. Statement of monthly fees and expenses;
    - 5. Center's deposit and refund policies;
    - 6. Procedures for termination of the residency agreement;
    - 7. Persons to be notified in the event of an emergency or transfer of the resident;
    - 8. Copy of the center's rules;
    - 9. Copy of the resident's rights; and
    - 10. Copy of the center's grievance procedure.
  - E. The manager shall provide 1 copy of the signed residency agreement to the resident and resident's representative, if 1 is designated, and file the original in the resident's records.
  - F. A resident may accommodate overnight guests but the guests shall not be counted in the center census.
- R9-10-1508. Termination of Residency**
- A. A manager may terminate a residency agreement after providing the resident or resident's representative, if 1 is designated, a 14-day written notice identifying 1 or more of the following reasons:
    - 1. Documented evidence of failure to pay residency fees as stated in the resident's residency agreement;

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2. Documented evidence of repeated failure to abide by the resident's residency agreement;
  3. Care requirements exceed the level of care permitted in a supportive residential living center as provided by R9-10-1507(A) and (B); or
  4. Inability to operate as a supportive residential living center.
- B. A manager shall immediately terminate a resident's residency agreement without prior notice if the resident exhibits behavior that is a threat to the health and safety of individuals in the center or may interfere with the physical or psychological well-being of other individuals in the center.
- C. Except as provided in subsections (A) and (B), a resident's residency agreement shall not be terminated without 30 days written notice given to the resident and the resident's representative, if 1 is designated, unless the resident or the resident's representative agree to earlier termination of residency.
- D. Each notice of termination of the resident's residency agreement shall include the center's grievance procedure as provided in R9-10-1507(C)(10) and the resident's right to submit a grievance as provided in R9-10-1506(C)(17).
- E. The manager shall document any action in the resident record that results in an involuntary termination of residency.
- F. Within 14 days after a residency agreement is terminated the manager shall refund to the resident, on a prorated basis, any outstanding fees.
- G. The manager shall provide the following assistance to any resident whose residence in the center is terminated:
1. Provide the resident and the resident's representative, if 1 is designated, a written summary of the services provided the resident;
  2. Assist the resident in obtaining home health services or arranging an alternative living arrangement, if appropriate; and
  3. Provide the resident and the resident's representative, if 1 is designated, with a copy of the resident's service plan.
- H. The manager shall document relocation assistance in the resident's record.

**R9-10-1509. Service Standards**

- A. Prior to a resident being accepted into a center, an interdisciplinary team shall conduct an assessment of the resident's capabilities and need for supportive residential living services. The interdisciplinary team shall consist of the following members:
1. Manager;
  2. Staff;
  3. Nurse, if nursing services are provided;
  4. Resident or resident's representative; and
  5. Case manager, if applicable.
- B. The interdisciplinary team shall develop a service plan prior to the resident being accepted into a center. Each service plan shall:
1. Include the following information:
    - a. Supportive residential living services needed by the resident;
    - b. Persons responsible for providing the services;
    - c. Method and frequency of services that are to be provided;
    - d. Measurable resident goals; and
    - e. Person responsible for assisting the resident in case of an emergency; and
  2. Be revised within 30 days of acceptance, if needed.
- C. Every quarter the interdisciplinary team shall review, evaluate, and revise the service plan. If there is a change in the res-

ident's physical or mental health status, the interdisciplinary team shall revise the service plan accordingly.

- D. The manager shall ensure that each resident is provided:
1. Supportive residential living services as specified in the service plan;
  2. General supervision to ensure timely crisis intervention during an emergency, accident, incident, illness, or significant change in the resident's mental or physical condition. An employee providing crisis intervention shall:
    - a. Notify the manager or the person in charge of the center who shall promptly notify the resident's family or representative, resident's licensed care provider, and case manager, if applicable;
    - b. Record the crisis and the staff's intervention in the resident's record; and
    - c. Arrange transportation, if necessary;
  3. Individual and group socialization;
  4. Assistance to utilize community resources;
  5. Laundry services; and
  6. Medication administration, if applicable.

**R9-10-1510. Medications**

- A. The manager shall establish and implement policies and procedures which address the following:
1. Procurement, administration, storage, and disposal of medications and medical equipment;
  2. Self administration of medications and treatments;
  3. Medication and treatment records; and
  4. Medication regimen review.
- B. Medications and treatments which cannot be self-administered shall be administered by a licensed nurse or as otherwise permitted by law.
- C. Staff may supervise residents in the self-administration of medication in accordance with the order of a licensed care provider and instruction of the pharmacist as indicated on the label of the individual container of medication. Supervision may include:
1. Opening a bottle cap for a resident;
  2. Reading the medication label to the resident;
  3. Checking the self-administration dosage against the label of the container and reassuring the resident that the dosage is correct; and
  4. Observing the resident while the medication is taken.
- D. Medication organizers may be prepared one month in advance by a licensed nurse, a family member, or as otherwise permitted by law for self-administration by residents.
- E. The manager shall ensure that a licensed nurse, physician assistant, physician, or pharmacist reviews each resident medication regimen every 90 days.
- F. The manager shall ensure that medications and medical supplies are stored in a locked secured area in which there is access to a sink and cold storage and shall ensure that medications requiring refrigeration are kept in a separate, locked container within the refrigerator which is maintained between 40° to 45° F.
- G. A resident who is capable of self-administering medications without supervision may keep medications in the residential unit under the following conditions:
1. A resident who shares a residential unit with another resident shall store medications in a locked container or drawer;
  2. A resident who resides alone in a residential unit shall either place medications in a locked container or drawer or lock the entrance to the residential unit when absent from the room; and

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3. The manager or the manager's designee shall retain a duplicate key to the medication storage container or residential unit.
- H. An individual medication record shall be kept for each resident. The record shall include:
1. Name of resident;
  2. Name and telephone number of prescribing licensed care provider;
  3. Name and telephone number of the pharmacy;
  4. The name of the medication, including the dosage, frequency, and method of administration;
  5. Date and time medications are scheduled to be taken; and
  6. Medication regimen review date and any revisions made pursuant to the review.
- I. In addition to the medication record requirements in subsection (H), medication records for medications administered or supervised by staff shall include time and dates of administration, and signatures of the staff member administering medications or supervising the self-administration of medications.
- J. There shall be a current drug reference source readily available for use by staff.

**R9-10-1511. Food Service**

- A. The manager shall ensure that three meals a day and two snacks are available to residents. Meals and snacks shall be available as follows:
1. Three meals shall be served daily with not more than a 14-hour span between the evening meal and breakfast meal. If a substantial evening snack was consumed the previous evening, the 14-hour span may be extended two hours.
  2. A substantial evening snack shall consist of two or more food items, one of which includes a high quality protein such as meat, fish, eggs, or cheese.
  3. Two between-meal snacks shall be offered to each resident.
- B. Meals for each day shall be available as follows:
1. A total of six servings of bread, cereal, rice, or pasta. A serving size is one slice of bread, 1/2 to one cup of cereal, or 1/2 cup enriched grain products.
  2. A total of three servings of vegetables. A serving size is 1/2 cup (4 ounces) to 1 cup (8 ounces) of all juices and vegetables.
  3. A total of two servings of fruits. A serving size is 1/2 cup (4 ounces) to 1 cup (8 ounces) of all juices and fruits.
  4. A total of two servings of milk, yogurt, or cheese. A serving size is 1 cup of milk or yogurt, 1 1/2 ounces of cheese, or 3/4 cup (6 ounces) of cottage cheese. Cheese is considered both a dairy product and a protein and can be counted as one or the other but not both.
  5. A total of two servings of protein: meat, fish, poultry, cheese, egg, peanut butter, peas, dry beans, lentils, or equivalent. A serving size is 2 to 3 ounces of lean meat without bone, 1 cup dry beans or legumes, 4 tablespoons of peanut butter, or 2 eggs.
- C. Snacks shall consist of the following:
1. One serving of a food group listed in subsection (B) shall be offered as the first snack of the day.
  2. One serving of each of two of the food groups listed in subsection (B) shall be offered for the second snack.
- D. Meals, including therapeutic diets, shall be served in accordance with preplanned menus which shall be prepared one week in advance and posted in an area accessible to residents.

- E. Substitutes of equal nutritional value and complementary to the remainder of the meal may be made as long as substitutes are recorded on the menus for resident review.
- F. If a resident requires a therapeutic diet, the licensed care provider shall prescribe the therapeutic diet in writing.
- G. Food preparation, storage, and handling shall comply with applicable food and drink regulations of A.A.C. Title 9, Chapter 8, Article 1.

**R9-10-1512. Resident Records**

- A. A manager shall ensure that resident records are maintained in the center and are available to the Department, the resident, or the resident's representative.
- B. Resident records shall be legibly recorded in ink. Each entry shall be dated and signed with surname and protected at all times from possible loss, damage, or unauthorized use.
- C. Records for each resident shall include the following:
1. Resident's full name, date of birth, social security number, and last address of the resident;
  2. Date of establishment of residency;
  3. Names, addresses, telephone numbers of resident's representative, next of kin, licensed care provider, and other care providers involved in the care of the resident;
  4. Center rules, residency agreement, orientation to emergency procedures and resident's rights signed by the resident or resident's representative;
  5. Licensed care provider orders or instructions;
  6. Documentation of freedom from tuberculosis;
  7. Assessment;
  8. Service plan;
  9. Documentation of any changes in resident's behavior or condition including acute illness, emergency intervention, injuries, and accidents and notification of the resident's care provider, case manager, and resident's family or representative;
  10. Written authorization for expenditures, if applicable;
  11. Medication records; and
  12. Reason for residency termination and documentation of assistance provided.
- D. Records shall be retained for five years.
- E. Upon request and 48 hours' notice to the center, excluding weekends and holidays, the manager shall ensure that copies of records shall be available to the resident or resident's representative. Reproduction costs may be charged.
- F. If the center ceases operation, copies of records shall be available upon the request of the resident or resident's representative for five years from the date of closure.

**R9-10-1513. Physical Plant Standards**

- A. Each center shall meet local building ordinances, fire codes and zoning requirements.
- B. An existing building that is to be utilized as a center shall meet the requirements of Chapter 23, "Existing Residential Board and Care Occupancies" of the Life Safety Code—1991, NFPA 101; published by the National Fire Protection Association; 1 Batterymarch Park, Quincy, MA 02269-9101 and is incorporated herein by reference and is on file with the Office of the Secretary of State.
- C. A new building that is to be utilized as a center or shall meet the requirements of Chapter 22, "New Residential Board and Care Occupancies" of the Life Safety Code—1991, NFPA 101; published by the National Fire Protection Association; 1 Batterymarch Park, Quincy, MA 02269-9101 and is incorporated herein by reference and is on file with the Office of the Secretary of State.

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- D. Alterations to a building in an existing center shall meet the requirements of subsection (C).
- E. Residential units and common areas intended for the occupancy of wheelchair-bound individuals shall conform to the requirements of the American National Standard Accessible and Usable Buildings and Facilities, CABO/ANSI A117.1-1992, published by the Council of American Building Officials, 5203 Leesburg Pike, #708, Falls Church, VA 22041 and is incorporated herein by reference and is on file with the Office of the Secretary of State.
- F. There shall be common areas with furniture to accommodate recreational and socialization needs of all the residents at one time. The following common areas shall be provided:
1. Dining room;
  2. Activity or recreational room, and
  3. Resident laundry facilities which are handicapped accessible.
- G. The center shall meet the physical needs of residents, including:
1. Carpeting and other floor materials shall be installed to minimize resistance for passage of wheelchairs and other ambulation aids;
  2. Thresholds and floor junctures shall be designed and installed for passage of wheelchairs and to prevent a tripping hazard; and
  3. Common areas and residential units shall be accessible through temperature controlled common corridors.
- H. Each residential unit shall be constructed as a private apartment and shall include living and sleeping space, kitchen area, bathroom, and storage areas. Each residential unit shall meet the following requirements:
1. Residential units shall have a minimum of 220 square feet of clear floor space per person, not including the bathroom;
  2. All habitable rooms within a dwelling unit or congregate residence shall be provided with:
    - a. Natural light by means of exterior glazed openings with an area of not less than 1/10 of the floor area of such rooms with a minimum of 10 square feet; and
    - b. Natural ventilation by means of operable exterior openings with an area of not less than 1/20 of the floor area of such rooms with a minimum of 5 square feet. In lieu of required exterior openings for natural ventilation, a mechanical ventilating system may be provided. Such system shall provide at least two air changes per hour in all habitable rooms. One fifth of the air supply shall be taken from the outside.
  3. Each residential unit shall have an entry door which shall be individually keyed. A key shall be supplied to the resident.
  4. The bathroom shall be a separate room which is wheelchair accessible and constructed with:
    - a. A toilet, sink, and shower or bathtub. A roll-in shower shall be required for new construction;
    - b. A mirror;
    - c. An operable window or a means of mechanical ventilation; and
    - d. Nonporous, nonslip surfaces for shower enclosure.
  5. The kitchen area shall be equipped with:
    - a. A sink;
    - b. A refrigerator;
    - c. A cooking appliance that can be removed or disconnected;
    - d. Space for food preparation; and
    - e. Storage space for utensils and supplies.
6. A residential unit which is furnished by the center shall contain, at a minimum, the following furniture for each resident:
- a. One armchair or sidechair;
  - b. One reading lamp; and
  - c. A bed which shall be 36" wide or larger and includes a frame, box spring, and mattress, unless otherwise specified in the service plan and agreed upon by the resident.
7. The bedroom and living space shall each be equipped with a smoke detector.
8. Hot water shall be maintained within 95° to 115° F.
9. Each residential unit shall have a heating and cooling system which shall maintain temperatures between 68° and 82° F. and is operable by the resident.
10. An individual handicapped accessible mailbox which meets postal requirements shall be available to each residential unit.
- I. The center shall have a communication system which is linked from a central communication center to each residential unit, staff area, and common area.
- J. If there is a laundry facility used by staff, it shall have capacity for locked storage of chemicals and equipment.
- K. The center and grounds shall be maintained in good repair and all equipment shall be in operable condition.
- L. The environment shall be maintained free from offensive odors, hazards, insects, rodents, and accumulations of dirt, garbage, and other refuse.
- M. There shall be no accumulation of garbage. Garbage shall be stored in cleanable, rodent proof, covered containers and removed from the property at least once a week.
- N. All swimming pools shall, unless otherwise required by A.R.S. § 36-1681:
1. Be enclosed by a 5-foot solid wall or a 5-foot fence with openings not exceeding 6 inches, and
  2. Have one or more self-closing and self-latching gates which shall be locked when the pool is not in use.
- O. Swimming pools which are used by residents shall:
1. Conform to the minimum requirements for semipublic pools as set forth in A.A.C. R9-8-811 et seq. and local rules for design, construction, and operation of public and semipublic swimming places;
  2. Have posted pool safety rules; and
  3. Be supervised when residents who are unable to swim are in the pool area.
- R9-10-1514. Safety Standards**
- A. There shall be a written plan of operation with procedures to be followed in the event of fire, disaster, or threat to resident safety.
- B. Each resident shall receive initial orientation to emergency procedures within 24 hours of the resident's arrival. This orientation shall be documented in the resident's record.
- C. There shall be an updated floor plan posted in a central location on each floor which shall include an emergency exit plan.
- D. Four fire drills shall be conducted annually in each building of the center. No more than two of the drills shall be held between 6:00 a.m. and 6:00 p.m.
- E. Two evacuation drills shall be conducted each licensure year in addition to the requirements in subsection (D).
- F. Records of fire and evacuation drills shall be maintained for one year and include the date, time, length of time for full

~~evacuation, the identification of those residents needing assistance, and a critique of the drill.~~

G. ~~There shall be a first aid kit on each floor of the center in a designated location known to all personnel.~~

H. ~~Cleaning supplies, poisons, and insecticides shall be stored in labeled containers in a locked area separate from the center's food preparation and storage, dining areas, and medications.~~

I. ~~Combustible liquids and hazardous materials shall be stored in originally labeled containers outside of the center in a locked area inaccessible to residents.~~